



Ohio Board of Nursing

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Advisory Group on Dialysis

Meeting Minutes

October 5, 2017, 10:00 a.m.

Members Attending: Maryam Lyon, Board member and Chair; Julia Colavincenzo; Diane Wish; Teresa Sheppard; S. Carlton Betts (arrived at 11:08 a.m.); Felicia Lambert (arrived at 10:24 a.m.)

Members Absent: Ashley Lutz; Carrie Fisher

Staff Attending: Lisa Emrich; Lesleigh Robinson; Kristie Oles; Lisa Hashemian; Anita DiPasquale; Tom Dilling; Chantelle Coles-Neal

Guests Attending: Willa Ebersole, Ohio Renal Association

Call to Order and Welcome

Maryam Lyon, Chair, called the meeting to order at 10:06 a.m. and welcomed those in attendance. She announced this would be her final meeting as her Board Member term is ending this year. The Advisory Group members thanked Maryam for her work on the Board and the Advisory Group.

Approval of Minutes

Chair M. Lyon confirmed that members had reviewed the June 22, 2017 meeting minutes. The minutes were approved by consensus.

Discussion: Proposed Pathway for OCDT Certification

Lisa Emrich summarized the discussion at the June meeting. The discussion included consideration of: (a) authorizing individuals to take the national examination after six months of experience, as specified in federal regulation, rather than completing twelve months of experience as required in the Nurse Practice Act (NPA), (b) allowing individuals to take one of three national dialysis certification examinations, as determined by the dialysis facility, rather than be limited to two tests as specified in the NPA, and (c) that the issuance of a Dialysis Technician Intern (DTI) certificate does not impact how the individual provides dialysis care in a dialysis facility.

L. Emrich reported that based on the June discussion, a chart was prepared outlining a proposed pathway for Ohio Certified Dialysis Technician (OCDT) certification. The proposal would eliminate the DTI certificate and provide a means, through an exemption from certification, for individuals to provide dialysis care until they obtain their OCDT. She explained that currently there is an exemption in the NPA that authorizes individuals to engage in dialysis care without being certified for the time period they work under the auspices and supervision of an approved dialysis training program. Individuals who are in the training program of the facility are also employees of the facility.

The proposal would create a similar exemption for individuals after they complete the facility's training program and continue to provide dialysis care as employees of the facility, until they take the national certification examination and become OCDTs. The proposed exemption would require that individuals remain employed by the same facility that provided the training and verified their competency upon completion of the training program.

L. Emrich noted that the competency validation, level of supervision, and how dialysis technicians currently work in the facilities would not change under the proposed exemption, so there would be no disruption to the employing facility. The only change is that the Board would not issue a DTI certificate.

DTI Certificate

The members discussed eliminating the DTI certificate. Julia Colavincenzo expressed her concern that there may be a safety violation prior to becoming certified as an OCDT. She stated that if an employing facility dismissed an employee during the exempted period due to a safety violation, there would be no process to report the individual to a governing body, so action could be taken regarding the employee/technician if needed.

Tom Dilling stated the proposal to eliminate the DTI certificate was first discussed because the Board rarely receives complaints regarding patient safety and DTIs. There are safeguards now, other than the DTI certificate, for patient safety. For example, technicians must follow the federal regulatory requirements for safe dialysis care, follow the facility's policies and procedures, and work under the supervision of the facility. All of these support patient safety and safe practices. He noted that there are other states that do not issue DTIs and to our knowledge they have not reported violations or patient safety concerns.

Teresa Sheppard stated her concern that the nurse trainer overseeing the patient's care and not the employee/technician would hold most of the accountability. She questioned who would be responsible for the technician who made critical and unsafe decisions and jeopardized patient safety.

T. Dilling stated the proposal does not change the current level of supervision required or the dialysis care currently being performed. He stated he does not believe the possibility of being reported to the Board should be a determining factor because individuals are more fearful of losing their jobs than being reported to a Board.

Lesleigh Robinson stated that the proposed certification exemption is similar to the licensure exemption for students enrolled in nursing education programs. The students are exempted from licensure as long as they provide nursing care under supervision and the nursing program is responsible for the students. The nursing education programs discipline, remediate, or dismiss students based on their performance.

Diane Wish stated she did not agree with the comparison, because she believes that unlike dialysis technicians, nursing students are heavily monitored, never work independently and are required to follow Board rules.

L. Emrich responded that the dialysis provisions of the NPA currently require that an unlicensed individual engaging in hemodialysis activities within a training program and as a DTI must be supervised. Further the individuals must follow the facility's policies and procedures and comply with the federal regulations governing dialysis facilities and care, as administered by the Ohio Department of Health. All of these oversight measures are currently in place for the safety of

patients undergoing hemodialysis and none of these requirements would change under the proposal.

D. Wish stated she believes a registry is needed and unlicensed individuals need to be regulated by the Board. It was stated that an individual who never intends to take the examination may “job-hop” through multiple facility training programs by falsifying an application and this is why the Board should have a registry.

L. Robinson stated the Board does not keep a registry of nursing students for nursing education programs. If a nursing student is dismissed and applies to a different education program, the nursing program would investigate or review competency and equivalency of training/education to determine whether to admit the student.

T. Dilling stated that without disciplinary action by the Board, complaint information is confidential and not reportable to employers. A registry would not be used for the purpose of confidential complaint information. He stated that if a registry were to be instituted for the purpose of the Board preventing job/training hopping for facilities, the facilities would need to report all those who completed training, the date of employment, and all who left the facility/employer prior to obtaining certification. Advisory Group members stated that training programs/employers would not want to report this information to the Board because it would be burdensome on employers.

D. Wish stated she is concerned because an exemption would require the individual remain with the same facility/employer until licensed as an OCDT. She believes that is unwarranted and it would be a hardship on the technician by limiting mobility. She stated that in some instances, following an extensive investigation of the individual and competency evaluations, she would employ an individual to transfer or work in her facility who attended another facility's training program.

D. Wish questioned what title would be used for the individual during this exemption period. L. Emrich stated that under the proposal the facility would determine the title.

The Advisory Group did not reach consensus regarding the elimination of DTI certificates because some members believe the DTI certificate is needed for patient safety and a registry should be re-instituted for the Board to monitor job hopping for facilities/employers. This will be discussed again at the next meeting after staff have had an opportunity to draft more specific statutory and rule language highlighting how the proposals would operate while taking into consideration concerns and issues raised in the Advisory Group discussion.

National Certification Examination

The members discussed allowing individuals to take the national certification examination after six months of dialysis care experience, as authorized by the federal regulations, rather than twelve months of experience.

It was stated that waiting twelve months often means that individuals must review theory and study again prior to taking the national examination because of the longer time period between taking the examination and completing the training. Staff noted that for the nursing examination, studies show candidates are most successful in passing the examination if it is taken within six months of completing the nursing education program. T. Sheppard and D. Wish stated they did not see anything negative about “re-studying or cramming” prior to taking the examination. Chair M. Lyon said she disagreed and stated from her perspective as an educator, cramming before a test does not improve competency or critical thinking skills.

The Advisory Group reached consensus that an individual should be eligible to take a national certification examination after six months of experience, as authorized by federal regulations, rather than twelve months as currently specified in the NPA, and that the individual could take one of the three tests, as authorized by federal regulations, rather than one of the two examinations as currently allowed by the NPA.

Certification statistics

L. Robinson presented a report showing there are 384 DTIs and 1,560 OCDTs. BONENT has not released the pass rates for the current year.

Update Ohio eLicense 3.0 Renewal Process

L. Robinson reported that renewal began July 1, 2017 for RNs and APRNs and the RN renewal deadline is October 31, 2017. This year, the APRN deadline for renewal is December 31, 2017. APRNs must renew their RN license by the deadline license in order to maintain their APRN license. The Board is sending weekly, targeted emails to those who have not renewed. About 89% of RNs have reviewed.

Advisory Group Applications

L. Emrich announced that information and applications for the 2018 Advisory Groups are posted on the Board website and applications are to be submitted no later than October 31, 2017. The open positions and reappointment eligibility were discussed.

Future Meetings

The following dates agreed upon for 2018 are: February 15, June 7, and October 4.

Adjournment

Having no further business, the meeting adjourned at 11:33 a.m.