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DISTRICT OF COLUMBIA NURSE

REGULATION EDUCATION PRACTICE

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

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OFFICE LOCATION TELEPHONE NUMBER
DC Board of Nursing
899 North Capitol St. NE
Washington, D.C. 20002
E-mail: hpla.doh@dc.gov
Phone: (877) 672-2174
Phone: (202) 724-4900
Fax: (202) 724-8677
Web site: http://doh.dc.gov/bon

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Tom Kennedy • 1-800-561-4686
tkennedy@pcipublishing.com

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

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

Circulation includes over 22,000 licensed nurses, nursing home administrators, and nurse staffing agencies in the District of Columbia.

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

Message from the Chair

Mary Ellen R. Husted, RN, BSN, OCN

Fall is my favorite time of year. It represents going back to school and seeing friends, watching the trees switch to beautiful oranges and yellows, cooler weather, and soon, the arrival of my baby—a future consumer of healthcare in the District!

During my maternity leave, Cathy Borris-Hale, our Vice Chairperson, will be covering the duties of the Board Chairperson, and I appreciate you welcoming her, as you have me. I look forward to serving you again in the new year.

In August, both Cathy, and fellow Board Member Simmy Randhawa, attended the National Council of State Boards of Nursing (NCSBN) Annual Conference as first-time attendees, and as delegates. Below, Simmy provides us with an overview of the NCSBN Annual Meeting.

– Mary Ellen Husted
Board Chair

Board members Cathy A. Borris-Hale, RN, MHA, BSN (left), and Simmy Randhawa, DNP, MBA, MS, RN, NE-BC, CPN (right), with "Honest Abe" Lincoln—actor Gene Griessman.

From Board Member Sukhjit "Simmy" Randhawa

This August, my colleague and fellow Board member Cathy Boris-Hale and I traveled to Providence, Rhode Island, for the Annual NCSBN meeting to serve as delegates representing the DC Board of Nursing. (*NCSBN is a not-for-profit organization whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.*)

Cathy and I began our first morning session at delegate orientation. It is a good thing we did; we learned a lot about the voting process and our responsibilities as delegates and representatives for our board of nursing. The council parliamentarian provided us with an overview of expectations, to ensure that we followed the expected process for meeting. We were all also provided with a copy of *Robert's Rules of Order* (Henry Martyn Robert, 1876), a book that provides common rules and procedures for deliberation and debate. (See page 6.)

The presentation was intense but informative.

Cathy and I were excited; this meeting was so different from any meeting we had attended previously. Being delegates, we would be taking an active role in making important decisions that would impact all the state boards of nursing and ultimately nursing practice!

The opening ceremony began with an introduction of the NCSBN board members and then we quickly moved into hearing from the slate of candidates who were up for election as board members. While all the presentations were very informative, I think Cathy and I agreed that the presentation by the candidate with the skydiving video was by far the best presentation. For lunch we celebrated Elaine Ellibee, a founding member and the first president of NCSBN. Her son and daughter were present to receive an award in her honor.

The rest of the afternoon we heard from each of the NCSBN committees, and the day ended with a presentation concerning the strategic direction and future of NCSBN.

Election Day!!! Day two began with the election process for the nominated board candidates. Through this process we were able to vote for our area Director, and members of the Leadership Succession Committee. Each of the winning candidates were excellent choices and representatives.

Meeting Abraham Lincoln….yes, we did! After the elections, we were visited by Abraham Lincoln. Well not really, but an amazing actor, Gene Griessman, who gave an absolutely amazing lesson on leadership while portraying one of the greatest historical figures of all time. Yes, of course we got our picture taken with him!

Later that morning we got the opportunity to hear an exceptional presentation. Dave "e-patient Dave" deBronkart, a widely-known patient advocate, cancer patient/survivor and blogger, spoke about his journey with cancer and the participatory role he played in his own treatment. This journey led him to become an advocate and activist for healthcare transformation, participatory medicine and personal health data rights.

In the afternoon, each of us attended different knowledge network lunches:

I attended the Regulatory Network lunch. This was an extravaganza! The lunch/meeting was set up as an awards show, and the presenters were all glammed up in gorgeous evening wear. The format for the ceremony included a video presentation about key topics in nursing regulation, such as minimum education for licensure, scope of practice for advance practice registered nurses, etc. After the video presentation, past and current perspectives were provided on this topic, and then all participants engaged in a group discussion. It was a very interactive and informative network lunch!

That evening we attended the awards ceremony and dinner. Again we were able to celebrate with the award winners, and have the opportunity to network with our colleagues.

Friday morning began with an amazing presentation from Jonathon Peck, President and Senior Futurist, at the Institute for Alternative Futures. He gave an insightful presentation on alternatives for the future of healthcare. His presentation was intriguing and certainly left each of us with something to think about. I was so impressed by him that I could not stop talking about him with Cathy on our way to the airport. Then, as luck would have it, he was on our plane and sitting in the seat right next to me! We had a great conversation about the idea of alternative thinking, realizing the potential for different possibilities and the opportunities we have to change the future just by believing in the potential for something different.

The annual meeting ended with the delegate assembly voting on new business. Significant actions approved by the delegates included:

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Message from the Chair

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- Adoption of the 2014 NCLEX-PN Test Plan; and

- Adoption of the Association of Registered Nurses of Newfoundland & Labrador, the College of Licensed Practical Nurses of Manitoba, Saskatchewan Association of Licensed Practical Nurses, and the Nursing & Midwifery Board of Ireland as associate members.

As first time delegates, Cathy and I certainly learned from this experience and we were honored to take such an active role in the process. We both look forward to the opportunity to attend future NCSBN meetings and to also continue to share our learning with our colleagues here in DC! ■

Key concepts of Robert's Rules (Kennedy, 1997) include:

GUIDELINES

- Obtain the floor (the right to speak) by being the first to stand when the person speaking has finished; state "Mr./Madam Chairman". Raising your hand means nothing, and standing while another has the floor is out of order! Must be recognized by the Chair before speaking.
- Debate cannot begin until the Chair has stated the motion or resolution and asked "Are you ready for the question?" If no one rises, the Chair calls for the vote.
- Before the motion is stated by the Chair (the question) members may suggest modification of the motion; the mover can modify as he pleases, or even withdraw the motion without consent of the seconder; if mover modifies, the seconder can withdraw the second.
- The "immediately pending question" is the last question stated by the Chair. Motion/Resolution - Amendment - Motion to Postpone
- The member moving the "immediately pending question" is entitled to preference to the floor.
- No member can speak twice to the same issue until everyone else wishing to speak has spoken to it once.
- All remarks must be directed to the Chair. Remarks must be courteous in language and deportment - avoid all personalities, never allude to others by name or to motives.
- The agenda and all committee reports are merely recommendations! When presented to the assembly and the question is stated, debate begins and changes occur.

Open Meetings Act

Traci L. Hughes, Esq., Director of the DC Office of Open Government, oversees Freedom of Information Act compliance among District agencies. She also ensures compliance with the District's Open Meetings Act, training more than 170 boards and commissions regarding the law's procedural requirements.

To promote transparency and good government, the DC Council passed the Open Meetings Amendment Act of 2010, which requires that boards and commissions provide notice of upcoming meetings and agendas, and make minutes available so the public will be aware of what topics were discussed and what actions were taken.

At its September 2013 meeting, the Board of Nursing welcomed Traci L. Hughes, Esq., the inaugural Director of the DC Office of Open Government. Ms. Hughes spoke to Board members about open meeting requirements and that boards must provide the public with complete information about the open-session portion of their meetings.

A draft of the minutes from every Board of Nursing open session will be posted on the DOH website (**www.doh.dc.gov**). Once the minutes have been reviewed and approved at the next board meeting, the official final version of the minutes will be posted. In addition to written minutes, audio from each open session is recorded. ■

Office of Open Government:	**http://bega.dc.gov/page/office-open-government**
Open Meetings Act Official Code:	**http://bega.dc.gov/node/650572**
Reference:	**http://bega.dc.gov/node/650582**

MISSION

The mission of the Office of Open Government (OOG) is to ensure that District government operations at every level are transparent, open to the public and promote civic engagement. The OOG has oversight over compliance of all public bodies, officials and employees, including the Council of the District of Columbia, with the Open Meetings Act (OMA) (DC Official Code §§2-571 through 580; DC Official Code §§2- 592, 593). The OOG may bring a lawsuit in the Superior Court of the District of Columbia against a public body for failure to comply with the OMA. The OOG ensures compliance of public bodies with the Freedom of Information Act (FOIA), but does not retain enforcement authority. Upon notification to the OOG of FOIA non-compliance that is persistent and problematic at any public body, the director of the OOG may refer the matter to the Board of Ethics and Government Accountability for investigation.

ARE SUBCOMMITTEES EXEMPT FROM THE OPENING MEETINGS ACT REQUIREMENTS?

Yes. However, boards are not permitted to go into a closed subcommittee session for the purpose of hiding discussion of an issue from the public.

CAN A MEMBER OF THE PUBLIC REQUEST TO SPEAK WITH A BOARD IN PRIVATE?

Members of the public may speak to the Board in private. However, the issue may have to be discussed in open session unless specifically exempted, such as discipline.

DOES BOARD TRAINING OCCUR IN OPEN OR CLOSED SESSIONS?

Training can be held in closed session.

IN THE KNOW

The Board of Nursing has established the "In The Know" column in response to the many phone calls and e-mails the Board receives regarding licensure and other issues. The Board often receives multiple inquiries regarding the same topic. Please share this column with your colleagues and urge them to read it. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

CNA-TO-HHA

Q: I am currently a CNA licensed in Maryland, and I am interested in getting a Home Health Aide license in DC. Please guide me on how to go about it.

A: If you have a Maryland CNA certificate, you may complete a 32-hour HHA bridge course, and then take the DC Board's HHA exam to become certified as an HHA. Please see page 17 for the list of the District's Approved Home Health Aide Training Programs.

RN RENEWALS BEGIN APRIL 2014

REMINDER: Please be reminded that all RN licenses will expire June 30, 2014. The renewal fee for persons applying for licensure in 2014 will not be pro-rated.

CBCs

Q: Does a nurse renewing in Maryland have to have a CBC done again for Maryland even though it was already done in DC? Can't they get the information from the FBI? Also, I thought when we renew for DC we do not have to do fingerprints again.

A: FBI results cannot be shared with other jurisdictions, so fingerprinting would have to be done in Maryland, also. The system that will allow us to automatically receive information about convictions and arrests "rap-back" is not available for FBI CBCs at this time. (Currently, prints are destroyed or returned when the background checks are completed. But the FBI is planning a "rap-back" service; the FBI can keep the fingerprints in the database, subject to state privacy laws, so that if that employees are ever arrested or charged with a crime, the employers/licensing body would be notified.)

CONTINUING EDUCATION

Q: I recently received my RN license in DC and it needs to be renewed next year. I see that there are 24 hours of CEUs required per two-year period. Do I need CE since mine was only for one year?

A: Continuing education is NOT required for first-time renewal applicants. While it is expected that you will obtain some continuing education hours during the one year, the 24 required hours requirement does not begin until your second renewal.

Q: In addition to my clinical position, I teach a core course in a Nurse Practitioner program. This is a 3-credit graduate course which I teach twice per year. Teaching this course requires many hours for preparing lectures and grading assignments each week. In addition, I attend an on-campus intensive session each semester which entails 24 hours of hands-on instruction. Students taking this course are granted CEUs, and I believe that the instructors that teach the course should also be granted CEUs. I am attaching the course syllabus for your review.

I have contacted the Boards of Nursing in Virginia and Maryland for their policies on this same issue. Maryland does not require CEUs for an RN with more than 1,000 practice hours, and Virginia allows renewal for teaching or developing a nursing-related course resulting in no less than three semester hours of college credit. I understand that every board has its own approval process, but strongly believe that if all boards would agree on such matters it would benefit everyone. In the current environment of online instruction and virtual classrooms, it is becoming easier to cross state borders, and inconsistencies such as this create confusion.

A: If teaching a credit course in a graduate nursing program is a requirement for your position, it cannot be applied toward continuing education. The Board expects educators to meet the continuing education requirement. Online continuing education courses approved by an accreditating body or board of nursing are accepted by the District's Board of Nursing.

TERMINATED DURING ORIENTATION

Q: Most hospitals have an introductory period for RNs. During that time, an RN can resign or the facility can let the RN go without any notice or reason. If a facility feels that the position the RN was hired for is not a "good fit" and terminates the RN, what is the RN's responsibility for reporting that to the DC Board of Nursing? Would the Board keep this on the RN's file and would it require explanation? What if the RN does not know why they were terminated?

A: Boards will ask "Have you been terminated from or resigned from a clinical or professional training program?" Some may specifically ask whether or not the termination was due to a practice issue.

It is recommended that the applicant indicate that they were terminated during the orientation period and explain the reason for the termination. The DC Board keeps all applications, therefore the application, which includes the explanation, would be kept, but it would not be included in our discipline files.

Please Note: Nurses are usually aware of the reason that they are terminated. If not, I suggest that the nurse speak to their supervisor or to human resources to determine the reason for the termination. They need to be aware of the reason that they were terminated so that they can correct the practice or behavior.

APPLICATION PROCESS

Q: I submitted my application a couple of weeks ago. I have been told that it is complete. Why haven't I received my license?

A: The application process involves three distinct phases and may take 30-45 days.

Please see yellow box at right for details about the licensure application process.

BOARD OF NURSING LICENSURE APPLICATION PROCESS FOR LICENSED NURSES AND NURSING ASSISTIVE PERSONNEL

The application process involves three distinct phases and may take 30-45 days.

Please note: Application and processing fees are non-refundable for any reason after applications are closed.

PHASE ONE (PROCESSING)

The following, in addition to all required supporting documents, must be received by the processing unit before your application can be reviewed and approved by Board staff. [Incomplete applications will be closed 120 days after submission]:

1. A completed application form
2. Two (2) Passport sized photos
3. Fees (made payable to DC Treasurer)
4. Criminal Background Check results (completed by MorphoTrust)

   [Please note: Examination applications may progress to phase 2 prior to staff receiving CBC results. This allows applicants to sit for examination while awaiting CBC results. But, applications cannot be approved until results are received.]

Requests for submission of missing documentation will be sent 30 days after receipt of the application. [To facilitate this process please provide a current email address on your application. Inactive applications will be closed 120 days after submission]. You may check the status of your applications for documents needed at https://app.hpla.doh.dc.gov/mylicense/

When all documents have been received, the application is entered into the system as "complete" for the first of three phases and will be sent to a Health Licensing Specialist (HLS) for review and approval.

PHASE TWO (REVIEW AND DECISION)

The HLS will conduct a detailed review of all the documents. If further information or documents are necessary the HLS will contact the applicant. [To facilitate this process please provide a current email address on your application]. When the second of three phases is completed, the HLS may:

1. Determine that the applicant meets the criteria for licensure/certification and approved. Your "active" status will be available for review online at http://app.hpla.doh.dc.gov/weblookup/. And a license /certificate will be mailed within 8-10 days; or
2. Refer your application to the Board of Nursing.

PHASE THREE (REFERRAL TO BOARD OF NURSING)

The Board will exercise one of the following options depending on the facts in each application:

1. Determine the applicant is not eligible for licensure/certification due to: (1) results of criminal background check, (2) termination from employment due to unsafe practice or (3) discipline by another board. The applicant may then be asked to withdraw their application; or
2. Send the applicant a notification of the Board's intent to deny the application and provide the reason, if the applicant chooses not to withdrawn their application; or
3. Ask the applicant to appear in person to provide relevant information. ■

COIN CONSULT A Resource for Impaired Nurses

Farewell and Welcome

By Kate Driscoll Malliarakis, RN, MSM, CNP

Our Committee on Impaired Nurses is changing!! As we say "good-bye" to COIN member Dr. Teresa Coombs, we welcome new member Dr. Peggy Compton. Both are highly accomplished in their field and possess broad expertise and experience. It is a pleasure working with nurses who are committed to ensuring excellence in their profession and supporting the recovery of impaired nursing colleagues.

OUTGOING COIN COMMITTEE MEMBER DR. TERESA COOMBS

Teresa Coombs, PhD, RN

From 1999 to 2001, Teresa Coombs, PhD, RN, worked as member of the DC Nurses Association's Psychiatric Nurse Network to establish COIN. The Network members worked with the Board of Nursing and pushed for legislation to create a much-needed alternative-to-discipline program for nurses whose practice is unsafe due to mental illness and/or substance abuse. Later, in 2002 when COIN was established, Dr. Coombs was a founding member and worked to establish its regulatory model—a model that continues to be followed today. Since its inception, COIN has helped close to a hundred nurses into recovery. Dr. Coombs was formerly a Nurse Consultant with the DC Department of Health's Health Regulation Administration.

NEW COIN COMMITTEE MEMBER DR. PEGGY COMPTON

Margaret "Peggy" Ann Compton, RN PhD, FAAN

As Dr. Coombs leaves, Dr. Peggy Compton joins us. Margaret "Peggy" Ann Compton, RN, PhD, FAAN, is Professor and Associate Dean of Academic Affairs in Nursing at Georgetown University School of Nursing and Health Studies. She received her BSN from the University of Rochester, her MS from Syracuse University as a Clinical Nurse Specialist, and her PhD in neuroscience nursing from NYU. Following completion of a postdoctoral fellowship at the interdisciplinary UCLA Drug Abuse Research Center, she joined the faculty at the UCLA School of Nursing, and where she was promoted to tenured Professor and served as Associate Dean for Academic Affairs. Her areas of clinical expertise are neuroscience, opioids, addiction and pain. She currently serves as Principal Investigator on two NIH-supported grants, and has an active research program exploring pain and opioid addiction with a specific focus on opioid-induced hyperalgesia in chronic pain and opioid dependent individuals. She has served on many coalitions and taskforces and has served as an advisory board member for a number of international conferences addressing the topic of substance use disorder, chemical dependency, pain management, and the pharmacologic treatment of addictions.

CONTACT COIN FOR A TRAINING PROGRAM AT YOUR FACILITY

Our COIN Committee includes Dr. Joanne Joyner, Dr. Marilyn Stevenson, Dr. Jyotika Vazirani, Dr. Terry Walsh, Dr. Peggy Compton, and Dr. Kate Malliarakis serves as Chair. Concheeta Wright, RN, is our Case Manager and assisting her is Tanee Atwell. The COIN is available to facilities to provide training on substance use disorders. **For more information, please contact Concheeta Wright at concheeta.wright@dc.gov.** ■

East of the River Students Can Find Opportunity in Nursing

By Stephen Lilienthal

Blendia Moore, Banneker High School junior, is already thinking about what comes after graduation. Whatever option Blendia chooses, whether it's joining the Air Force or going straight to college, her sights are set on nursing as a career. She's been volunteering at Howard University Hospital, helping in the oncology and ophthalmology departments.

Blendia can explain why she favors nursing over other careers she once considered. "If I go into nursing I can make a difference every day and see it," she explains. A recent report's projections suggest she is making a wise choice.

NURSING TODAY AND TOMORROW

Last year Georgetown University's Center on Education and the Workforce (GUCEW) issued a report, "Healthcare," on the anticipated increase in healthcare professionals during this decade. GUCEW's revised estimates predict DC will have over 16,000 job openings in healthcare, from 2010 to 2020, and one-third will be for nurses. One-quarter of Maryland's anticipated 83,000 job openings will be for nurses. Nursing positions

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should comprise over one-quarter of Virginia's 104,000 openings in healthcare.

That's a potential 55,000 jobs in nursing created over this decade in DC and neighboring Maryland and Virginia. The report forecasts an additional 1.6 million new and replacement nursing positions nationwide could be created over the decade.

NEW CHALLENGES

"There was a time when nurses stood up when a doctor entered the room and even did more non-clinical housekeeping," says Barbara Baskerville, a retired nursing educator who serves on the Scholarship Committee of the Black Nurses Association of Greater Washington (BNAGW). Now, she says, nurses can have their own independent practices, even run clinics and write prescriptions.

Increasingly, proclaims Susan Hassmiller, director of the Robert Wood Johnson Foundation's (RWJF) Future of Nursing: Campaign for Action, which promotes nursing, "Nurses are taking on more leadership roles. Because they form the front line of health care, nurses are in a position to make a unique contribution to our health care system."

"The Future of Nursing," a 2010 report issued by the Institute of Medicine and the RWJF elaborates: "By virtue of its numbers and adaptive capacity, the nursing profession has the potential to effect wide-reaching changes in the health care system. Nurses' regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health care system."

That moves Dr. Pier Broadnax, director of the nursing program at the University of the District of Columbia (UDC), to assert that nurses see their role as more "collaborative" with physicians. "It is the goal we are moving toward," stresses Dr. Broadnax.

NURSING CHOOSES YOU

Two current UDC nursing program students, both mid-career professionals, personify the changes the current trends in nursing. Sitting at the Big Chair Cafe, Southeast DC residents Dawna Gadson and Katrina Clark discuss their own career paths in nursing and the profession's importance.

Gadson, a DC native, traces her desire to become a nurse to the rudeness experienced by her grandmother and aunt when ill. "They were not treated with the compassion nursing is known for," Gadson explains. In an earlier conversation Gadson said of nursing,"It chose me. I enjoy helping people."

Clark, also raised in Southeast, credits the influence of her grandmother, a maid who

performed nursing duties for the family employing her when illness occurred. "She was very responsible and accountable and never shrank from any task no matter how difficult," says Clark, who credits her grandmother's work ethic and "professional pride" for being "instrumental" in helping her to become "the nurse I am today."

Both women started out as licensed practical nurses studying at the now closed Margaret Murray Washington Nursing School. They worked at the now closed DC government-run DC Village nursing home and DC General Hospital. Both started studying at UDC to earn associate's degrees in registered nursing while working at DC General. Later they worked for Children's National Medical Center's Community School Services in the DC public schools.

Gadson recalls the satisfaction she felt when implementing an exercise program at Randle Highlands Elementary School. One student, dogged by health problems, had started to slim down but transferred to another school. Yet the child kept losing weight, and the mother thanked Gadson for her help.

Realizing that the profession has a great contribution to make in thwarting chronic conditions such as diabetes and obesity that contribute to all kinds of serious health problems, particularly among African Americans, Clark and Gadson are now enhancing their professional nursing careers as students in UDC's bachelor of science in nursing program. The curriculum includes not just a care-related curriculum but also courses in leadership skills, research, and legal and ethical issues. Clark says nursing is stable employment. She has "never been concerned about unemployment" as a nurse.

Both women volunteer at the Senior Wellness Center on Alabama Avenue SE and NBC 4's annual health fair. Both want to continue in community nursing, promoting the

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preventive medicine that can help people to lead healthier lives. Both see working in community clinics as leading to developing continuing relationships with their patients.

OPPORTUNITIES IN NURSING

Diana Wharton, president of the local black nurses chapter, and UDC's Broadnax emphasize that students with ability in science and math should consider nursing. There's more though. "You have to have compassion for people. It's a quality that can't be underestimated, says Broadnax, also DC's co-lead for the "Future of Nursing: Campaign for Action." So is skill at collaboration, which is increasingly important as nurses work in team environments.

Efforts are being put forth in DC to interest students in nursing. The BNAGW chapter has a "Choose Nursing Project." Members visit middle schools and career fairs to acquaint young people with the profession. Scholarships are also offered. "We'd like more students to apply for our scholarships," Wharton insists.

The District of Columbia Nurses Association undertakes similar efforts to attract people to nursing. DC students who are entering high school and who have an interest in nursing should consider applying for admission to Eastern High School's Health and Science Academy, where students participate in health related projects, can obtain advanced CPR certification, receive mentoring from healthcare professionals, and participate in internships.

LIFELONG LEARNERS

Today's successful nurses need to be lifelong learners. The "Future of Nursing" report stresses the importance of having at least a BS degree in nursing but urges nurses to obtain master's and doctoral degrees. "Advanced Practice Registered Nurses" will have the training to do more, not just in caring for individual patients but in addressing problems in health care through research and developing policy. Nurses should even acquire the entrepreneurship skills to operate their own businesses.

Baskerville and Wharton see many opportunities for nurses in the DC region, noting its many colleges and universities with nursing programs, leading hospitals, and medical research centers. Baskerville says those students and mid-career professionals living in DC who possess an interest in having a career in nursing are "blessed" to have so many opportunities for education and interesting work. ■

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

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

Time:
9:30 a.m – 11:30 a.m.

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

Transportation:
Closest Metro station is Union Station.

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

***November 6, 2013**
January 8, 2014
March 5, 2014
May 7, 2014

***Please note new schedule**

NCSBN News

NURSYS E-NOTIFY:

The National Council of State Boards of Nursing (NCSBN) has announced the launch of Nursys e-Notify, the **national nurse licensure notification system** that automatically delivers licensure and publicly available discipline data directly to employers as the data is entered into the Nursys database by U.S. boards of nursing.

Nursys is the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). It is comprised of data obtained directly from the licensure systems of U.S. BONs through frequent, secured updates.

The e-Notify system alerts subscribers when changes are made to a nurse's record, including changes to **license status, license expirations, pending license renewals, and public disciplinary action/resolutions and alerts.** If a nurse's license is about to expire, employers have the option to receive a notification about the expiration date. Employers can also immediately learn about new disciplinary actions issued by a board for their employed nurse, including receiving access to available public discipline documents. Nursys e-Notify eliminates the need for employers to proactively search for nurse data because they are notified when changes occur.

Nurse employers are able to subscribe to this service to track licensure and discipline information for little or no charge (cost is dependent on the number of nurses enrolled in the system). The first 100 nurses in a facility registered with Nursys e-Notify are free of charge. After that, each nurse is $1 per year. If an employer has 99 nurses they pay nothing; if they have 200 nurses, the cost per year is $100. Employers can customize how often they receive notifications and when they want to run reports. Another valuable option is the ability to enter nurse contact information so the employer may send licensure renewal reminders to the nurses directly from the e-Notify system.

Sign-up for e-Notify at Nursys web page: https://www.nursys.com/
Press release announcing launch of e-Notify: https://www.ncsbn.org/3978.htm

NATIONAL WORKFORCE SURVEY OF RNS:

An adequate supply of RNs is one of the essential components of a safe and effective health care system. With an aging nursing workforce, and aging U.S. population, and the implementation of the Affordable Care Act—will there be enough RNs to meet the escalating demand? NCSBN and The National Forum of State Nursing Workforce Centers (The Forum) have announced the publication of the National Nursing Workforce Survey of Registered Nurses, **a new study that provides a comprehensive snapshot of the U.S. nursing workforce in 2013**. The results of this survey are especially valuable in that the data obtained can be used to project possible shortages and assist in the allocation of resources, program development decisions, and recruitment efforts in both the health care system and education sectors.

NCSBN and The Forum conducted this study between January and March 2013. A total of 42,294 RNs participated in the study, with representation from all 50 states, the District of Columbia and four U.S. territories (American Samoa, Guam, the Northern Mariana Islands and Virgin Islands). The article, "Highlights of National Workforce Survey of Registered Nurses," is available in the July 2013 issue of the *Journal of Nursing Regulation* (JNR). The full report *The National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs* is available as supplement to JNR and can be purchased from the JNR website: http://jnr.metapress.com/home/main.mpx. (NCSBN's website is: www.ncsbn.org. The National Forum of State Nursing Workforce Centers' website is http://NursingWorkforceCenters.org.)

Continued on page 16

NCSBN News continued

2014 NCLEX-PN TEST PLAN IS NOW AVAILABLE ONLINE

NCSBN reviews the NCLEX-PN Test Plan every three years to ensure that the examination continues to be reflective of entry-level LPN/VN practice. The test plan provides a concise summary of the content and scope of the licensing examination and serves as a guide for candidates preparing to sit for the examination. The 2014 NCLEX-PN Test Plan will go into effect April 1, 2014, and can be found on the current NCSBN website at https://www.ncsbn.org/1287.htm. This document offers a more thorough and comprehensive listing of content for each client needs category and subcategory as outlined in the test plan. The 2014 NCLEX-PN Detailed Test Plan will exist in two versions: a candidate version and an item writer/item reviewer/nurse educator version. The versions are identical in content except the item writer/item reviewer/nurse educator version offers an item writing guide and a section with case scenarios.

FACULTY: PLEASE NOTIFY STUDENTS OF THE FOLLOWING NCLEX CHANGES

ENHANCED NCLEX SECURITY SCREENING

NCSBN's effort to maintain a high level of security for the NCLEX exams includes capturing a series of biometrics upon admittance to the test center. Currently, an NCLEX candidate must provide a digital signature, palm vein scan, fingerprint scan and a photograph. Fingerprint technology utilized at the test centers is not forensic-quality, and therefore no longer provides state of the art fraud detection security that is the hallmark of the NCLEX administration procedures. Enhancements to palm vein technology now allow NCSBN the ability to compare a candidate's palm vein biometric against all NCLEX palm vein records. This allows NCSBN to maintain a "no test list" of individuals identified by the boards of nursing, as well as identify potential proxy test takers. Because of these enhancements and the fact that the palm vein scan has proven to be accurate, tamper-proof and non-intrusive, NCSBN will discontinue the use of the fingerprint biometric starting in October 2013.

EMAIL ADDRESS NOW REQUIRED AS NCLEX EXAMS GO "GREEN"

In an effort to improve both effectiveness and efficiency, NCSBN's NCLEX® program will go "green" and transition to a completely paperless program. Internet access has largely replaced print-based materials for information gathering and transactions; because of this NCSBN can now deliver the same information more expeditiously and reliably through electronic means. The list of current paper-based materials that have been identified as going paperless include:

- Authorization to Test (ATT) letter
- NCLEX® Examination Candidate Bulletin and Candidate Bulletin At-A-Glance
- "Eights Steps of the NCLEX®" handout
- Scan form registrations
- Money order, certified check and cashier check payments
- "You've Completed the NCLEX® but Still Have Questions" brochure

To begin the process of transitioning to paperless, an email address for all candidates that register on the phone or online will be required immediately. Candidates who do not have an email address will be instructed to obtain a free email account through providers such as Gmail or Yahoo. Once the email account has been created the candidate may register for the NCLEX online at www.pearsonvue.com/nclex or by phone. Implementation for the paperless initiative will take place in the first quarter of 2014. NCSBN ensures a smooth transition and that the same information will be delivered through electronic means. Visit www.nclex.org. ■

PROFESSIONAL NURSING SCHOOLS

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

Jeanne Matthews, PhD, RN, Chair, Department of Nursing, Associate Professor & Program Director for Nursing Education, Georgetown University School of Nursing & Health Studies
3700 Reservoir Road N.W.
Washington, DC 20007
MATTHEJE@georgetown.edu
PH: (202) 687-0754
FULL APPROVAL

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

Sandra Marshall, MSN, RN,
Dean of School of Nursing, Radians College
1025 Vermont Avenue, NW; Suite 200
Washington, DC 20005
imedley@radianscollege.com
PH: (202) 291-9020
FAX: (202) 829-9192
FULL APPROVAL

Teresa L. Panniers, PhD, RN
Associate Dean for Nursing and Health Professions
Chief Nursing Officer
Trinity Washington University
125 Michigan Avenue, N.E.
Washington, D.C. 20017
PanniersT@trinitydc.edu
PH: (202) 884-9689
FAX: (202) 884-9308
CONDITIONAL

Susie Cato MSN, MASS, RN, Director of Associate Degree Nursing Program, University of District of Columbia Community College
Associate Degree Nursing Program
801 North Capitol Street NE Room 812
Washington, DC 20002
scato@udc.edu
PH: (202) 274-5914 • FAX: (202) 274-5952
CONDITIONAL

Stephanie Wright Ph.D., CRNP, Senior Associate Dean for Academic Affairs, The George Washington University Graduate School of Nursing
900 23rd St. NW, Suite 6167 B
Washington, DC 20037
sonemd@gwumc.edu
PH: (202) 994-5192 • FAX: (202) 994-2777
FULL APPROVAL

PRACTICAL NURSE PROGRAMS

Michael Adedokun, PhD, MSN, RN, Director of Nursing, Comprehensive Health Academy
School of Practice Nursing
1106 Bladensburg Road, N.E.
Washington, DC 20002-2512
MAdedokun@comcast.net
PH: (202) 388-5500
FAX: (202) 388-9588
FULL APPROVAL

Sandra Marshall, MSN, RN
Dean of School of Nursing, Radians College
1025 Vermont Avenue, NW; Suite 200
Washington, DC 20005
imedley@radianscollege.com
PH: (202) 291-9020
FAX: (202) 829-9192
FULL APPROVAL

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

NURSING ASSISTANT AND HOME HEALTH AIDE TRAINING PROGRAMS

Bethel Training Institute (HHA)
824 Upshur Street, NW
Washington, DC 20011
email: idealnursing@aol.com
PH: (202) 723-0755 or 0304
FAX: (202) 723-0367
FULL APPROVAL

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

Carlos Rosario International Public Charter School (CNA)
514 V Street, NE
Washington, DC 20002
email: cramirez@carlosrosario.org
PH: (202) 797-4700
FAX: (202) 232-6442
FULL APPROVAL

DC Institute of Allied Health (CNA/HHA)
2010 Rhode Island Avenue, NE 2nd Fl
Washington, DC 20018
email: alliedhealthdc@yahoo.com
PH: (202) 526-3535
FAX: (202) 526-3939
FULL APPROVAL

Friendship Public Charter School (CNA)
Anacostia High School
1601 16th St SE
Washington, DC 20020
email: dharris@friendshipschools.org
PH: (202) 698-2155
FULL APPROVAL

Friendship Public Charter School (CNA)
Collegiate Academy
120 Q Street NE Suite 200
Washington, DC 20002
email: dharris@friendshipschools.org
PH: (202) 281-1753
FULL APPROVAL

HealthWrite Training Center (CNA/HHA)
2025 Martin Luther King Jr. Avenue, SE.
Washington, DC. 20020
email: www.healthwrite.org
PH: (202) 678-7279
FAX: (202) 678-7279
FULL APPROVAL

Home Care Partners, Inc (HHA)
1234 Massachusetts Avenue, NW
Suite C-1002
Washington, DC 20005
email: MMuller@homecarepartners.org
PH: (202) 638-2382
FULL APPROVAL

Intellect Health Institute (HHA)
4645 Nannie Helen Burroughs Ave. NE
Washington, DC. 20019
email: intellecthealth@yahoo.comPH:
PH: (202) 621-2348
website: www.intellect-health.com
FULL APPROVAL

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
FULL APPROVAL

Total Healthcare Innovations (CNA/HHA)
1805 Montana Avenue NE
Washington, DC 20002
email: nazoroh@thcii.com
PH: (202) 747-3453/ 202 747-3455
FAX: (202) 747-3481
FULL APPROVAL

University of the District of Columbia-Community College (CNA/HHA)
Bertie Backus Campus Certificate Programs
5171 South Dakota Avenue, NE
Washington, DC 20017
HHA email: kpayne@udc.edu
CNA email: Eveline.wanneh@udc.edu
PH: (202) 274-6950
FULL APPROVAL

VMT Education Center (CNA/HHA)
401 New York Ave, First Floor. NE
Washington, DC 20002
email: cdallas@vmtltc.com
PH: (202) 282-3143
FAX: (202) 282-0012
FULL APPROVAL

Washington Training Institute (HHA)
6210 North Capitol Street NW
Washington, DC 20011
2004 Rhode Island Avenue NE
Washington, DC 20018
email: wtiinstitute@yahoo.com
PH: (240) 460-7060
FAX: (202) 319-0048
FULL APPROVAL

The Board's authority to regulate Nursing Assistive Personnel (NAP) has resulted in an increased number of inquiries regarding the role of the licensed nurse in delegating tasks to NAPs. Below you will find guidance in making your decision regarding what and to whom to delegate.
PLEASE NOTE: You must also be aware of the policies and procedures of the facility/agency for which you work. They may have specific requirements for frequency of supervision as well as requirements for what and when to document.

DELEGATION

DELEGATION: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

ACCOUNTABILITY: Being responsible and answerable for actions or inactions of self and others in the context of delegation.

DELEGATOR: The person who delegates responsibility to another person.

DELEGATEE: The person who accepts or receives delegation of a task or responsibility.

SUPERVISION: The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of the work and the result client outcomes.

HOW DOES DELEGATION DIFFER FROM ASSIGNMENT?

Assignment is the downward (i.e., from a nursing supervisor to a staff nurse) or the lateral (i.e., from one staff nurse to another) transfer of both the responsibility and accountability of an activity from one individual to another. The transfer must be made to an individual of skill, knowledge and judgment and it must be within the individual's scope of practice. According to the National Council of State Boards of Nursing (1997), ASSIGNMENT is designating nursing activities to be performed by an individual consistent with his/her licensed scope of practice.

It needs to be noted, assignment differs from delegation in that assignment may only be made to another licensed nurse who has a legally defined scope of practice. The assignment must be made to a nurse who is capable of accomplishing the assigned activity as well as legally licensed to perform the activity.

RESPONSIBILITIES OF THE DELEGATING NURSE INCLUDE:

- Verify the competence of staff
- Staff teaching
- Staff direction
- Ongoing evaluation of the acts of individuals
- Rectifying any incompetent actions of staff
- Reassessing patients
- Taking responsibility for all delegated tasks
- Assuring accurate documentation

TO ENSURE PROPER DELEGATION

- Check the Nurse Practice Act to learn what acts may be delegated
- Only delegated nursing acts to individuals who are appropriately trained

NURSE SUPERVISORS MAY BE HELD LIABLE FOR:

- Improper training
- Improper delegation
- Improper assignments
- Inadequate supervision, and
- Failure to take appropriate action

NURSES HAVE THE FOLLOWING OPTIONS IN THE FACE OF A PROFESSIONALLY OBJECTIONABLE ASSIGNMENT:

1) **Accept the assignment**—however, this may leave the nurse open to civil liability if a patient suffers an injury which stems from an act of commission or omission by the nurse or by another employee for whom the nurse is responsible. Furthermore, the nurse's license may be jeopardized if he/she knowingly accepts and misperforms a role beyond his/her level of competence.

2) **Accept the assignment and file an appeal**—this will not help if a problem occurs during the course of the assignment—however, it is always appropriate to document problems that

occur as a result of an improper assignment—personal diary, letter or memo to the appropriate person, incident report, etc.

3) **Reject the assignment**—this may cause problems for the nurse who might be charged with insubordination, disciplined or even fired.

ACTIVITIES WHICH SHOULD NOT BE DONE BY NAPS (NURSING ASSISTIVE PERSONNEL INCLUDING BUT NOT LIMITED TO CNAS, HHAS, ETC.) INCLUDE:

1) The initial nursing assessment

2) Any subsequent assessment that requires professional nursing knowledge, judgment and skill

3) Establishing nursing diagnoses

4) Mutualization of care goals with the patient/client

5) Development of the nursing plan of care

6) Evaluation of the client's progress in relation to the plan of care

7) Any nursing intervention which requires professional nursing knowledge, judgment, and skill—According to the ANA, a nursing judgment is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing the evidence.

The Five Rights of Delegation

Right Task—One which may be delegated for a specific patient. In general, tasks that can be delegated (assigned) are those:

1) Which frequently reoccur in the day-to-day care of a patient/client

2) Which do not require nursing assessments, nursing judgment

3) Which do not require complex and/or multi-dimensional application of the nursing process

4) For which the results are predictable and the potential risk is minimal; and

5) Which utilize a standard and unchanging procedure.

Right Circumstances—Consider all relevant factors including such things as the appropriateness of the patient setting and the available sources.

Right Person—Right person is delegating the right task to be performed on the right person.

Right Direction/Communication—Clear, concise description of the task, including its objective limits and expectations.

Right Supervision/Evaluation—Appropriate monitoring, evaluation, intervention, as needed and feedback.

THE SUPERVISING NURSE MUST:

- Know the expected method of supervision—direct or indirect
- Know the qualifications of NAP
- Know the competencies of the NAP
- Have specific information about the tasks that have been delegated
- Monitor the performance of the NAP
- Obtain information from the NAP and provide feedback
- Intervene in the care being given by the NAP if necessary
- Evaluate the client/patient's condition and outcomes
- Evaluate the performance of the NAP.

Continued on page 20

After Delegating the Task, Have You:

Monitored performance of the delegated nursing intervention?

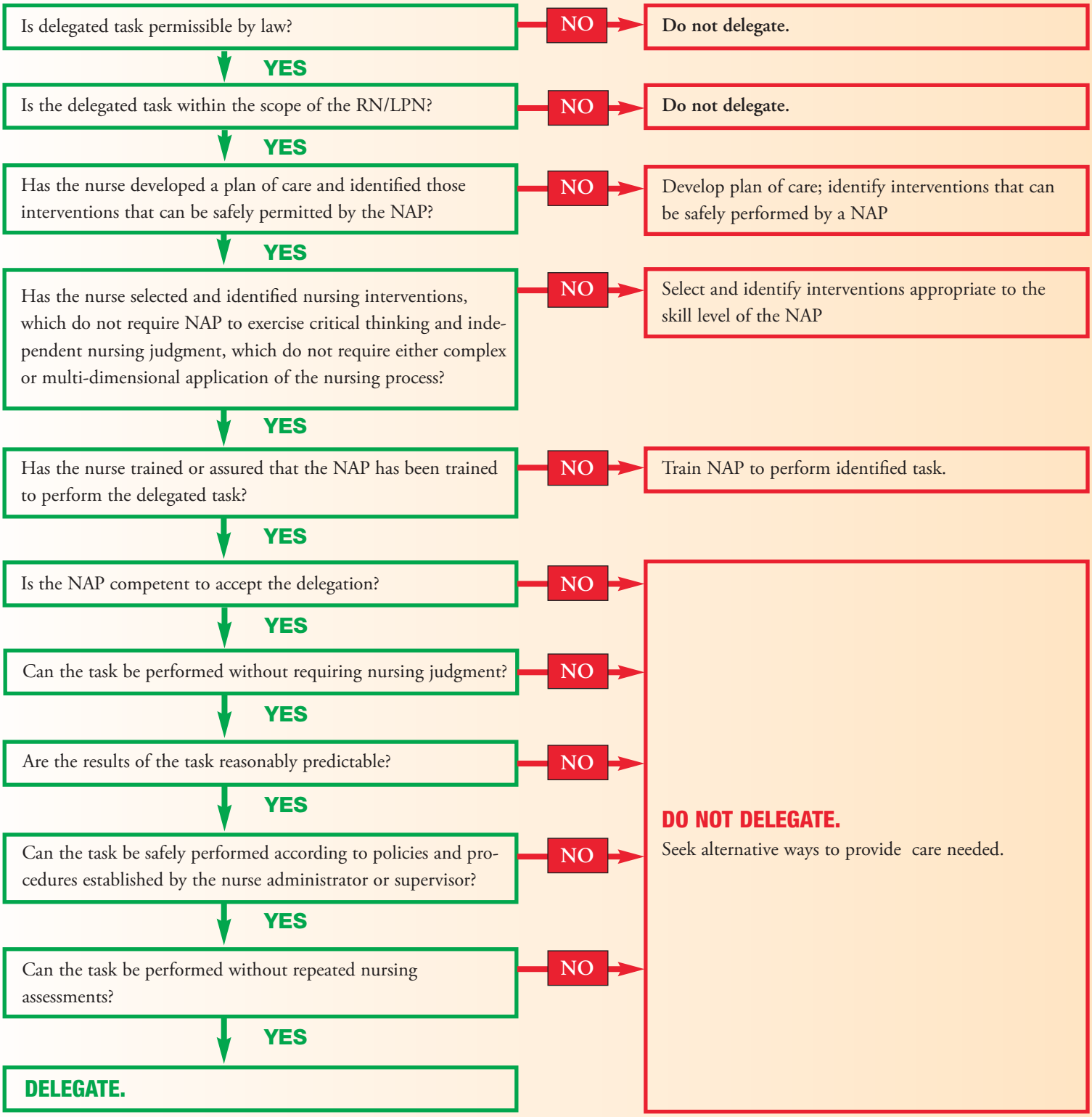
Verified that the delegated nursing intervention has been implemented?

Evaluated the client's response and the outcome of the delegated nursing intervention?

Monitored the client's condition?

Assessed?

DELEGATE DECISION TREE



Nurse Practitioner Autonomy

NURSE PRACTITIONERS SLOWLY GAIN AUTONOMY: According to an article "Nurse Practitioners Slowly Gain Autonomy" published in the Pew Charitable Trust's *Stateline* daily news service, the increasing need for primary care practitioners is motivating state-level officials to look at "relaxing decades-old medical licensing restrictions, known as 'scope of practice' laws that prevent these nurse practitioners from playing a lead role in providing basic health services."

While the rural states were the first to push for NP autonomy, more states have seen such legislation proposed since the passage of the Affordable Care Act. Recently, medical associations in Kentucky and Connecticut successfully opposed NP independence. However, as older physicians retire and younger physicians chose to pursue specialty medicine, there will be a gap in the area of primary care.

Those advocating NP autonomy note that "family medicine has changed in the past 20 years… Doctors treated a wide variety of illnesses, set bones and performed minor surgery. Today, most spend their days treating common colds, managing diabetes, hypertension and other chronic diseases, and diagnosing and referring patients to specialists." According to the American Association of Nurse Practitioners, at least 17 states and the District of Columbia permit nurse practitioners to work without a supervising physician (legal language varies by state).

You may keep up with current state scope-of-practice law at: http://www.ncsl.org/issues-research/health/scope-of-practice-legislation-tracking-database.aspx

Read the article online at: **www.pewstates.org/projects/stateline** or **www.generationnp.com**

THE NURSE PRACTITIONER WILL SEE YOU NOW: The District of Columbia is ahead of many states in the nation with regard to allowing APRNs to practice independently. In the District, Nurse Practitioners have autonomy and prescriptive authority.

The topic of nurse practitioner autonomy was addressed on the pages of *Consumer Reports* magazine in a recent article entitled "The nurse practitioner will see you now."

There is a shortage of primary care practitioners, and that need will become even more apparent once the Affordable Care Act goes into effect: "We have about 30 primary-care physicians per 100,000 people," the article states. *Consumer Reports* noted the sharp increase in walk-in clinics in recent years: "usage has almost tripled since 2008." These clinics are usually staffed by nurse practitioners.

"Nurses' training might also make them more qualified than doctors to handle aspects of care for certain problems, such as wound care for diabetics and helping people manage high blood pressure and other chronic conditions," said Melinda Abrams of the Commonwealth Fund, who was quoted in the article.

Heavy educational debt was noted as a burden which motivates younger physicians to move toward the higher-paying specialty medicine and away from the lower-paying area of primary care, which includes family practice, pediatrics and general internal medicine.

ADVANCED PRACTICE PROVIDERS

- Nurse Practitioners (NP)
- Certified Nurse Midwives (CNM)
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists
- Physician Assistants (PA)
- Podiatrists (DPM)
- Clinical Psychologists (PhD or PsyD)
- Dietitians (RD)
- Pharmacists (PharmD)

Read the article online at: http://www.consumerreports.org/cro/magazine/2013/08/the-nurse-practitioner-will-see-you-now/index.htm

NURSE PRACTITIONERS TRY NEW TACK: An article entitled "Nurse Practitioners Try New Tack," published in the *KAISER Health News*, sheds light on the political entities blocking Nurse Practitioner

autonomy. Currently, most NPs cannot get on insurance companies' provider lists. "Despite laws in 17 states [and DC] allowing them to practice independently, nurse practitioners say some insurers … restrict them mainly to rural areas," the author notes.
Insurance companies are more amenable to utilizing NPs who are part of a joint practice ("medical home") made up of a mix of NPs, physicians, physician assistants and other health care professionals, who work as part of a team.
Many insurance companies only allow nurses to bill directly if a collaborating physician is in that insurer's network.

Physicians, in Pennsylvania for example, have lobbied against legislation granting NP autonomy. "The nurse practitioners, as valuable and good as they are, do have limited training that is far less than that of a physician. Ideally, a physician-led team approach is the way to go" according to a quote from physician Richard Schott, president of the Pennsylvania Medical Society. " Many physicians note that NPs are only essential in rural areas. However, Philadelphia Nurse Practitioner Jerry Driscoll says: "If you can't get out of your house and down the steps, you are just as isolated in the city as you are out in a farmhouse in a rural area." He notes that the provider lists of insurance companies do not list NPs, only list physicians with whom the NP has a collaborative agreement.

In New Jersey, similar NP legislation has also been thwarted. The article states: "Insurers' practices vary. The region's biggest insurer, Independence Blue Cross, credentials nurse practitioners as primary care providers when they work in nurse-managed primary care practices or in retail clinics in drug or grocery stores. It plans to expand that soon to nurse practitioners working for primary care doctors."

As a result of the opposition from both insurance companies and physicians, NPs are hoping that they will be able to gain increased autonomy in the wake of the new Affordable Care Act. More Americans will be insured—there will be 30 million additional patients seeking primary care providers. But "this will not happen if private insurers continue to exclude or restrict advanced-practice registered nurses from their provider networks," said Karen Daley, president of the American Nurses Association.

The article cites the Institute of Medicine's 2010 report which advocates the removal of barriers that prevent nurse practitioners from making "full use of their training."

The "new tack" alluded to, is Nurse Practitioners' effort to gain support from President Obama as the Affordable Care Act is implemented. "An administration official declined to comment," the author noted.

Kaiser Health News is an editorially independent program of the Henry J. Kaiser Family Foundation, a nonprofit, nonpartisan health policy research and communication organization not affiliated with Kaiser Permanente.
Read the article online at: http://www.philly.com/philly/health/healthcare-exchange/20130908_Nurse_practitioners_try_new_tack.html) ■

Home Health/Companion Workers to Get Minimum Wage and Overtime

The United States Department of Labor has issued a Final Rule concerning pay for health care workers who care for the elderly and those with disabilities. A worker cannot be exempt from receiving minimum wage and overtime just because their job includes hours spent offering simple fellowship, companionship and protection. If the home health aide spends MORE THAN 20 PERCENT of their total hours performing care (see box below), the worker is entitled to minimum wage and overtime. The Final Rule prohibits "third party employers, such as home care agencies, from claiming the companionship or live-in exemptions. The major effect of this Final Rule is that more domestic service workers will be protected by the FLSA's minimum wage and overtime provisions." The Final Rule will be effective January 1, 2015.

CARE = ACTIVITIES OF DAILY LIVING

- Dressing
- Grooming
- Meal Preparation
- Feeding
- Bathing
- Toileting
- Transferring
- Driving
- Light housework
- Managing finances
- Assistance with taking medications
- Arranging medical care

COMPANIONSHIP SERVICES

The term "companionship services" means the provision of fellowship and protection for an elderly person or person with an illness, injury, or disability who requires assistance in caring for himself or herself. Under the Final Rule, "companionship services" also includes the provision of "care" if the care is provided attendant to and in conjunction with the provision of fellowship and protection and if it does not exceed 20 percent of the total hours worked per person and per workweek.

WHAT ABOUT THE EXCEPTION?

The Companionship Services Exemption is not applicable when the employee spends more than 20 percent of his or her workweek performing care; in such workweeks, the employee is entitled to minimum wage and overtime.

CHANGES FROM PRIOR REGULATIONS:

(1) tasks of "companionship services" are more clearly defined;
(2) exemptions for companionship services and live-in domestic service employees are limited to the individual, family, or household using the services; and
(3) recordkeeping requirements for employers of live-in employees are revised.

The Fair Labor Standards Act (FLSA) was passed in 1938 to provide minimum wage and overtime protections for workers.

For more information, go online:

http://www.dol.gov/whd/homecare/workers-what-are-protections.htm

http://www.dol.gov/whd/regs/compliance/whdfsFinalRule.htm.

http://www.wagehour.dol.gov

Or call toll-free helpline 1-866-4USWAGE (1-866-487-9243).

Nursing Assistive Personnel Update

HOME HEALTH AIDES—WHERE ARE WE NOW?

8,000 HHA applications have been approved; 1500 HHA applications are pending.

WHAT ABOUT APPLICANTS WHO HAVE NOT COMPLETED THE PROCESS?

We are closing applications of persons who have not completed the application process; their status will read "closed" instead of "pending."

MAY THESE APPLICANTS REAPPLY?

Once their application is closed, if they meet the requirements, they can reapply by examination or endorsement. (See regulatory requirements below.)

REAPPLY BY EXAMINATION OR ENDORSEMENT

CERTIFICATION BY EXAMINATION

To qualify for certification by examination, an applicant shall provide proof of ONE (1) of the following:

(a) Successful completion of a home health aide program, approved by the Board or by a nursing board in the United States with standards determined by the Board to be substantially equivalent to the standards in the District; or

(b) Completion of practical nursing or registered nursing "Fundamentals of Nursing"; or

(c) CGFNS certificate indicating education as RN or LPN within the past 36 months.

CERTIFICATION BY ENDORSEMENT

An applicant for endorsement as an HHA shall provide proof of the following:

(a) Current certification as an HHA or similar title and duties; or

(b) The applicant's ability to perform skills listed in § 9327.2 (letter from employer certifying ability).

TESTING SITES EXPANDED FOR HOME HEALTH AIDES & TRAINED MEDICATION AIDES

Examination locations have been expanded to include locations in Maryland and Virginia. This should allow persons to be able to take the examinations sooner. ■

Kudos!

Congratulations to Division of Long Term Care Nurses

DC Nurses Take the Lead in Overhaul of Day Care

After her team visited several day care centers in the District and met with stakeholders, Department of Health Care Finance (DHCF) Medicaid Director/ Senior Deputy Director Linda Elam, PhD, MPH, issued a mandate to Health Care Policy and Planning Director Claudia Schlosberg, JD, and her Assistant Director Katherine Rogers, PhD, to overhaul the Day Care Program in the District. Subsequently, Yvonne Iscandari, Director of Division Long Term Care (DLTC), and her assistant Chai Williams, created a plan for the overhaul, utilizing the expertise of registered nurses.

DLTC nurses with the DHCF Policies Department are currently testing and validating a new assessment tool that will impact and change how services will be delivered in the District. This validating and testing of the assessment tool will impact all DC Medicaid beneficiaries that are receiving and will receive Home and Community Based Services populations (HCBS).

The recommended sample is a minimum 574-person, stratified proportional bases on four subgroups (strata) of LTSS user. Claims were used for the random sample. During the testing and validation phase, individuals (Medicaid beneficiaries sampled from LTC users in FY12) will be assessed using the tool, though the outcomes of the assessment will in no way affect their eligibility for services (i.e., their eligibility for services will not be reassessed at this time using this tool). Currently, the providers of these various services perform all evaluation services to ascertain the beneficiary's needs. Delmarva will now perform face-to-face assessments independent of the provider so as to avoid any conflict of interest, to allow bundling of like services and to ensure the beneficiary is receiving services consistent with needs and preferences.

Left to right: Phurbu McAlister, RN; Mariam E. Kanu, RN; Maria Sesay, RN; Falmata Binta Bah, RN; Camille Fountain, RN; Nenna Nnadili, RN; Amrill Savary, RN; seated: Kathleen Rogers, PHD, Assistant Director of Healthcare Policy and Planning; Pamela L. Hodge, RN, Management Analysis; and Claudia Schlosberg, JD Director of HealthCare Policy and Planning.

Kudos!

Congratulations to **Gretchen Brandon, MSN, NNP-BC, NE-BC,** who has been appointed to serve as AANP Washington DC State Representative by the American Association of Nurse Practitioners (AANP). This is a one-year appointment.

Congratulations to **Allison Armstrong, RN**, who has been selected as a member of the 2013 RN Practice Analysis Expert panel which is scheduled for November 4-6, 2013.

In September 2013, ten Georgetown University (GU) nursing students, who were interning for the semester at the DOH Community Health Administration (CHA), met with Board of Nursing staff to learn more about the licensure process and the Board's role and functions. The students spoke with Board Executive Director Karen Scipio-Skinner, MSN, RN (above), as well as BON staff members Felicia Stokes, BSN, JD, and Bonita Jenkins, EdD, RN, CNE. Also in attendance was GU Adjunct Instructor Lorraine C. Spencer, Preceptor for the nursing students, and CHA Program Coordinator Angela Carole. The students are enrolled in Georgetown's accelerated nursing program. "Nurse Spencer expressed that this was a unique experience" for the students, according to Ms. Carole.

Board Member Speaks at Board of Medicine Workforce Symposium at George Washington University

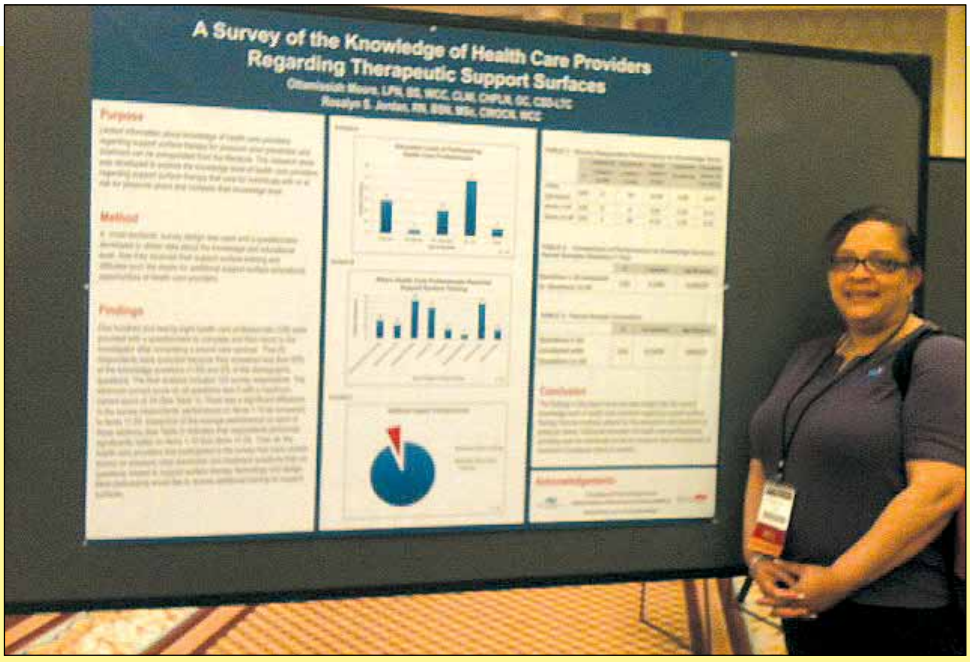
Board of Nursing Member Sukhjit "Simmy" Randhawa, DNP, MBA, MS, RN, NE-BC, CPN, represented the Nursing Board and shared the results of our workplace survey (survey results are in FEBRUARY 2013 issue of DC NURSE).

Ms. Randhawa participated in the symposium panel discussion on the future healthcare workforce needs of the District.

Kudos!

Congratulations the **Ottamissiah "Missy" Moore**, BS, LPN, WCC, CLNI, GC, CHPLN, who has been selected to receive the 2014 Certified Hospice and Palliative Licensed Nurse (CHPLN®) of the Year Award. This has been awarded by the National Board for Certification of Hospice and Palliative Nurses (NBCHPN).

We would also like to congratulate Missy for her participation in Wild on Wounds (see photo).



Board member Ottamissiah Moore.

INTERVIEW WITH MISSY MOORE ON WILD ON WOUNDS CONFERENCE

WHAT IS THIS EVENT?

The event was called the Wild on Wounds Conference. It is a yearly wound event held for wound care professionals.

WHAT WAS THE SIGNIFICANCE OF THE EVENT?

It is an opportunity for wound care professionals of all disciplines to get together to discuss and review best wound practices, research, skills and product information.

DID YOU HAVE TO APPLY TO PARTICIPATE?

I submitted an abstract on the survey results from the 2013 DC Board of Nursing Wound program.

WHAT INFORMATION DID YOUR POSTER PROVIDE?

The poster provided details of the knowledge of regarding support surfaces in pressure ulcer prevention.

WHO DID YOU SURVEY, AND WHY DID YOU CHOSE TO SURVEY THAT GROUP OF PEOPLE?

The survey was provided to the participants of the 2013 DC Board of Nursing Wound Care program. This group of individuals was chosen because they have an interest in wound care, provide wound care or may write policies, procedures or processes.

WHAT DID YOUR SURVEY RESULTS SHOW?

The results of the survey showed that additional information, education and training needs to be provided on the topic of support surfaces. 96% of the people surveyed felt they needed more education and training.

WHAT DID YOU FIND REWARDING ABOUT DOING THE SURVEY?

The opportunity to have the wound care professionals from our area participate in areas of research.

WHAT DID YOU FIND REWARDING ABOUT DOING THE POSTER EVENT?

The reward is having data to review to prepare for future trainings. Also, to try my hand at research as an LPN.

Nurse Imposter Warning

If you have any knowledge or information regarding the employment practices of the following individual, please contact the Board of Nursing, (202) 724-8800. Taiwo Sobamowe came to the attention of the Department of Health when she secured employment as a Registered Nurse (RN) with a District of Columbia facility. Ms. Sobamowe provided credentials under a different name, for a Registered Nurse licensed in the District of Columbia, for the purposes of employment. Upon investigation, the Department of Health was unable to find any evidence of licensure and determined that Ms. Sobamowe was not licensed as a RN in DC or anywhere else in the United States. Ms. Sobamowe surrendered her employer identification. The facility notified the Metropolitan Police Department.

This individual is using a legitimate license number, but the name on the license is not hers. Please contact the Metropolitan Police Department and the Board of Nursing if she applies for a job at your facility. ■

Boards Seeking to Fill Vacancies

The **Board of Nursing Home Administration** is seeking to fill the following vacancies:

- 2 Nursing Home Administrators licensed in the District
- 1 Educator from an institution of higher learning engaged in teaching health care administration
- 1 Physician or Osteopath licensed in the District who has a demonstrated interest in long-term
- 1 Consumer Member

The **Board of Nursing** is seeking to fill the following vacancies:

- RN Member who lives in the District
- LPN Member who lives in the District
- Consumer Member who lives in the District

PLEASE CONTACT:
Office of Boards and Commissions
1350 Pennsylvania Avenue, NW, Suite 302, Washington, DC 20004
Phone: (202) 727-1372
Fax: (202) 727-2359
TTY: 711
Email: boards.commissions@dc.gov
Web: http://obc.dc.gov/

All Board appointees must live in the District.

Board Disciplinary Actions

NAME	LICENSE #	ACTION
Kathy McCormick	*RN1006198*	*Suspended*
Janie Herring-Long	*RN50722*	*Suspension Order terminated*
Senora Seaborne	*RN65516*	*Summarily Suspended*

Names and license numbers are published as a means of protecting the public safety, health and welfare. Only Final Decisions are published. Final Orders and the Certified Nurse Aide Abuse Registry can be assessed by going to http://doh.dc.gov.

Nursing Staffing Agencies

Aburro Staffing - Revoked

AEF Comfort Nursing Care - Revoked

Franka Blossom - Revoked

Dedicated Care - Revoked

Prime Consulting - Revoked

Non-Public Disciplinary Actions:	
Referrals to COIN	*2*
Notice of Intent to Discipline	*10*
Consent Orders	*9*
Requests to Withdraw	*5*
Fitness to Practice	*1*
Requests to Surrender	*0*
Letters of Concern	*0*
License denied	*0*

Public vs. Non-Public Discipline

Public Discipline: *Disciplinary actions that are reported to Nursys, National Practitioner's Data Bank and viewed in DC NURSE and at http://app.hpla.doh.dc.gov/weblookup/.*

Non-Public Discipline: *Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.*

DC Board of Nursing
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As one of the nation's leading academic teaching and research hospitals, **MedStar Georgetown University Hospital** provides unique opportunities for experienced nurses who are looking to take their careers to the next level. Currently, we have openings in many of our units including:

- **MedStar Georgetown's Neurosciences Department** treats some of the region's most complex cases of stroke, aneurysm, epilepsy and cancer, as well as disorders of the brain and spine.
- **Case Management** monitors the care and services delivered to patients during the acute hospital stay, promotes effective utilization of resources, and assumes a leadership role with the interdisciplinary team to achieve optimal clinical and resource outcomes for the acute and post-hospital phases of care.
- **Operating Room (23 Suites) –** Our OR provides a comprehensive range of surgical services, including Robotics, Transplant/Vascular Surgery, Pediatrics, General Surgery/Thoracic, Neurosurgery and Orthopaedics.
- **Lombardi Comprehensive Cancer Center** is the only National Cancer Institute-designated "comprehensive cancer center" in the Washington, DC area.
- **MedStar Georgetown Transplant Institute** is a national leader in the treatment of advanced liver disease, intestinal disorders, chronic kidney disease and complications of diabetes.

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