

SFY 2015

Ohio Board of Nursing Annual Report



July 1, 2014 - June 30, 2015

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November 19, 2015

The Honorable John Kasich
Governor, State of Ohio
77 South High Street, 30th Floor
Columbus, Ohio 43215

Dear Governor Kasich:

On behalf of the Ohio Board of Nursing, we are pleased to submit this Annual Report for state fiscal year 2015, in accordance with Section 4723.06 of the Revised Code.

The Board appreciates you recognizing nurses and awarding the Governor's Courage Award to nurses for 2015, and we also thank you for your Resolution celebrating the Board's Centennial!

This Annual Report highlights the work of the Board members and staff. The Board is responsible for regulating over 281,000 licenses and certificates and 178 pre-licensure nursing education programs.

In accordance with the provisions of Ohio Revised Code Chapter 4723., during fiscal year 2015, the Board issued licenses to qualified individuals; approved education and training programs; and disciplined and monitored the practice of licensees and certificate holders who violated the Nurse Practice Act or administrative rules regulating practice.

While the overwhelming majority of Ohio nurses practice with high standards, the bad actions or deficient practice of some have the potential to compromise patient safety and the public's confidence in the profession. The Board has an important role in impacting the safety of nursing care that touches virtually all Ohioans.

The report highlights the public protection role of the Board and the regulatory excellence that has been achieved by a lean and efficient Board with a common sense approach to meeting regulatory challenges while protecting the public.

Respectfully yours,

Handwritten signature of Maryam W. Lyon, MSN, RN.

Maryam Lyon, MSN, RN
President

Handwritten signature of Betsy J. Houchen.

Betsy Houchen, JD, MS, RN
Executive Director

Board Overview

Mission

The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

Board Overview

The Board's top priorities are to efficiently license the nursing workforce and remove dangerous practitioners from practice in a timely manner to protect Ohio patients. Public protection is critical, as nursing touches virtually every citizen of Ohio. The Board regulates over 281,000 licenses and certificates, as compared to 233,000 in 2009.

Nationally Recognized

The Board has a demonstrated track record of ensuring public protection; funding initiatives to combat the nursing shortage; implementing innovative programs for patient safety; and regulating the largest number of licensed professionals of any agency in the State of Ohio. The Board is nationally recognized through the National Council of State Boards of Nursing (NCSBN) for its regulatory excellence and public protection work. The Board is a proud recipient of the NCSBN Regulatory Achievement Award, presented annually to the board that demonstrates significant contributions in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

Executive Director Betsy Houchen was elected four times to serve on the NCSBN Board of Directors for a total of eight years and was a recipient of the R. Louise McManus Award which is described as the most prestigious of NCSBN's honors for individuals who have made substantial contributions to the improvement of nursing regulation and impacted public policy to enhance the health and well being of individuals and the community.

Centennial

The Board celebrated its Centennial in 2015. The first Nurse Practice Act, passed in 1915, established the "Nurses' Examining Committee." The Committee met in September 1915 and established a process to register nurses in Ohio. The first examination for nurse licensure was administered in 1916. (Appendix D)

Contributions to Statewide Initiatives

Ohio's Fight Against Prescription Drug Abuse

The Board collaborated with the Administration, legislators, law enforcement, and other state boards and agencies in the continued fight against prescription drug abuse. The Board:

- Supported and contributed to work of the Governor's Cabinet Opiate Action Team (GCOAT) including development of the "Ohio Guideline for the Management of Acute Pain Outside of Emergency Departments."
- Linked OARRS registration information with licensure renewal and sent targeted reminders to APRN prescribers regarding OARRS registration and use requirements specified in House Bill 341.
- Collaborated with the Ohio State Board of Pharmacy to identify and investigate prescribers to determine abusive prescribing patterns and take disciplinary action as needed.

Veterans, Service Members and Spouses

Over the last few years the Board amended administrative rules requiring education programs to consider requests for academic credit for military training; waived renewal fees and/or provided an extension for continuing education based on active duty; established a dedicated Military and Veterans web page; and assured that licensure examinations are on the Department of Veterans Affairs qualified list of non-federal government examinations allowing eligible veterans and their dependents to be reimbursed for the cost of the test.

- In fiscal year 2015, the Board prioritized 1,144 licensure applications for veterans, service members, and spouses.

Human Trafficking

The Board continued the fight against human trafficking, encouraging nurses to be informed and understand human trafficking issues. The Board:

- Implemented the use of the State Human Trafficking training video as approved continuing education for nurses.
- Proposed amendment to Rule 4723-14-03 to recognize credit for Human Trafficking continuing education coursework.
- Maintained a permanent home for human trafficking materials on the Board website under the RN, LPN, and APRN practice pages.
- Disseminated information on the website, through eNews, Twitter and Facebook.

Patient Centered Medical Homes (PCMHs)

Since the inception of PCMHs, House Bill 198 (128th GA), the Board has been involved in development of this system that is designed to provide comprehensive care at lower costs.

- Five APRN practices were converted into PCMH practices as part of the pilot program, numerous nursing education programs have implemented PCMH training in their curricula, and thirty nursing scholarships have been awarded.
- The Board accepted an invitation to become a member of the Ohio Patient-Centered Primary Care Collaborative, as an extension of the work of the former Education Advisory Group established by House Bill 198.

The Nursing Workforce

To support job growth and meet the growing health care workforce demand, the Board funds two programs through nursing license renewal fees.

- Nurse Education Grant Program (NEGP): Grants are awarded to Ohio pre-licensure and post-licensure nursing education programs for the purpose of increasing their student enrollment capacity.
- Nurse Education Assistance Loan Program (NEALP): Tuition assistance is provided for educating nursing students and future nursing faculty.

Workforce Data

Data collection is a vital component of workforce planning and policymaking. The Board has been collecting comprehensive nursing workforce data each year since 2013.

- The Ohio Action Coalition used the data collected by the Board to create landmark reports on the RN, APRN, and LPN workforces in Ohio.
- All Data Reports and the raw data collected by the Board are made available to interested parties and the public through the Board website.

Ohio Action Coalition/The IOM Future of Nursing Report

The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* set forth eight recommendations for nursing. The Ohio Action Coalition was established for nursing collaboration throughout Ohio for the advancement of the IOM recommendations.

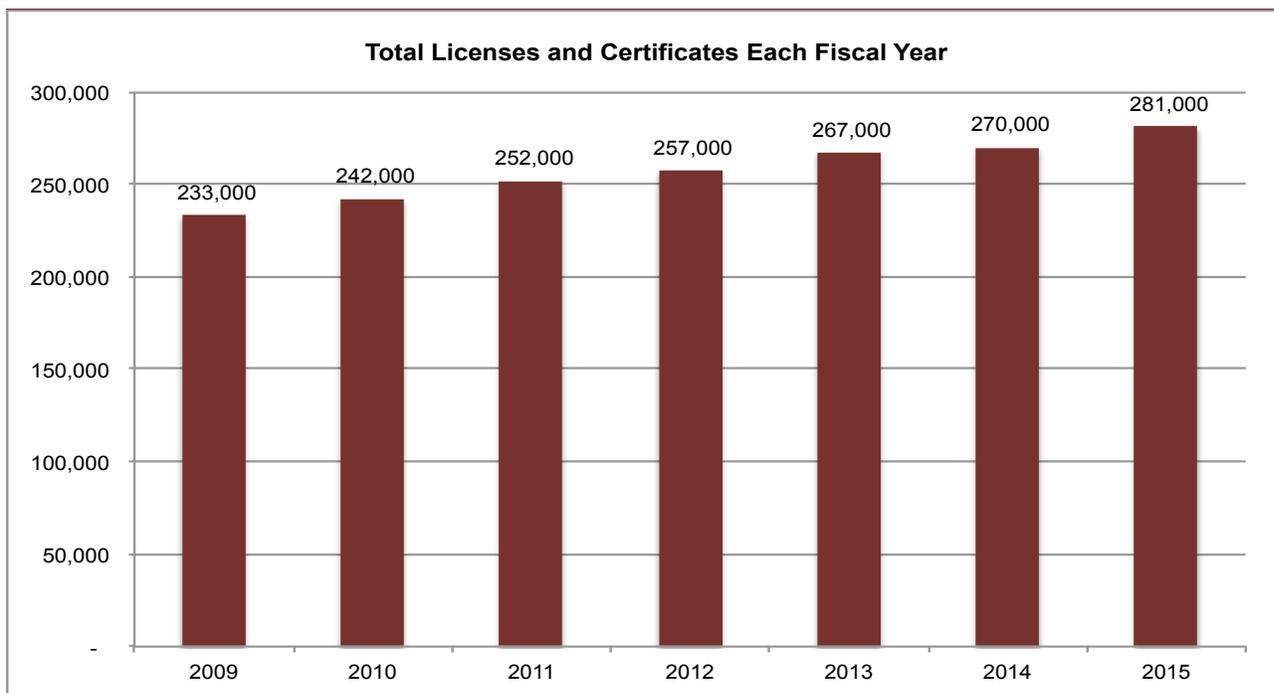
- Board member Patricia Sharpnack and Executive Director Betsy Houchen represent the Board on the Coalition Steering Committee. Director Houchen is one of the Co-Chairs for the Data and Research Work Group.

Program Area Highlights and Statistics

Licensure and Certification

Strategic Initiative: Assure licensees and certificate holders meet statutory and regulatory requirements to be licensed or certified to practice in Ohio and are appropriately credentialed to practice, while maintaining an efficient and effective system to license or certify applicants as quickly as possible to enter or remain in the workforce.

- Regulated over 281,000 licenses and certificates
- Prioritized 1,144 license applications for service members, veterans, and spouses
- Processed 23,897 licensure and certification applications
- Issued 20,019 new licenses and certificates



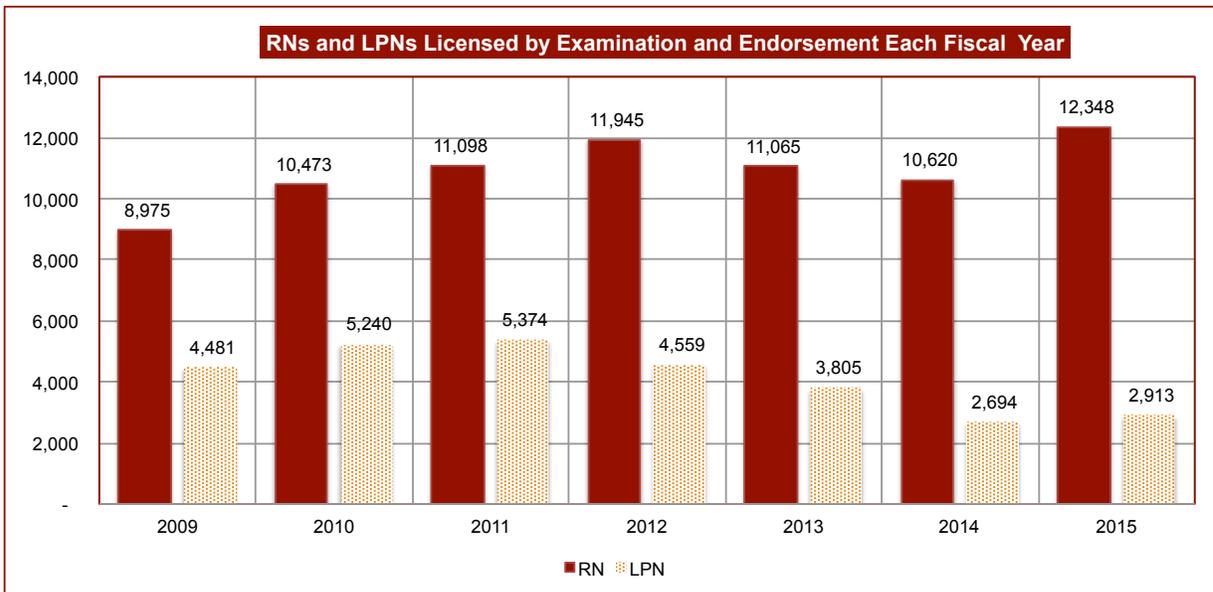
- Streamlined processes:
 - Established an online system for submission of education program completion letters, rather than hardcopies, to expedite licensure by examination
 - Established an electronic means to obtain other state licensure verification documents rather than mailed hardcopies, to expedite the licensure by endorsement (reciprocity)

Active Licenses and Certificates as of June 30, 2015	
Registered Nurses (RNs)	201,373
Licensed Practical Nurses (LPNs)	55,060
Advanced Practice Registered Nurses (APRNs) Certified Registered Nurse Anesthetist - 2,988 Certified Nurse Midwife - 378 Certified Nurse Practitioner - 8,739 Clinical Nurse Specialist - 1,651	13,756
Certificates To Prescribe (CTP)	8,799
Dialysis Technician – Ohio Certified (OCDTs)	1,390
Dialysis Technician Intern Certificates	333
Community Health Worker Certificates	190
Medication Aide Certificates	184
Total	281,085

- Renewed 202,454 licenses/certificates for the 2015 renewal cycle
- Maintained 100% online renewal
- Managed renewal and initial licensure through extreme slowdowns and near shutdowns of the Ohio eLicense Center system (Appendix C)
- Worked extensively with DAS/IT regarding design of the new 3.0 licensing system

Newly Issued Licenses/Certificates in Fiscal Year 2015	
Registered Nurses (RNs)	13,829
Licensed Practical Nurses (LPNs)	3,093
Advanced Practice Registered Nurses (Certificates of Authority)	1,335
Certificates To Prescribe (CTP)	1,182
Dialysis Technician – Ohio Certified (OCDTs)	125
Dialysis Technician Intern Certificates	304
Community Health Worker Certificates	111
Medication Aide Certificates	40
Total	20,019

Nurses Licensed By Examination or Endorsement in Fiscal Year 2015				
Type	Licensed by Examination	Licensed by Endorsement	Temporary Permits Issued	Total
LPN	2,543	370	180	3,093
RN	8,948	3,400	1,481	13,829
Total	11,491	3,770	1,661	16,922



Nursing Education

Strategic Initiative: Approve pre-licensure education programs to assure the programs maintain academic and clinical standards for the preparation of entry-level nurses.

Competent and safe nursing practice begins with education programs that prepare individuals for nursing practice. The Board determines whether existing programs are maintaining established educational requirements and reviews new programs to determine if they meet the requirements for approval.

- Continued approval of 178 nursing education programs
- Approved 3 new nursing education programs

Number of Education Programs Each Fiscal Year							
Type	2009	2010	2011	2012	2013	2014	2015
RN	79	86	94	102	106	108	109
PN	66	73	74	72	72	70	69
Total	145	159	168	174	178	178	178

- Sanctioned 16 nursing education programs for not meeting minimum educational requirements
 - Provisional approval – 12
 - Provisional or Conditional approval with Consent Agreements – 3
 - Voluntary surrender and closure of program – 1
- Convened the Advisory Group on Nursing Education to provide recommendations regarding nursing education and the administrative rules
- Appointed Board member Patricia Sharpnack as Board Nursing Education Liaison

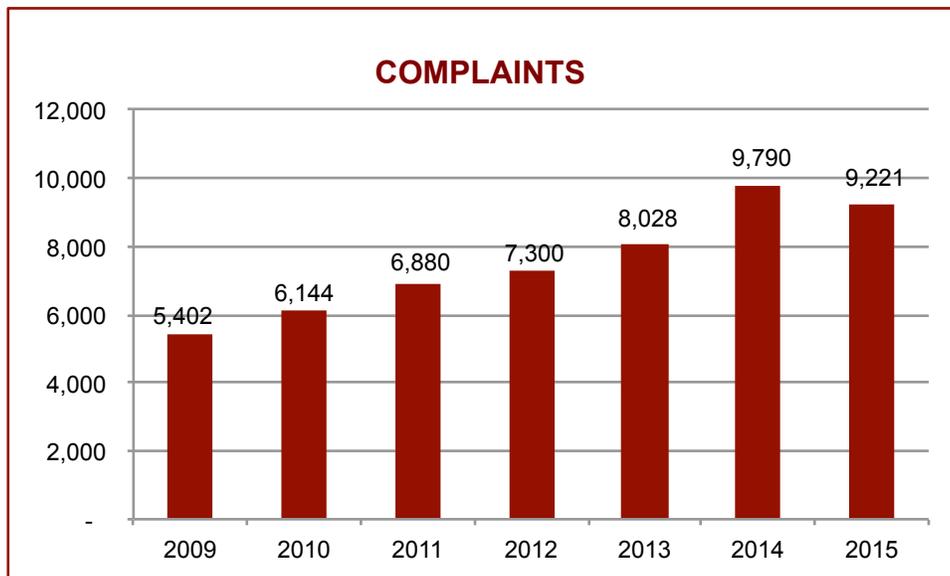
Training Programs Approved Each Fiscal Year				
Type	2012	2013	2014	2015
Dialysis Technician	24	29	25	24
Medication Aide	21	18	15	16
Community Health Worker	3	4	6	9
Total	48	51	46	49

Compliance, Discipline and Monitoring

Strategic Initiative: Efficiently handle complaints, investigations, and adjudications to safeguard the health of the public and, in cases involving chemical dependency or practice issues, provide alternatives to discipline programs, if determined appropriate.

Complaints and Applicants for Initial Licensure

- Received 9,221 complaints
- Employed 10 investigators for complaint investigation and contracted with an APRN consultant
- Elected Board Members Sue Morano and Judith Church as Board Supervising Members for Disciplinary Matters
- Targeted prescription drug abuse through collaboration with law enforcement and other state agencies and the use of OARRS data



Licensure Applicants Referred To Compliance For Review		
Type	Total Number	Referred to Compliance
Licensure by Examination	11,491	1,736
Licensure by Endorsement	3,770	276
Total	15,261	2,012 (13%)

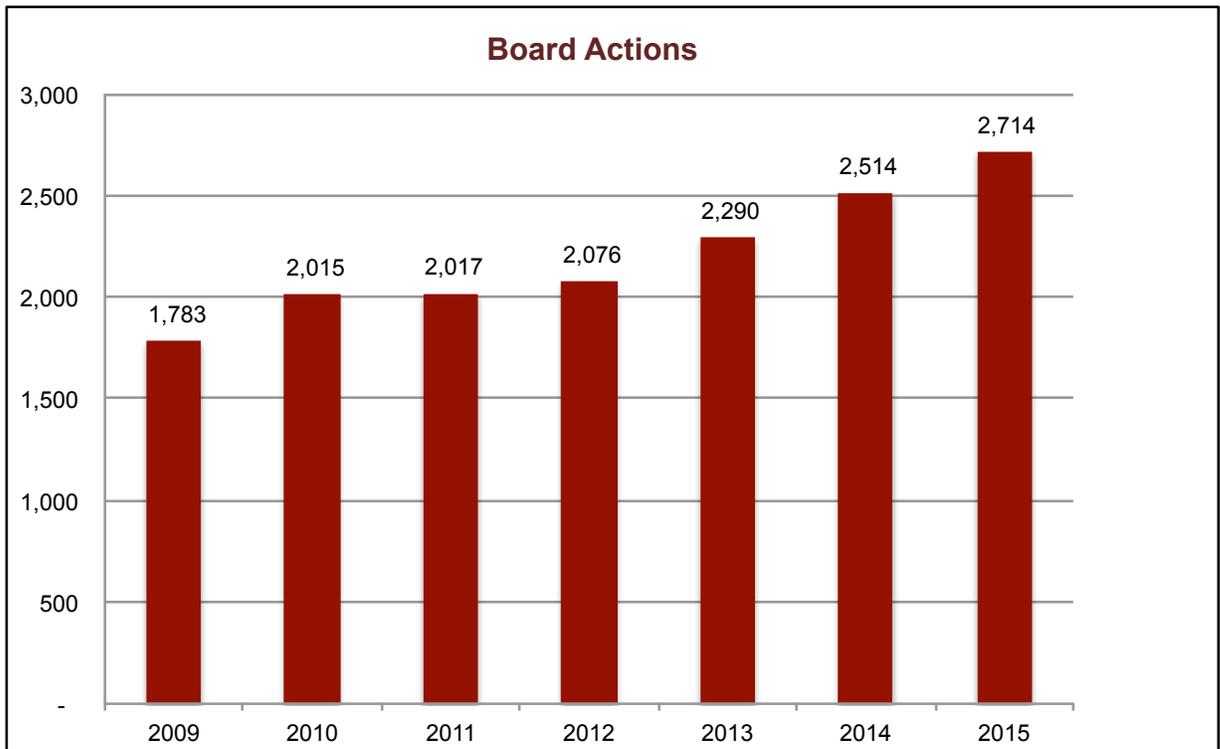
Complaints	
Type of Complaint	Number
Action Taken in Another State or Jurisdiction	856
Addendum to Board Actions	19
APRN Practice Issues	91
APRN Lapses (certification, licensure, CTP)	64
APRN Prescribing	35
Boundaries	45
COA/CTP Applicant	121
Community Health Worker Applicant	4
Confidentiality	35
Criminal	455
Default/Child Support	0
Dialysis Applicant	44
Drugs/Alcohol	761
Endorsement Applicant	276
Fraud (Theft)	42
Fraud (Medicare/Medicaid)	12
Imposter/Never Licensed	17
Invalid License (lapsed/inactive)	24
Medication Aide Applicant	10
Multiple Allegations	1,845
NCLEX Test Applicant	1,736
Non-compliance with Board Actions	633
Nursing Student	7
Patient Abuse	66
Practice	985
Physical Impairment	0
Psychiatric Impairment	12
Renewal Applicant	767
Reinstatement Applicant	259
Total	9,221

Board Disciplinary Actions

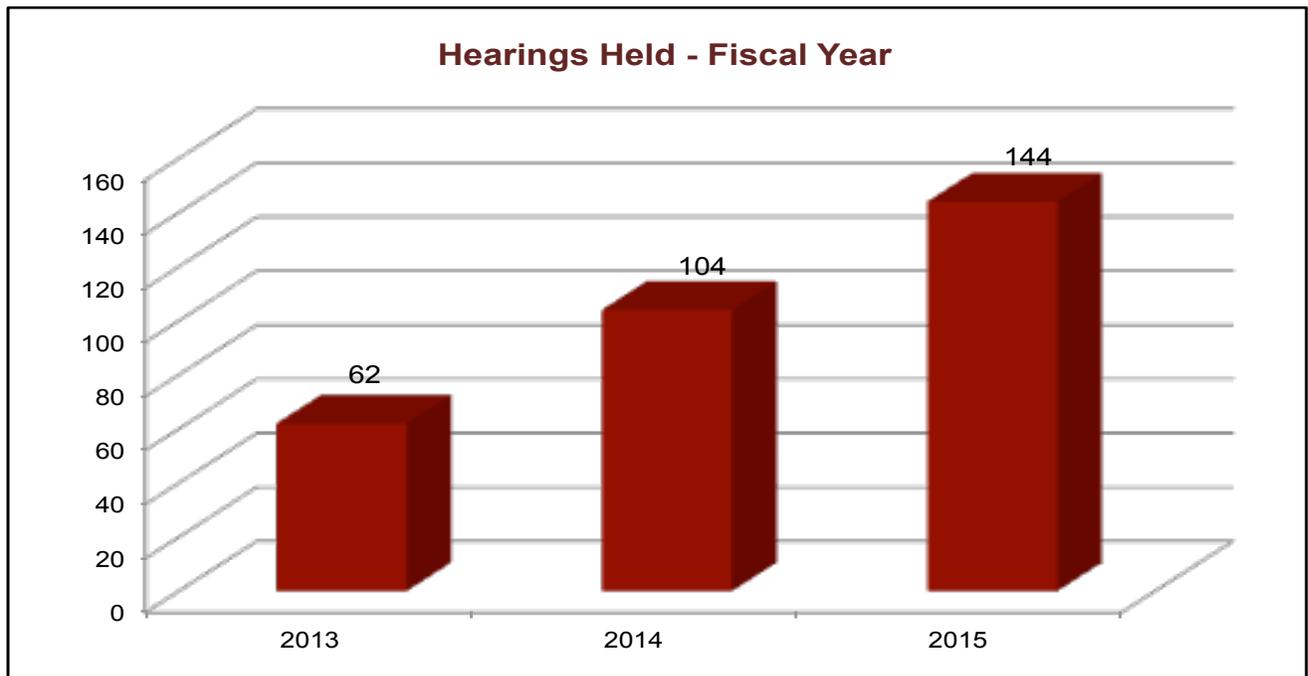
The Board is authorized to revoke and suspend licenses and certificates; impose probationary requirements, reprimands, fines, or practice restrictions; and deny initial or renewal licenses or certificates.

- Took final disciplinary action involving 1,065 licensees/certificate holders, which represents approximately 0.41% of the total licensees/certificate holder population in Ohio
- Employed 8 attorneys to review investigative reports; draft and negotiate settlement agreements; conduct settlement conferences; draft all disciplinary actions

Board Actions	
Type of Action Taken	Number
Board Order	401
Permanent Surrender	33
Default Order	25
Consent Agreement	590
Notice of Opportunity for a Hearing	338
Immediate Suspension	112
Temporary Suspension	7
Summary Suspension	4
Automatic Suspension	82
Suspension Without Stay	525
Stayed Suspension (Probation)	264
Permanent Revocation/Denial	112
Reprimand with requirements	205
Permanent Withdrawal of Application	1
Non-Permanent Withdrawal of Application	2
Voluntary Retirement	13
Total	2,714



- Board Actions increased to 2,714 in 2015, an increase of 34% since 2009
- Administrative Hearings increased to 144 in FY 2015, an increase of 57% since 2013
- The Board increased public access to Board disciplinary actions and documents by uploading disciplinary documents to the NCSBN national nursing database



Monitoring Compliance

- Provided monitoring and oversight to assure licensees fulfilled the terms and conditions of their disciplinary agreements, Board Orders, or Participant Agreements for the Alternative Program for Chemical Dependency or the Practice Intervention and Improvement Program

Cases	Number
Active cases	1,278
Inactive cases ¹	2,584
Monitoring ceased – issued Automatic Suspension and Notice of Opportunity for Hearing	82
Monitoring ceased – released from the terms and conditions of their Board Order/Consent Agreement	122
Total	4,066

Alternative Program For Chemical Dependency (AP)

- Provided AP, a confidential program offered to licensees in lieu of disciplinary action
 - Revised AP to require a minimum of four years participation and no early releases upon recognizing a higher percentage of relapses for participants released early from the AP and based the NCSBN Guidelines, *Substance Use Disorder in Nursing, Resource Manual & Guidelines for Alternative and Disciplinary Monitoring Programs* (2011)

Practice Intervention and Improvement Program (PIIP)

- Provided PIIP, a confidential alternative to discipline program for licensees with a practice deficiency that can be addressed through remedial nursing education
 - Streamlined process from receipt of complaint to review of PIIP eligibility
 - Increased PIIP participants from 11 in June 2014 to 29 as of September 2015

¹ Cases on inactive monitoring status generally involve suspended licenses or certificates. The case is assigned to “active” monitoring status upon an individual's request for reinstatement and/or entry into a post-suspension consent agreement.

Continuing Education

Strategic Initiative: Assure that licensees and certificate holders maintain competency based on continuing education requirements set forth in the Nurse Practice Act and the administrative rules.

- Approved 10 Ohio Board of Nursing (OBN) Approvers of Continuing Education who assure providers of continuing education met the requirements set forth in the administrative rules
- Conducted audits to monitor compliance with continuing education requirements

Regulatory Clarity and a Common Sense Approach

Strategic Initiative: Address pertinent nursing regulatory issues and requirements for licensees and certificate holders and provide greater clarity about the requirements to those regulated by the Board and to the general public.

Nursing Practice

- Responded to an average of 304 questions per month to provide guidance regarding the application of the Nurse Practice Act and administrative rules to nursing practice
- Published practice articles in each *Momentum* and wrote Frequently Asked Questions
- Developed and updated Interpretive Guidelines to provide practice guidance to licensees
- Convened a Board Committee on Practice to review the law for LPN IV therapy
- Convened the Advisory Group on Dialysis to advise the Board about the regulation of dialysis technicians
- Convened the Committee on Prescriptive Governance (CPG) regarding APRN prescriptive authority and the APRN Formulary
- Worked with the Ohio State Board of Pharmacy to identify practice and prescriber issues
- Submitted nursing practice breakdown data to a national patient safety database

Legislation

The Board monitors and advocates regarding proposed legislation that impacts the practice of nursing and Board operations. Bills of the 130th Ohio General Assembly related to the Board that became effective in fiscal year 2015 include:

- House Bill 320, effective March 23, 2015, grants, until June 30, 2019, a qualified immunity from civil liability to volunteer health care professionals providing services without compensation in free clinics and any other location to individuals eligible for or receiving Medicaid. The bill also authorizes the Board to issue a volunteer's certificate to a retired RN, LPN, or APRN under specified conditions.
- House Bill 341, effective September 16, 2014 (with other provisions effective January 1, 2015 and April 1, 2015), imposed new legal requirements focused on prescribers accessing Ohio Automated Rx Reporting System (OARRS) when prescribing opioid analgesics or benzodiazepines. Prescribers who hold appropriate DEA certification and prescribe opioid analgesics or benzodiazepines were required to be registered with OARRS not later than January 1, 2015. Beginning April 1, 2015, the prescriber, before initially prescribing or personally furnishing an opioid analgesic or a benzodiazepine, must request patient information from OARRS that covers at least the previous 12 months, and make periodic requests for patient information from OARRS if the course of treatment continues for more than 90 days. There are certain exceptions to this requirement. The law requires the Board to verify that licensees prescribing in this manner are registered and using OARRS.
- House Bill 314, effective September 17, 2014, requires a prescriber to obtain written informed consent from a minor's parent, guardian, or other person responsible for the minor before issuing a controlled substance prescription to the minor and to establish sanctions for a prescriber's failure to comply with this requirement.
- Senate Bill 276, effective December 19, 2014 with certain provisions effective April 1, 2015, included the review of patient information in OARRS and clarified the ability of the Board to adopt rules establishing standards and procedures for the review of patient information in OARRS.
- House Bill 165, effective September 4, 2014, requires that exempted certified hyperbaric technologists administer hyperbaric oxygen therapy under the direct supervision of a physician, a physician assistant, or an APRN.

Administrative Rules

The Board timely completed its five-year review of applicable administrative rules as required by Ohio Revised Code Section 119.032. These rules became effective on February 1, 2015 and included the following OAC Chapters:

- 4723-16, Hearings
- 4723-17, IV Therapy Courses for Licensed Practical Nurses
- 4723-25, Nurse Education Grant Program
- 4723-26, Community Health Workers

The Board consolidated rules related to service members, veterans, and spouses rather than having the rules spread throughout Chapter 4723. The Board adopted new Chapter 4723-2, OAC, which includes the military-related rules.

Individual rules not slated for five-year review were also amended to comply with recent legislative changes made by House Bill 488 (130th GA), or for technical or non-substantive reasons.

Since 2005, as part of rule review, the Board conducts a “plain English” review of its rules and amends or rescinds rule language that is obsolete, ineffective, contradictory or redundant, in accordance with Executive Order 2011-01K, “Establishing the Common Sense Initiative” (EO).

Communication and Collaboration

- Published *Momentum*, a magazine issued quarterly at no cost to the taxpayers or the Board, to provide articles regarding compliance, practice, administrative rule and/or legislative updates, and other regulatory information
- Used the website, eNews (5,918 listserv subscribers), Twitter (1,730 followers), and Facebook 7,991 “likes”) to deliver Board information
- Provided over 1,200 records to the public in response to public records requests, with over 95% provided in five business days or less
- Offered specific pages on the website as quick links to locate information for service members, veterans, and spouses; APRN prescribers; and workforce data
- Maintained the Ohio Center for Nursing website, in conjunction with the Ohio Network for Nursing Workforce
- Worked with the Ohio Perinatal Quality Collaborative (OPQC) regarding provider educational materials for prescribing pain medications for pregnant women
- Provided a presentation to senior administrators at the Bureau of Worker’s Compensation and the Industrial Commission
- Presented “Effective Messaging to Community Groups and to the General Public—Case Study: Ohio” at the Citizen Advocacy Center in Washington, DC
- Provided two nursing education Program Administrator Workshops
- Presented updates at meetings of the Ohio Council of Associate Nursing Degree Nursing Education Administrators, the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, and the Ohio Organization of Practical Nurse Educators
- Presented at the HPIO Second Annual Telehealth Leadership Summit
- Presented at the Medical/Legal Summit, co-sponsored by the Cleveland Metropolitan Bar Association, Academy of Medicine Education Foundation, and The Academy of Medicine of Cleveland & Northern Ohio

**APPENDIX A - Board Member Roster
(Members for All or Part of Fiscal Year 2015)**

Name/Position	City	End of Term
Maryam W. Lyon, RN President Chair, Advisory Group on Dialysis	Sidney	2017
Janet Arwood, LPN Vice-President	Hilliard	2017
Judith A. Church, RN Supervising Board Member for Disciplinary Matters	Miamisburg	2016
Brenda Boggs, LPN	Germantown	2015
Nancy Fellows, RN	Willoughby Hills	2016
Lisa Klenke, RN	Coldwater	2015
Lauralee Krabill, RN	Sandusky	2017
J. Jane McFee, LPN Chair, Advisory Group on Continuing Education	Perrysburg	2017
Sue Morano, RN*	Lorain	2014
Sandra Ranck, RN	Ashtabula	2018
John Schmidt, RN	Cleveland	2018
Patricia Sharpnack, RN Board Nursing Education Liaison Chair, Advisory Group on Nursing Education	Chardon	2017
Sheryl Warner, JD, Consumer Member	Canal Winchester	2015

*Served until end of appointed term

APPENDIX B - Fiscal Report

FY 2015 Appropriations	
Operational Budget (4K90)	\$7,273,978
Special Issues (5P80)	\$2,000
Nurse Education Grant (5AC0)	\$1,373,506
Total Appropriations	\$8,649,484

FY 2015 Revenue	
Income from Fees	\$13,005,256
Total Revenue	\$13,005,256

FY 2015 Expenditures	
Payroll & Personal Services	
Payroll	\$5,977,163
Personal Services	\$183,040
Subtotal	\$6,160,203

Maintenance	
Subtotal	\$834,227

Equipment	
Subtotal	\$19,575

Refunds	
Subtotal	\$455

Operational Costs Grand Total	\$7,014,460
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Special Issues Fund	
Total	\$500

NEGP Fund	
Actual Disbursed	\$1,196,054
Administrative Expenses	\$4,054
Total	\$1,200,108

APPENDIX C
2015 Licensure and Renewal
Excerpt From the July 2015 Executive Director Report

Beginning in mid-June, the state eLicensing system began experiencing issues causing substantial problems for licensees/certificate holders (licensees) and the work of Board staff. The eLicensing system controls our licensure and renewal process and is administered by the Department of Administrative Services Office of Information Technology (DAS/IT).

The system difficulties did not result in a failure of the eLicense system as it did in 2009. However the system issues resulted in licensees experiencing delays and other difficulties when attempting to renew and staff not being able to perform licensing and renewal tasks at normal speed. The information below provides the background, issues involved, and resulting Board actions.

Background: The current eLicense system has been in place for about ten years. In 2009, eLicense slowed down and subsequently degraded resulting in a system stoppage of work for Board staff and an inability for licensees to renew. Since then, the system has not progressed to a shut-down, but every year as the renewal volume increases, Board staff and licensees experience a system slow down. This happens regardless of preparations made by the Board and DAS/IT.

The increased volume occurs generally during the last two weeks of June, and peaks the last 2-3 days of June. This is due to nurses seeking to renew prior to July 1st when the late processing fee goes into effect. Regardless of how many reminder notices the Board posts on the web site and sends via direct email, eNews, Twitter, Facebook, and Momentum, and regardless of how long the renewal period runs, each year a very large number of licensees wait until June 30th to renew their license. For example, this year we renewed over 12,000 nurses on June 30th and over 18,000 nurses the day before.

Preparation: Each year after the completion of the renewal period, Board staff begins preparation for the next year's renewal cycle and expects that the system will accommodate the number of nurses renewing. Preparations include the following:

- Online renewal is made available beginning in April-May
- An email notification is sent at the start of online renewal about its availability
- Renewal reminder notification is posted through eNews, Twitter and Facebook
- Renewal information is included in the Spring issue of *Momentum*
- Renewal reminders/information is published in the Summer issue of *Momentum*
- Postcards are mailed at the start of renewal
- A User ID and Password lookup is provided on the web site for 24/7 access
- Email reminders are sent and posted through eNews and social media every two weeks

This year, when the eLicense system slowed, a notice was posted on the website on June 23, 2015 stating, "Demand for Ohio eLicense is exceptionally high during this time of year. At times of high usage, there may be periods of slow performance. If you do experience slowness, or you are unable to complete your credit card transaction, please try again at a later time."

Board staff were able to remain current in returning calls and emails until the eLicense system slowed; then the calls and emails abruptly increased. At that time the Board approved overtime not only for renewal staff but also for other certification/licensure specialists in order for staff to return calls and emails and assist licensees with questions. Additionally, intermittent staff were hired during this peak licensure and renewal period. Even with calls and emails being returned, when the system continued to be slow and overloaded, responding to calls and emails was not enough to resolve the issue.

June 30th was a hectic day. As noted previously, over 12,000 nurses renewed that day and over 18,000 nurses renewed the day before. However, also on June 30th, there were calls, emails, and complaints being made to the Board, legislators, and the Governor's office. On July 1st as we were determining the numbers of nurses who had renewed, staff determined that the automatic implementation of the late fee that was to go into effect after midnight was turned off. DAS/IT informed us that a DAS/IT staff had turned off the automatic late fee. As a result, several hundred nurses renewed without paying the late fee. While the Board "may" impose a late fee on July 1st, it has no authority to impose it for some and not for others or change the date of the late processing fee. The Board was placed in a position of having to collect the late fees for those who had already renewed. This would be nearly impossible and would have caused more calls and emails from dissatisfied licensees. The decision was made to waive the July late fee for this renewal period.

The Current Situation: The Nursing Board will renew over 190,000 licenses and certificates during a four-month period this spring and summer. Approximately 155,000 licensees have renewed since May. That is in addition to the work performed by licensure staff who will process approximately 15,000 applications for new graduates seeking initial licensure. We are by far the highest volume professional licensing board in Ohio and one of the largest in the nation.

For about ten years we have used the current eLicense system and it has proven challenging every year. These challenges can only be resolved on a statewide basis with DAS/IT. The recently passed State budget provides needed funds and language allowing the State to continue its work to implement the next generation of licensing technology, eLicense 3.0. This work has been recently taken over by a new contractor. It is projected that the new technology will be in place for some boards later this year. At this time, the Board is scheduled to have the new eLicense system in place in 2017.

Future Planning: It is anticipated that the same scenario will occur next year. As long as the current eLicense system remains in place for the Board, it has become apparent that it is not possible for DAS/IT to fully anticipate and mitigate the issues the eLicense system may present due to the age and nature of the system.

We believe the best option is for the Board to request that DAS/IT implement the new system for the 2016 renewal cycle since we are told that eLicense 3.0 will effectively handle the large number of nursing renewals. We asked DAS to confirm that eLicense 3.0 will be able to accommodate the volume and eliminate the delays and difficulties we have experienced.

We continue to be committed to provide the best customer service possible for licensees and the public. We understand that the Board is viewed as responsible for the difficulties incurred with renewing, even when the Board is constrained by an aged/outdated system maintained by another state agency and factors beyond its control. We regret that this creates a situation where many licensees experience frustration and view the Board negatively when the Board has worked diligently to address issues within its control. Throughout this time period, we commend staff for their work and commitment to get applicants licensed and nurses renewed as quickly as possible.

APPENDIX D
The Board's Centennial
Momentum Summer 2015

THE FIRST NURSE PRACTICE ACT PASSES – APRIL 27, 1915!

On April 27, 1915, the General Assembly passed a long-awaited Nurse Practice Act to establish what today has become the Ohio Board of Nursing. For ten years preceding its enactment, “graduate” nurses worked for passage of the new law that would regulate the practice of nursing and establish minimum educational requirements for those calling themselves “nurses.”

“Within sixty days after this act becomes operative, the State Medical Board shall employ a secretary, entrance examiner, and three nurses; said three nurses with the secretary of the State Medical Board shall constitute the Nurses’ Examining Committee.”

Section 1 of the Law Regulating the Practice of Nursing, 1915

The “Nurses’ Examining Committee” was appointed by the Medical Board and the Committee met for the first time on September 14, 1915. Chief examiner Anza Johnson; entrance examiner Karl D. Swartzel; and Augusta Condit and Harriet L.P. Friend set into motion the process needed to begin to register nurses in Ohio.

Registration

One initial task was to establish the process of registering nurses in Ohio. The first nurses were registered on January 11, 1916, with the Committee chair, Harriet Friend, being the first one registered.

The purpose of registration is to equalize the professional and educational qualifications for those who are to care for the sick...

Carolyn V. McKee, RN, Chief Examiner, 1924

Training Schools

Another task of the Committee was to develop a process for recognizing “training schools.” Discussions began in June of 1915 and on October 12, 1915, minimum requirements for “Recognition of Hospitals and Training Schools for Nurses” and minimum educational “Requirements for Training Schools for Nurses” were adopted. To begin the school approval process and prior to adopting minimal educational standards, the State Medical Board invited representatives of all nurse schools and connected hospitals to a conference to develop acceptable standards. The minimum requirements were unanimously approved and included a three-year course of study totaling 357 hours. A minimum of one year of high school was required for those wishing to study nursing.

By 1928 it was noted that 87% of those in nurses’ training were high school graduates and 585 hours of study were required to obtain the Board’s approval of a training program.

In 1941, the Board approved 67 schools, and the minimum curriculum was expanded to 1,109 hours of study. While the early schools relied on visiting instructors, by 1941, every school had a least two nursing faculty members and 53% of the superintendents of nurses held academic degrees.

Examination

The Nurses’ Examining Committee wrote the first examination questions. The daylong essay and demonstration test covered nine subject areas: Anatomy and Physiology; Hygiene, Sanitation and Bacteriology; Materia Medica and Therapeutics; Cookery and Dietetics; Pediatric Nursing; Obstetrical Nursing; and Ethics of Nursing. Candidates had to demonstrate proficiency in such

tasks as application of a sling or breast binder, catheterization, swabbing the throat, bed baths, bed preparation, mustard paste application and extemporizing, etc. Three nurses achieved the required 75% passing grade: Louise Buford, Clara Florine Brouse, and Della Clara Farrell.

In 1941 the essay examination was changed to a 100-point objective examination in nine subjects. In 1946 Ohio used the National League State Board Test Pool for the examination test. In 1982 the Board adopted the National Council Licensure Examination (NCLEX) for testing. On April 1, 1994, state boards of nursing implemented the computerized adaptive testing format for the NCLEX.

Board Autonomy

On May 7, 1941 the General Assembly passed a bill that established a separate autonomous Board, the "State Nurses Board." The Governor appointed five nurses: Mabel Pittman, Ruth Evans, Sister DeChantel, Zella Nicolas, and Celia Cranz. They met for the first time on January 9, 1942. The budget was \$27,690 and 6 staff members were employed.

The Attorney General advised the Board that as an administrative board, its "first duty was not to its profession, but to the public."

The Practical Nurse

Recognition of the practical nurse came after years of debate. In 1948, after a "study of present trends," the Board proposed amendments to the Nurse Practice Act that would provide for licensure of qualified practical nurses. In 1953 all nursing associations agreed to advocate for the licensure of over 6,500 practical nurses in Ohio.

In 1955, the General Assembly passed a bill to license practical nurses. The law became effective on January 1, 1956, and three practical nurses were named to the Board: Mildred Smith, Ethel Fesue, and Nellie Nizon.

Such licensure was viewed as a "sound solution to the serious nurse shortage that threaten(ed) the health of thousands of Ohioans."

By July of 1956, 13 schools of practical nursing were approved and the Board had licensed 4,064 practical nurses. The first practical nurse examination was administered in 1956.

Mandatory Licensure

Licensure was not required for registered and practical nurses until 1967. Registered nurses were to be licensed by January 1, 1968 and practical nurses by April 1, 1971.

Discipline, Practice, and Enforcement

The first recorded disciplinary action was in 1939.

"The cases of [M.C. and R.S.] who were notified to appear and explain their practices came on regularly. Both were present and R.S. was accompanied by her parents. The testimony is filed with their applications. After consideration, the Nurse Examining Committee warned both of the offenders and placed them on probation."

Minutes of the Nurse Examining Committee, August 24, 1939

Mrs. E.H. presented credentials belonging to other nurses when applying for Ohio registration on the basis of reciprocity with the State of Wisconsin, and also for employment. She was permitted to return to the care of her family pending her good behavior and her assertion she did not intend to seek further employment at nursing. The Wisconsin Department of Nurse Registration was notified.

Addendum-Minutes of the Nurse Examining Committee, August 24, 1939

In 1966 it was noted that “the nurse and misuse of drugs” was an ongoing problem.

The Board's 1983 Annual Report noted, “There are NO investigators on the staff which critically hampers the ability of the Board to carry out Section 4723.34, ORC....The degree of surveillance continues to heighten as more and more nurses become involved in the societal problems of drug and alcohol abuse.”

A Nursing Compliance Consultant joined Board staff. Since June 1984, this program rendered over 70 complaints about nurses with the greatest majority involving drug abuse. Each referral was followed-up with varying degrees of investigation. A sizeable increase in the number of disciplinary hearings has resulted.”

Board of Nursing Education and Nurse Registration Newsletter,
March 1985

The Disciplinary/Enforcement Unit of the Board was established in 1984. In May 1985 the Board met with other regulatory boards, state departments, agencies, and professional associations to discuss the problem of prescription drug diversion.

Effective July 22, 1994, HB 715 revised Section 4723.28, ORC, of the NPA to add three new practice violations: (1) failure to practice in accordance with acceptable and prevailing standards of safe nursing care; (2) in the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse...; (2) in the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse...

In 1995 the Board agreed to participate in the NCSBN study, “A Comparison of Two Regulatory Approaches to the Management of Chemically Impaired Nurses”

In 2000, the Practice Improvement and Intervention Program (PIIP) was implemented as a non-disciplinary confidential program for nurses with practice breakdown issues, but who may benefit from remedial nursing education.

Revisions to the Nurse Practice Act

In 1982 the Board initiated a “Coalition for the Revision of the Ohio Nurse Practice Act.” There were 29 organizations collaborating so “nurses and the nursing profession can work together toward a common goal—passage of revisions to the law regulating nursing practice.” In 1988, Governor Richard F. Celeste signed HB 529, a bill that significantly revised Ohio's law regulating nursing practice. Some highlights of the revisions were:

- *Shortened name to “Board of Nursing” and increased the Board to 10 nurse members (kept the one consumer member)*
- *Revised definitions of nursing for RNs*
- *Added mandatory continuing nursing education*
- *Increased fees: licensure from \$32 to \$50; renewal from \$10 to \$15*
- *Revised the Board's authority to discipline nurses “who break the law;” authorized summary suspensions*
- *Moved the responsibility of registering Nurse Midwives from the Medical Board to the Board*

...”Talking Points in New Proposed Nurse Practice Act,” 5/87

HB 303, effective March 20, 2013, comprehensively modified the Nurse Practice Act. The bill provided updates to laws pertaining to various aspects of the Board's primary responsibilities to license and discipline. The bill deleted programs and procedures that were no longer operational or productive. HB 303 addressed pertinent regulatory issues and requirements for nurses, dialysis technicians, medication aides, and community health workers in a common sense manner and the changes implemented provided greater legal clarity to licensees and the public.

Advanced Practice Nursing

In 1979 the Board adopted a statement, "Position on Role of the Nurse Practitioner."

"Registered nurses who function under the title of "Nurse Practitioner" are practicing the art and science of nursing. While all registered nurses active in the profession are practitioners of nursing, the term Nurse Practitioner is used to delineate a relatively new and evolving area of nursing practice...."

Board Meeting Minutes, January 25-26, 1979

Effective July 1, 1993, a Pilot Program for "Advanced Practice Nurses" was established. The Pilot locations were at Case Western Reserve University, Wright State University, and the University of Cincinnati.

In June of 1996, Governor Voinovich signed SB 154 to recognize APNs and establish title protection and scopes of practices for Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNSs) Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

Effective May 17, 2000, HB 241 granted the Board authority to issue certificates to prescribe for CNPs, CNSs, and CNMs. The Committee on Prescriptive Governance (CPG) was established to develop recommendations to the Board for rules to establish the process and standards for prescriptive authority, including the Formulary.

In 2013, the title of Advanced Practice Nurses was changed to Advanced Practice Registered Nurses through the passage of HB 303. Expanded Schedule II prescribing for APRNs was effective in June of 2012 with the passage of SB 83.

Regulating Other Areas of Nursing Practice

- From 1990 to 1996, the Board approved Nurse Aide Training and Competency Evaluation (TCE) training programs for nurse aides employed in long-term care facilities in Ohio.
- SB 111, effective on June 26, 2000, provided for the regulation of hemodialysis technicians by the Board.
- The 2004-2005 budget bill, HB 95, authorized the Board to certify community health workers (CHWs) and approve community health worker training programs.
- The 2006-2007 budget bill established a Medication Aide Pilot Program for medication aides in nursing homes and residential care facilities. After March 26, 2009, all Ohio nursing homes or residential care facilities were authorized to use certified medication aides.

And More Recently....

- Effective February 1, 2009, the Board eliminated wallet license cards due to fraud issues. The Board fully implemented an online license verification system.
- In 2010 the Board implemented the Patient Safety Initiative, a comprehensive approach to practice breakdown and a joint collaboration between the Board and nursing employers to increase patient safety through effective reporting, remediation, modification of systems, and accountability.

- In January of 2011 the Board was one of three states participating in the three-year NCSBN Transition to Practice Study, designed to examine the effect of a Transition to Practice model on patient safety and quality outcomes based on the practice of newly licensed nurses transitioning to practice.
- Starting in 2012, two representatives from the Board serve as members of the Ohio Action Coalition Steering Committee, charged with implementation of the recommendations in the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.
- The Board streamlined and improved Ohio's licensure and certification processes for veterans, service members and spouses, in furtherance of the Governor Kasich's Executive Order 2013-05K and legislative initiatives in House Bill 98 and House Bill 488 (130th GA).
- Ohio is one of twenty-three state nursing boards participating and submitting TERCAP data to establish a national database regarding patient safety and practice breakdown. TERCAP (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility) is the tool used to gather data regarding nursing practice breakdown.
- The Board joined in the fight against human trafficking, one of the fastest growing criminal enterprises worldwide. Nurses and other health care providers are often the only professionals able to interact with trafficking victims.
- The Board is actively collaborating with the Governor's office, legislators, law enforcement, and other state boards and agencies in the continued fight against prescription drug abuse. Ohio's commitment to end opiate and other prescription drug abuse is consistent with the Board's mission of public protection. The Board uses the licensure renewal process to link APRNs to OARRS registration.
- In 2013, and for each renewal period thereafter, the Board collected comprehensive nursing workforce data as part of the online renewal process and provided the raw data and summary workforce data reports to the profession and the public.
- Starting in 2014, all nurses are required to renew their license online.
- The Board has funded, since 1990, the Nurse Education Assistance Loan Program (NEALP) to provide financial assistance to students enrolled in approved Ohio nursing education programs.
- The Board has funded, since 2003, the Nurse Education Grant Program (NEGP), to increase student capacity of nursing education programs.

Thank you for taking a moment to reflect on the Board's history!