



OHIO BOARD OF NURSING

MINUTES OF MEETING

BOARD RETREAT – APRIL 16-17, 2009

The Ohio Board of Nursing Retreat was held on April 16-17, 2009 at the Drury Inn at 6170 Parkcenter Circle, Dublin. The President, Vice-President, and Executive Director reviewed the agenda prior to the meeting.

On Thursday, April 16, at 8:34 a.m., President Lisa Klenke called the meeting to order. On Friday April 17, at 8:33 a.m., President Lisa Klenke called the meeting to order.

BOARD MEMBERS

Lisa Klenke, RN, President
J. Jane McFee, LPN, Vice-President
Anne Barnett, RN, Supervising Member, Disciplinary Matters (Absent on Friday)
Janet L. Boeckman, RN
Patricia Burns, LPN (Absent Thursday and Friday)
Judith Church, RN
Kathleen Driscoll, RN
Delphenia Gilbert, RN
Bertha Lovelace, RN
Melissa Meyer, LPN (Absent Thursday and Friday)
Patricia Protopapa, LPN
Eric Yoon, RN (Absent on Friday)

Unless noted in these minutes as exhibits, all written reports submitted to the Board are maintained in the Board office according to the Board record retention schedule.

WELCOME AND ANNOUNCEMENTS

President Lisa Klenke welcomed Board members and staff, and recognized new Board member, Judith Church, who was attending her first meeting.

BOARD GOVERNANCE SURVEY

L. Klenke presented the results of the Board governance survey and stated the responses and comments were positive regarding Board members and staff effectively working together. The Board identified certain areas of the survey for discussion.

- To assure Board members are receiving the last Board mailing in a timely manner, it was agreed to send the second mailing by overnight mail. Eric Yoon volunteered to pick up his second mailing at the Board office.
- The Board discussed the length and frequency of meetings. Kathleen Driscoll stated the Board has greatly improved efficiency as evidenced by the amount of business conducted and the duration of meetings. The Board agreed that the current schedule was appropriate.
- The Board discussed Advisory Groups and Committees. L. Klenke suggested the staff provide a review of Advisory Groups in September, prior to the Board making appointments and designating Chairs at the November meeting. A. Barnett suggested Board members attend Advisory Groups meetings to observe the meetings. She also stated that staff support is excellent for the Advisory Groups. D. Gilbert added that committee members are also very helpful. It was recommended that staff review Advisory Group and Committee information during new Board member orientation.

COMPLIANCE

Complaints

Lisa Ferguson-Ramos, Jodi Crowe and Dennis Corrigan reviewed the revised complaint form and discussed the complaint process. The revised form includes a supplemental form with TERCAP questions that employers would complete when submitting a practice complaint. The new form will be available on the Board's website, and the complainant will be able to submit the form electronically.

J. Maier asked about the confidentiality of the complaint information and if the information is subject to discovery. J. Maier suggested that both these provisions be explicitly stated on the form. The Board agreed and staff will make revisions on the final version.

A. Barnett recommended informing employers that the Board will be collecting the supplemental TERCAP information. J. Crowe stated that the staff will prepare information for the website and include additional information with the form. Holly Fischer stated that this could be included in a *Momentum* article.

J. Church asked about the development of the TERCAP questions. Lisa Emrich provided an explanation about TERCAP. She stated the information should be helpful for the employer because they would be gathering information about their systems to identify system changes to help reduce practice breakdowns. D. Corrigan and some of the other investigators have been using the TERCAP tool for practice complaints and with employers.

Protocols

E. Yoon asked about disciplinary suspensions and imposing suspensions for additional violations. H. Fischer stated that the disciplinary guidelines do allow for various types of suspensions with specific parameters, as defined in the Ohio Revised Code. Also, for summary suspensions, the evidence threshold is very high and for other types of suspensions, by law, a licensee must be given a notice of an opportunity for hearing.

E. Yoon recommended that when discipline is imposed, fines be added as part of the discipline. J. Maier stated there could be a downside to issuing a large number of fines, because it has been his experience that fines are frequently unpaid and become uncollectable. When a suspension is issued, the person is not working, so non-compliance is generally a problem. B. Lovelace stated that she believes it is important for licensees who are disciplined to have consequences, but she questions whether a fine would be effective when it is used in conjunction with other sanctions. L. Klenke asked that the staff collect information regarding the use of fines by other Ohio agencies and other state boards of nursing for a future Board discussion.

Trends

Compliance staff have noted an increase in complaints involving applicants for nursing licensure and complaints involving impairment and drug theft during the first two years of licensure. Also, investigators are encountering more mental health crises with licensees. D. Corrigan taught Crisis Prevention Intervention (CPI) in the past to all Board staff and he stated he has used the training during investigative interviews.

Board attorneys are experiencing increased opposition by licensees to entering into post-notice Consent Agreements particularly when the terms involve a suspension. These cases must then be assigned for a hearing, which increases costs to the Board.

PRACTICE CASES: OVERVIEW AND RECOMMENDATIONS

PIIP; Employer Remediation; Just Culture

L. Emrich described the Practice Intervention and Improvement Program (PIIP) and reviewed the provisions of the Nurse Practice Act and administrative rules governing the program. Board staff is recommending a new approach for practice complaints that would involve an increased use of PIIP; increased employer involvement through employer reporting and remediation; the creation of a state and national patient safety database,

based on TERCAP data compiled by NCSBN; and incorporation of the principles of Just Culture for the review of practice cases.

Board staff recommended a pilot project with an acute care facility. D. Corrigan has been working with a facility and discussing this possibility. The Board agreed by general consensus to implement a pilot project with one acute care facility. B. Houchen commended D. Corrigan for his work with the Board.

ALTERNATIVE PROGRAM FOR CHEMICAL DEPENDENCY (AP)

H. Fischer reviewed the provisions of the Nurse Practice Act and administrative rules governing the AP. She also presented a history of the AP and peer support programs. Tom Dilling reported that he is a member of the NCSBN Chemical Dependency Committee. The Committee is reviewing research to identify best practices regarding alternative and discipline programs for impaired licensees. He stated he believes Ohio's program is structured firmly for public protection because the AP is a program of the Board and part of the Compliance Unit.

Emily Brown discussed the AP statistics and the program. Administrative rules were revised in 2004, making the eligibility criteria more stringent. In 2007 the Board revised the AP participant agreement and simplified the admission process and forms. To enter the program, licensees must surrender their license, and sign a participatory agreement.

L. Klenke summarized the Board discussion. The Board agreed that it is advantageous for the Board to provide an alternative program, however, an individual's success in AP is often impacted due to the nature of chemical dependency and relapses. The NCSBN Committee is pursuing research and data collection to identify various models of alternative programs. The Board agreed to review the data and information the Committee provides and at that time, further review and discuss the program.

ETHICS

H. Fischer provided ethics training for the Board members. L. Klenke asked that each Board member complete the affiliation form and return it to H. Fischer or J. Kirk.

ADVANCED PRACTICE NURSING

NCSBN Model Rules and Consensus Paper

Lesleigh Robinson and L. Emrich discussed the NCSBN Model Rules and APRN Consensus Paper. They reviewed a chart comparing the provisions of the Model Rules with the Ohio Nurse Practice Act and administrative rules governing APN practice. The Board agreed, by consensus, that using the terminology of APRN rather than APN would be acceptable. They also agreed

to the use of “independent practitioner” but continuing the current provisions that require standard care agreements with a collaborating physician. The Board did not agree with (1) the grandfathering of APRNs licensed prior to December 30, 2015; (2) establishing Board oversight of APRN education programs, curriculum, and faculty; (3) requiring APRNs to register their DEA numbers with boards and for boards to maintain this information and (4) adding a provision in law that doctoral prepared APRNs may use the title “Dr.” or “doctor.”

Regarding other provisions of the Model Rules, the Board identified that (1) the criteria in the Model Rules for evaluating APRN certification programs is already met through the Board process of approving national certifying organizations and (2) through eLicensing and HIPDB reporting, national certification programs can ascertain when APNs have an encumbrance placed on their license. Regarding continued competency, the Board previously agreed to seek a change in the Nurse Practice Act to require two hours of continuing education regarding the Ohio APN law and rules for RNs endorsing into Ohio and seeking an Ohio COA.

APN Delegation of Medication Administration To Medical Assistants

L. Emrich reviewed information regarding APN delegation of medication administration to unlicensed medical assistants. In Ohio, physicians have authority to delegate medication administration to medical assistants. Chapter 4723-13, OAC, prohibits nurses from delegating medication administration to unlicensed persons, except for certain exemptions contained in the rules, therefore, except as provided in Chapter 4723-13, OAC, APNs are not currently authorized to delegate medication administration to medical assistants.

E. Yoon stated he believes APNs may be delegating medication administration to medical assistants and the Board should consider allowing this practice. K. Driscoll stated that the Board should allow an APN to delegate medication administration to medical assistants. J. Jane McFee stated her concern is that medical assistants are not regulated and may have no formal training.

E. Yoon stated that allowing APNs to delegate medication administration to medical assistants would assist APNs in private practice and therefore, increase the public’s access to practitioners. E. Yoon stated that if the Board does not move forward with this, then he recommends there be a Board statement clarifying that this is not within the scope of nursing practice.

B. Lovelace stated her concern is that non-certified or unlicensed individuals may be more lax in their functions due to the lack of regulatory oversight.

There was also a discussion about public protection and about the regulation of medication aides by the Board.

L. Klenke summarized the discussion and asked H. Fischer how to proceed to further examine how the Board could allow APN delegation of medication administration to medical assistants. H. Fischer responded that since medication delegation is currently addressed in Chapter 4723-13, OAC, the Board could establish parameters in administrative rules. The Board could review parameters established in rule for delegation to medication aides in developing rules.

BUDGET BILL (Substitute House Bill 1)

T. Dilling discussed the status of the budget bill, HB 1, and the consolidation proposal. The Board expressed its continuing concerns regarding the proposal.

The Board discussed the school nurse provisions of HB 1. H. Fischer and L. Emrich provided an explanation and history regarding the administration of medication in the school setting. The Board expressed its concern that certain provisions of HB 1 would create a conflict with the Nurse Practice Act. The Board also agreed there should be a more clear exception for the administration of medications by unlicensed personnel in emergency situations. The Board reviewed a draft letter regarding the school nurse provisions. D. Gilbert asked that revisions be made in the letter to more clearly reflect that schools currently employ both registered nurses and licensed practical nurses and the Board is supportive of efforts to increase the presence of nurses in schools. The Board agreed by consensus to the revisions and for staff to determine the distribution of the letter to appropriate parties.

LEGISLATIVE INITIATIVES AND ADMINISTRATIVE RULES

Summary of Legislative Initiatives

T. Dilling highlighted the legislative initiatives the Board has been discussing and provided an update regarding the process and timeline planned for introduction of a bill in this General Assembly. He anticipates that language regarding CRNAs having prescriptive authority for patient care in the peri-operative area of practice would be part of a separate bill.

The Board discussed the number of consumer members on the Board and all the Board members agreed that consumer members are very valuable. The Board's initial concern was that there was no consumer member when the consumer vacancy occurred. At that time, the Board discussed having one additional consumer member with an alternating term so the Board would always have a consumer member. The Board expressed that it continues to support an additional consumer member, however, the Board would be concerned about adding consumer members in lieu of nurses due to the

diversity of nursing. Because of the numerous practice areas, types of practice, levels of nursing preparation, and the responsibilities of the Board, i.e., oversight of nursing education programs, dialysis technicians, various training programs, medication aides, etc., the Board believes that if changes are made to the current Board composition, the number of nurses currently on the Board should remain the same. The Board asked staff to review other large state boards of nursing and the composition of their boards.

Administrative Rule Review

H. Fischer discussed the rule chapters that are scheduled for the Chapter 119. five-year review in 2009 as well as other rule changes recommended by staff. The Board discussed that some recent graduates from Kentucky who passed the NCLEX are seeking licensure in Ohio in an effort to avoid Kentucky's transition to practice requirements. Current Ohio rule language would require licensure applicants to go through the entire application process and retake the examination.

CORE DATA FROM NCSBN

B. Houchen explained the CORE (Commitment to Ongoing Regulatory Excellence) Report and how states use the data in the report. The Board reviewed the CORE report tables pertaining to the Board's strategic plan and noted the Board's data reflected excellent results in comparison with like-sized, independent boards.

STRATEGIC PLANNING

B. Houchen presented draft objectives and performance measures for the 2010 and 2011 strategic plan. The Board reviewed each section of the draft plan and staff answered questions regarding proposed changes. The Board agreed by general consensus to the draft plan. Board staff will present the strategic plan to the Board at the May 2009 meeting for final approval. The Board complimented staff for their work in meeting the objectives over the last two years.

EDUCATION – CLINICAL ISSUES

J. Boeckman stated that PN educational programs are finding it extremely difficult to find clinical sites for students in the areas of obstetrics and pediatrics. Many hospitals no longer accept PN program students. As required by Chapter 4723-5, OAC, the Board has taken action for educational programs that have not provided obstetrics and/or pediatric clinical experiences to students.

L. Emrich added that Chapter 4723-5, OAC, rules do not require a minimum number of obstetrics or pediatric hours. J. Church asked about using simulation labs for clinicals. J. Boeckman answered the administrative rules do not allow for simulation hours to be substituted for clinical hours.

J. Boeckman stated the long-established PN programs are able to secure clinical experiences for their students. It was noted that with the increase in PN programs, the marketplace could impact the continuation of programs.

The Board will continue to monitor this trend and review the situation in the future. Staff will research other states' requirements and contact the Ohio Department of Health about possible data regarding the number of LPNs working in hospital maternity units.

NEGP PROCESS AND REVIEW TEAMS

L. Emrich stated that the third NEGP grant cycle begins September 1, 2009. The Request for Proposal is available on the Board web site and proposals are due by June 5, 2009. J. Jane McFee, Kathleen Driscoll, and J. Church volunteered to serve on the review teams, for pre-licensure PN programs, pre-licensure RN programs, and post-graduate education programs respectively.

CHANGE OF MEETING DATES FOR JULY 2010 AND JULY 2011

B. Houchen distributed a memorandum requesting a change in Board meeting dates due to scheduling conflicts. The Board agreed by general consensus to change in meeting dates for the July meetings to July 29-30, 2010 and July 28-29, 2011.

EVALUATION OF RETREAT AND ADJOURNMENT

Board members thanked the staff for the materials and the work done in preparation for the meeting.

The meeting adjourned on April 17, 2009 at 2:30 p.m.

Lisa Klenke, MBA, RN, CNA
President



Attest:

Betsy Houchen, RN, MS, JD
Secretary

