



OHIO BOARD OF NURSING

MINUTES OF MEETING

BOARD RETREAT – APRIL 16-17, 2012

The Ohio Board of Nursing Retreat was held on April 16-17, 2012 at the Drury Inn at 6170 Parkcenter Circle, Dublin. The President, Vice-President, and Executive Director reviewed the agenda prior to the meeting.

On Monday, April 16, at 9:01 a.m., President Bertha Lovelace called the meeting to order. On Tuesday, April 17, at 9:03 a.m., President Bertha Lovelace called the meeting to order.

BOARD MEMBERS

Bertha Lovelace, RN, President
Melissa Meyer, LPN, Vice-President
Janet Arwood, LPN
Rhonda Barkheimer, RN
Judith Church, RN, Supervising Member, Disciplinary Matters (Absent Tuesday)
Maryam Lyon, RN (Absent Tuesday afternoon)
J. Jane McFee, LPN
Susan Morano, RN (Absent Monday and Tuesday)
Tracy Ruegg, RN
Roberta Stokes, RN

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 Lovelace welcomed Board members and staff. She also welcomed nursing students on Tuesday. Vice-President Melissa Meyer read the Board mission each day.

BOARD GOVERNANCE SURVEY

B. Lovelace presented the Board Governance Survey, and noted the results were favorable. The Board discussed the questions for next year's survey. Board members were asked to provide B. Lovelace proposed revisions by May 10, 2012. The Board expressed an interest in any new or additional technology that could be used to access, review, and organize compliance materials. Board staff will explore this possibility.

B. Lovelace also presented dates for Case Review and the Board Hearing Committee and encouraged Board members to observe these processes.

STRATEGIC PLANNING AND EVALUATION

Betsy Houchen reviewed the Strategic Plan. Board members agreed by general consensus to add and revise certain objectives and outcome measures. The Board will approve the Strategic Plan at the May Board meeting.

MULTI-STATE LICENSURE/COMPACT

B. Houchen discussed multi-state licensure, also known as the “compact.” She reviewed the history of the compact and summarized the work and meetings over the last seven years with NCSBN in regard to compact issues that have been raised by the Board. After discussion, the Board agreed by consensus that while multi-state nurse licensure could be advantageous for occupational health nurses, traveling nurses, or employers, the Board believes the potential risks of harm to the public outweigh the potential benefits due to the differences in standards between states. The Board reviewed and confirmed the Board’s statement, “Multi-State Nurse Licensure” and recommended additional information be placed on the web site to provide more detailed information regarding the differences in states’ standards.

NURSING EDUCATION PROGRAMS

Summary of Survey Reports

During its March meeting, the Board requested a summary of rules not met by nursing education programs as cited during Board surveys. Lisa Emrich provided a summary of citations from May 2010 to March 2012 for 35 RN and 42 PN programs. She discussed the cited rules and the survey process.

NCLEX Pass Rates

L. Emrich provided information about NCLEX pass rates for nursing education programs.

NCSBN Nursing Education Committee/Approval and Accreditation

L. Emrich presented information about the NCSBN Nursing Education Committee work and recommendations. She noted that the Board’s Advisory Group on Nursing Education is preparing a comparison of Ohio’s regulatory requirements with accreditation standards.

Nursing Education Program Annual Report Questions

L. Emrich presented proposed revisions for the questionnaire used to collect data for the nursing education program annual report. She also presented questions submitted by the Ohio Action Coalition.

T. Ruegg questioned whether the Board should require education programs to conduct drug testing for their students. It was noted that many programs and

clinical sites currently require drug testing, and many employers require pre-employment screens and continuing education on substance abuse. A legislative change would be needed for the Board to require that nursing education programs conduct drug testing. It was noted that questions about screening are included on the questionnaire and the Board will continue to collect the data. The Board agreed by general consensus to revise the education program annual report questions as discussed.

Board Nursing Education Liaison Discussion

H. Fischer and L. Emrich discussed having a Board member continue to serve as the Board Nursing Education Liaison (Liaison). The Liaison deliberates and votes on nursing education programs and it has been questioned whether the Liaison accesses confidential information that not all Board members receive. The Liaison does not access confidential information because unlike individual compliance cases, all of the education reports and files are public information. However, to avoid the appearance of impropriety, the Board agreed by general consensus that the Liaison will not deliberate or vote on nursing education program cases.

COMPLIANCE PROGRAM

Protocols/Flow Charts

Lisa Ferguson-Ramos presented the compliance protocols and identified minor revisions. The Board reviewed the (1) Disciplinary Complaint Protocol; (2) Discipline Priorities and Guidelines Protocol; and (3) Settlement Conference Protocol and will approve final versions of the protocols at the May Board meeting.

Monitoring Program

Holly Fischer reviewed two proposed Consent Agreement Addendums suspension templates that would be offered to licensees in the monitoring program when the licensee is requesting to discontinue drug screens for a period of time and is in substantial compliance with the Consent Agreement. The Board agreed by general consensus to approve the use of the Consent Agreement Addendums for licensees who meet the guidelines.

ETHICS TRAINING

H. Fischer provided ethics training for Board members and staff. Those in attendance fulfilled the Governor's requirement for annual instruction on Ohio's Ethics Laws, in accordance with Executive Order 2011-03K.

EXECUTIVE SESSION

On Monday, April 16, 2012:

Action: It was moved by Melissa Meyer that the Board go into Executive Session to discuss pending or imminent court action with legal counsel. Motion adopted by roll call vote.

The Board entered Executive Session at 2:58 p.m. and reported out of Executive Session at 3:07 p.m.

OHIO ACTION COALITION

B. Houchen provided an update regarding the Ohio Action Coalition (OAC), and two of the OAC Workgroups, Nursing Education and Data/Research. The Board discussed the various views regarding legislatively mandating baccalaureate nursing education within ten years of initial licensure. B. Lovelace summarized the discussion by stating she believes it is important for the Board to support the collaborative work of the OAC, as this process will assure all nurses' and interested parties' views are heard. The OAC also will foster collaborative work between practice, education, and regulation to reach the 2020 goal. B. Houchen noted that the OAC requested Board representation on the OAC Steering Committee. The Board supports the IOM recommendation:

Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

IOM Report Recommendations

The IOM Report Recommendations were provided to the Board.

ALTERNATIVE PROGRAM FOR CHEMICAL DEPENDENCY

Overview, History, Timelines and Statistics

L. Ferguson-Ramos presented information for the Board discussion regarding the Alternative Program for Chemical Dependency (AP). The Board reviewed various organizational models for alternative programs. By administering its own alternative program, the Board noted it maintains direct control and accountability to assure public protection which is the Board's priority, while providing a program to timely address substance use disorders so nurses may safely return to practice when possible.

The Board also discussed the successful completion rates for alternative programs and noted that the literature cites completion rates ranging from 45-90%. To accurately compare completion rates, there would need to be a comparison of program requirements for initial and continued participation. For example, some states have programs that allow participants to continue in the alternative program after relapses, while other programs would not. These types of program requirements could impact successful completion rates.

NCSBN Guidelines and Ohio Requirements

The Board reviewed the AP requirements compared to the Model Guidelines for Alternative Programs (NCSBN Guidelines). NCSBN published the Model Guidelines and a resource manual, *Substance Use Disorder in Nursing*, developed by the NCSBN Chemical Dependency Committee, of which Tom Dilling was a member. The Guidelines are based on evidence obtained through a review of current research and literature regarding substance use disorder.

The Board noted that the Board's AP requirements are in alignment with most of the NCSBN Guidelines. The following AP requirements were considered in relation to the NCSBN Guidelines.

1. Employment in a Nursing Position
 - a. NCSBN Guidelines require that there be "...continuous employment in a nursing position for at least one year of the 3-5 year contract in order to be eligible for successful discharge from the program." The Board does not specify a minimum length of employment in a nursing position. The Board agreed by general consensus to require at least one year of continuous employment during the AP agreement, unless otherwise approved by the Board, in order to be eligible for successful completion of the program.
 - b. NCSBN Guidelines require certain work restrictions, such as not working night shifts, shifts greater than 12 hours, or more than 40 hours per week. The Board does not specify these restrictions. The Board agreed by general consensus to continue its review of nursing employment on a case-by-case basis and set restrictions accordingly.
2. Length of AP Agreement, Early Releases, or Extensions
 - a. The NCSBN Guidelines recommend a minimum of five-years for participation in alternative programs and no early release. The Board specifies four years of participation with the possibility for an early release after three years. The Board agreed by general consensus to require a minimum of four years participation in AP and no longer allow early releases.
 - b. The NCSBN Guidelines specify that if the participant relapses, the length of the alternative program agreement may be extended. The Board reviews relapses on a case-by-case basis, but generally the Board AP agreement is not extended if the participant relapses in the advanced stage of the AP agreement or recovery process. The Board agreed by general consensus that the Board Supervising Member would continue to review cases on a case-by-case basis,

and determine whether an extension of the agreement is warranted.

3. Aftercare Requirements

- a. The NCSBN Guidelines recommend aftercare for a minimum of twelve-months. The Board relies on the treating practitioner to specify the aftercare length of time and requirements. The Board agreed by general consensus to continue to rely on the treating practitioner to specify the requirements of aftercare.

4. Drug and Alcohol Screening

- a. The NCSBN Guidelines recommend drug and alcohol testing at a minimum of 2-3 times per month for the first 12 months of participation in the program and then a gradual reduction in frequency. The Board requires at least 15 random drug and alcohol screens per year and the frequency may be increased as necessary. The Board agreed by general consensus to maintain the current frequency of screens with the ability to increase screening requirements based on individual cases.
- b. The NCSBN Guidelines recommend “observed” drug and alcohol testing. The Board does not require that screens be observed unless circumstances warrant observation. The Board agreed by general consensus to require observed screens on an as-needed basis.

5. Eligibility Requirements

- a. The NCSBN Guidelines state that to participate in the program the applicant must have had or currently be having problems with substance use or have a substance use disorder. The Nurse Practice Act and administrative rules require the applicant to be “chemically dependent” to be eligible. The Board agreed by general consensus that individuals diagnosed with “Substance Use Disorder,” which includes both substance abuse and substance dependency, could be admitted to AP. The Board acknowledged this would require a statutory change.
- b. The NCSBN Guidelines state that individuals on medication-assisted treatment, including Suboxone treatment, may be eligible, but need approval on a case-by-case basis to enter the alternative program. Currently, the Board’s rules preclude an individual who is currently using or being prescribed a drug of abuse such as Suboxone to enter AP. The Board agreed by consensus not to change this requirement at this time, but follow standard of care trends in the treatment of substance use disorders with Suboxone.

6. Review, Audits, Reports

- a. The NCSBN Guidelines state that there be measures taken to foster accountability and public protection with an annual evaluation to include various reporting requirements. The Board noted that the majority of the recommended reports are provided to the Board members either through the Executive Director's Report at each Board meeting, the Annual Report, or at the Board Retreat. In addition, the NCSBN Guideline reporting requirements are tied to programs that are external to boards; in contrast, the Board's program is operated by employees who are directly accountable.

ADMINISTRATIVE RULE REVIEW – 2012

Senate Bill 83/CPG – Rules and Formulary

L. Emrich reported on the Formulary revisions recommended by the Committee on Prescriptive Governance (CPG). H. Fischer reported that SB 83 requires the Board to adopt rules that conform to recommendations submitted by the CPG. The bill requires APNs with prescriptive authority to complete at least six hours of CE specific to schedule II controlled substances, if the CTP was issued before the bill's effective date or before the Board adopts rules for the course of study, in order to renew the CTP. In addition, the bill requires the Board to adopt rules, according to CPG recommendations, that impact prescribing of schedule II drugs, including any aspects of standard care arrangements addressing schedule II drugs. The Board plans to expedite the filing of the SB 83 rules, with a separate rules hearing in September.

Rule Review and Timelines

H. Fischer reported that the Board will review Chapters 4723-1, 4723-3 and 4723-14 as part of the five-year review process. Certain rules for medication aides and education programs are proposed to be revised due to technical corrections.

Common Sense Initiative and JCARR Business Impact Analysis

As part of the rule review process this year, Executive Order 2011-01K, "Establishing the Common Sense Initiative," requires that a business impact analysis be filed with the Office of Lieutenant Governor. In addition, SB 2 (129th GA) imposes new requirements when filing draft rule language and no-change rules, i.e., the agency must complete and file a business impact analysis with JCARR.

LEGISLATIVE REPORT

Prescription Drug Abuse Guidelines

T. Dilling updated the Board on the work of the various prescription drug abuse committees and provided the "Ohio Emergency and Acute Care Facility Opioids

and Other Controlled Substances (OOCs) Prescribing Guidelines,” based on the guidelines established by the state of Washington.

Ex-Offender Report/Update

T. Dilling updated the Board on the work of the Ex-Offender Work Group. He expects legislation related to collateral consequences due to criminal convictions to be introduced soon.

House Bill 303

T. Dilling reported that there is no opposition to the bill and it may be voted out of Committee on April 18, 2012.

Dialysis Technician Training Program Discussion

The Board discussed certification of Dialysis Technician Training Programs. Federal regulations are now in effect so that programs are federally certified and also approved by the Board. The Board discussed continuation of state approval for training programs that are federally certified. Board staff will compare the federal and state regulations to delineate the similarities and differences and discuss approval of dialysis training programs at a future Board meeting.

Legislative Update

T. Dilling reported that a group of nursing students are pursuing legislation to allow physicians, nurses, dentists, and others not licensed in Ohio, to work in Ohio at a mobile clinic site for a short period of time in order to provide volunteer health care services for individuals who cannot afford health care. He is waiting to receive more information from the students.

EVALUATION OF RETREAT AND ADJOURNMENT

B. Lovelace asked the Board Members about their hotel preference for the 2013 Retreat. The Board agreed by general consensus to secure the same location for next year’s Retreat.

The meeting adjourned on Tuesday, April 17, 2012 at 2:38 p.m.

Bertha Lovelace, RN, CRNA
President



Attest:

Betsy Houchen, RN, MS, JD
Executive Director

