

2005 Annual Meeting



Building a Safer Nursing Workforce through Regulatory Excellence

THE SESSION BOOK



Mission Possible: Building a Safer Nursing Workforce through Regulatory Excellence

Meeting Presentations

TUESDAY, AUGUST 2, 2005

9:55–10:10 am

Executive Director's Address

Kathy Apple, MS, RN, CAE, NCSBN Executive Director

10:10–10:30 am

Finance Committee Forum

Sandra Evans, MAEd, RN, NCSBN Treasurer

Robert Clayborne, MBA, CPA, NCSBN Director of Finance

WEDNESDAY, AUGUST 3, 2005

10:30 am – 12:00 pm

Practice, Regulation, and Education (PR&E) Forum

NCSBN Proposed Delegation Position Paper

Cheryl Koski, MN, RN, CS, Chair, NCSBN PR&E Subcommittee on Delegation and Assistive Personnel

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation

NCSBN Proposed Act and Rules For Delegation and Nursing Assistant Regulatory Model

Cheryl Koski, MN, RN, CS, Chair, NCSBN PR&E Subcommittee on Delegation and Assistive Personnel

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation

NCSBN Proposed Position Paper On Nursing Education Clinical Experience

Gino Chisari, MSN, RN, Chair, NCSBN PR&E Committee

Nancy Spector, RN, BSN, MSN, DNSc, NCSBN Director of Education

NCSBN Proposed Criminal Background Check Concept Paper and Model

Valerie Smith, MS, RN, Chair, NCSBN Disciplinary Resources Advisory Panel

Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and Regulation



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Executive Director's Address

Kathy Apple, MS, RN, CAE, NCSBN Executive Director



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Executive Director Address

Kathy Apple, MS, RN, CAE

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Finance Committee Forum

Sandra Evans, MAEd, RN, NCSBN Treasurer

Robert Clayborne, MBA, CPA, NCSBN Director of Finance



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Finance Committee Report

Presented by: Sandra Evans, Treasurer

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Finance Committee Members

- Sandra Evans, ID, Chair
- Nancy Bafundo, CT
- Ruth Ann Terry, CA-RN
- N. Genell Lee, AL
- Charles Meyer, NE
- Rolf Olson, OR
- Mary Dowd Struck, RI
- Elizabeth Lund, TN
- Kathleen Sullivan, WI

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Finance Committee Charge

- Financial Policies
- Budget
- Financial Statements
- Audit
- Investments
- Liability Insurance

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Initiatives	Outcomes
Financial Planning	<ul style="list-style-type: none"> > Internal source of funds > Financial stability > Financial resource allocation aligned with mission
Investment Management	> Optimum return on investments
Internal Control Risk Management	> Asset protection

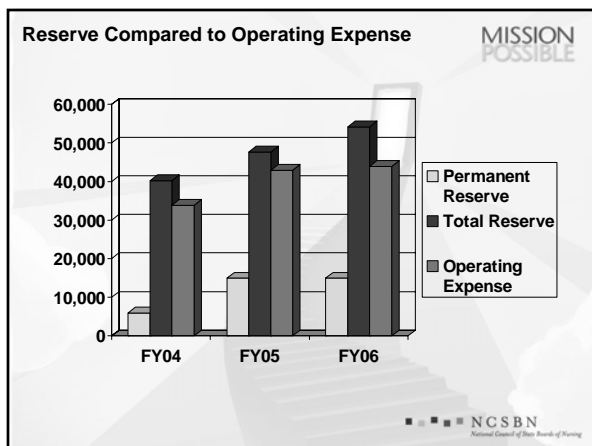
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Financial Planning Targets- Reserve

- > **Internal source of funds**
 - ✓ 12 months operating expense in cash reserves
 - ✓ 15 million designated permanent reserve amount

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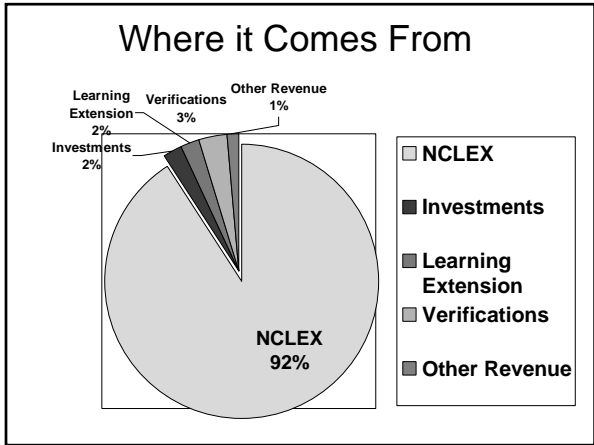
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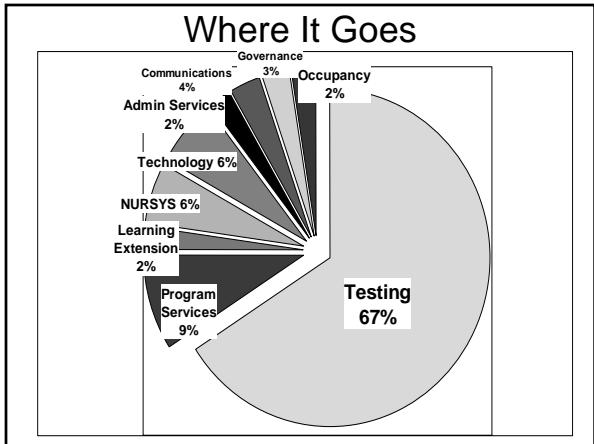
Financial Planning Targets- Stability

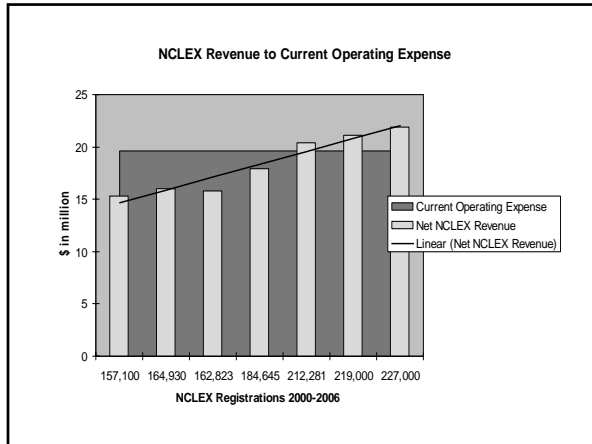
➤ **Financial stability**

✓ Annual Operating Revenues equal or exceed expenses over the long term

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Financial Planning Targets- Resource Allocation

➤ **Resource Allocation**

✓ Budget aligned with mission and strategic plan

Mission-Strategy-Operations/Infrastructure-Finance

Mission—Lead in regulation by assisting member Boards both collectively and individually to promote safe and effective nursing practice in the interest of protecting the public health and welfare.

Strategic Initiatives

- Facilitate member Board excellence through individual and collective development.
- Promote evidenced based regulation that provides for public protection
- Enhance the organizational culture to support change and innovation.
- Position NCSBN as the premier organization to measure entry and continuing competence for nurses and related healthcare professionals
- Advance NCSBN as the leading source of data, information, and research regarding nursing regulation and related healthcare issues
- Advance NCSBN as a key partner in nursing and healthcare regulation in the US and internationally

Internal Operations		Practice and Regulation				Learning Extension	
Governance	Testing						
\$ 1,385	\$ 28,652	\$ 1,052	\$ 1,067	\$ 1,736	\$ 328	\$ 270	\$ 985
Strategic Direction	Develop Items Job Analysis	Research Survey Analysis	Nurse Data National Nurse	Committees Forum to exchange ideas	Member Services Membership Liaison Member Data	Monitor Policy Govt Relations	Course Develop
Organization	Psychometrics	report Findings	licensure	work on issues	Member Network	Admin	Market
Policy Oversight	Administration	education	discipline data	Expert support	Resource Fund	Leadership Development	
Infrastructure	IT	Comm & Mktg		Occupancy & Office		HR & Acctg	
	\$ 2,909	\$ 1,129		\$ 1,090		\$ 907	
Financial	Beginning Cash	Cash from Operations	Cash from investments	Ending Cash			
	\$ 47,615	\$ 5,084	\$ 1,566	\$ 54,265			

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Financial Planning Performance Summary

- **Internal source of funds**
 - ✓ 12.1 months operating expense (\$45 million) in cash reserves
 - ✓ 15 million designated permanent reserve amount
- **Financial stability**
 - ✓ Budgeted Revenues exceed operating expenses. Focus on operating expense budget that can be supported by primary revenue source over the longer term.
- **Resource allocation**
 - ✓ Operating budget linked to mission with consideration for impact on financial reserves

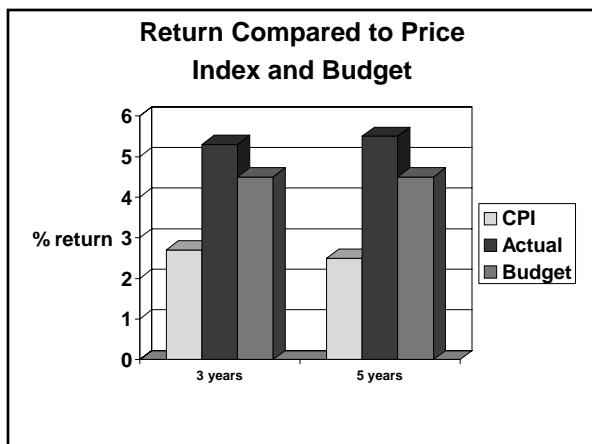
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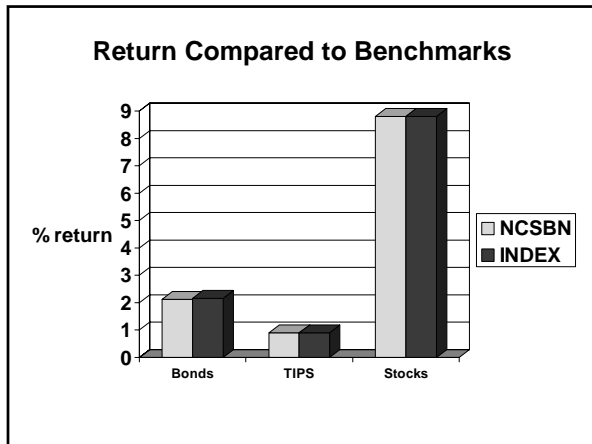
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Investment Management Performance Measurements

- **Optimum return on investments**
 - ✓ Returns equal long term goal (5% over the last 3 years and 6% over the last 5 years)
 - ✓ Policy guides effective investment strategy (compliance with policy/professional advisor approval of investment strategy)
 - ✓ Investment returns equal benchmarks

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Investment Policy

- Revised Investment Policy
- Prudence and Strategy Review

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Internal Control and Risk Management

➤ **Protect Assets**

- ✓ **Unqualified opinion on financial statement audit**
- ✓ **Independent audit committee**
- ✓ **Internal Control Policy**
- ✓ **Favorable report from Investment prudence review**
- ✓ **Adequate professional liability insurance coverage**

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Financial Performance Summary

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- ✓ A strong reserve position that provides an internal source of funds
- ✓ Providing for financial stability by planning operating budgets that can be supported over the long term
- ✓ Preparing budgets that link financial resource allocation to the strategic initiatives and mission of the organization.
- ✓ Investment income that has provided a real return on investments above inflation over the last 5 year period
- ✓ A policy statement that provides guidance for an effective investment strategy and an optimum return on financial assets
- ✓ An unqualified audit opinion from the independent accountants
- ✓ Policies that guide good internal control practices
- ✓ Liability insurance that supports risk management and protects against loss

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QUESTIONS?

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Practice, Regulation, and Education (PR&E) Forum

NCSBN Proposed Delegation Position Paper


**Cheryl Koski, MN, RN, CS, Chair, NCSBN PR&E Subcommittee on
Delegation and Assistive Personnel**

**Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and
Regulation**

*NCSBN Proposed Act and Rules For Delegation and Nursing
Assistant Regulatory Model*

**Cheryl Koski, MN, RN, CS, Chair, NCSBN PR&E Subcommittee on
Delegation and Assistive Personnel**

**Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and
Regulation**



Building a Safer Nursing Workforce through Regulatory Excellence

Working With Others: A Position Paper

Cheryl Koski, MN, RN, CS; Chair
PR&E Delegation Subcommittee

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Subcommittee Members

- Cheryl Koski, MN, RN, CS; WY, Area I; Chair
- Sue Deroen, RN, BSN; KY, Area III
- Julia George, RN, MSN; NC, Area III
- Judith Hiner, RN, CNA, BC; KS, Area II
- George Herbert, MA, RN, APN, C; NJ, Area IV
- Janette E. Wackerly, RN, MBA; CA-RN, Area I

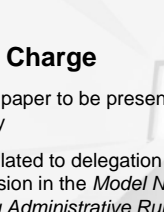
Board Liaison

- Mary Bubaugh, MSN, RN; KS, Area II

Staff

- Vickie Sheets, JD, RN, CAE
- Kelly Michale


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Subcommittee Charge

- Prepare a position paper to be presented at the 2005 Delegate Assembly
- Develop content related to delegation and unlicensed personnel for inclusion in the *Model Nursing Practice Act and Model Nursing Administrative Rules*

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NCSBN Position

- To Delegate is to transfer authority to competent individual for completing selected nursing tasks/activities/functions
- To Assign is to direct an individual to perform activities already within an authorized scope of practice
- Assignment (noun) describes the distribution of work that each individual is to accomplish in a given work period

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NCSBN Position

- State boards of nursing should regulate nursing assistants
- Nurses need to determine the type of interface to identify the nursing role and responsibility
- Nursing assistive personnel should receive adequate basic training as well as training customized to the specific work setting

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Key Concepts

- State Nurse Practice Acts determine what level of licensed nurse delegates
- Delegation is a complex skill requiring sophisticated clinical judgment and accountability for nursing care
- Nursing education should include delegation theory, case studies and simulated exercises
- Application of delegation must occur in practice setting where
 - Nurse has clinical experience to support decision-making
 - Nurse has authority to enforce the delegation

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Key Concepts

- There is both individual and organizational accountability for delegation
- Organizational accountability relates to providing
 - Sufficient resources and staffing
 - Appropriate staff mix
 - Policies and role descriptions
 - Staff development
 - Conducive environment and culture

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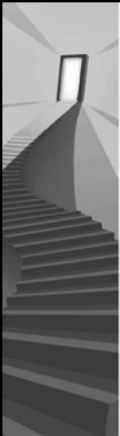


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Key Concepts

The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated.

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Delegation Decision-making Process

- **Assessment**
 - Client
 - Staff
 - Resources
 - Context
- **Communication**
 - Direction
 - Interaction during the completion of the delegation
- **Surveillance and monitoring**
- **Evaluation**
 - Was desired client outcome attained?
 - Was delegation effective?

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Challenges

- Variation in the preparation, regulation and use of assistive personnel
- Need for more consistent education and training requirements
 - To better prepare nursing assistants for difficult work
 - To allow delegating nurses to know the preparation and skill level of assistive personnel

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Nurse Interfaces

- Nurses working with others results in multiple interactions and interfaces
- Interface – means by which work interactions and communication are achieved
- Evaluate the nature of an interface
 - How to approach the role
 - Accountability of nurse

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Draft Model Language: Nursing Assistive Personnel

Cheryl Koski, MN, RN, CS; Chair
PR&E Delegation Subcommittee

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Key Concepts

- Nursing assistants regulated by the Board of Nursing
- Nursing Assistant Registry
- Three levels of nursing assistant
 - Certified Nursing Assistant I
 - Certified Nursing Assistant II
 - Medication Assistant - Certified
- Increased hours of education and clinical for each level nursing assistant

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Key Concepts

- Range of functions – range of tasks and activities
 - Typically performed by nursing assistive personnel
 - Learned in basic certified nursing assistant education and training
- A licensed nurse may need to limit the range of task based on patient needs, situation or available resources, and shall supervise all nursing tasks/functions/activities

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Key Concepts

- Certified Nursing Assistant Education and Training Programs – all levels
- Certified Competency Evaluation – all levels
- Application for certification includes criminal background checks
- Acceptance of out-of-state certificates
- Certification renewal
- Disciplinary Procedures

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Decision Trees

- Delegation to nursing assistive personnel
- Accepting assignment to supervise unlicensed assistive personnel

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Questions and Discussion

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Practice, Regulation, and Education (PR&E) Forum

*NCSBN Proposed Position Paper On Nursing Education
Clinical Experience*

Gino Chisari, MSN, RN, Chair, NCSBN PR&E Committee


Nancy Spector, RN, BSN, MSN, DNSc, NCSBN Director of Education



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Report of the Practice Regulation and Education Committee

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Clinical Instruction in Prelicensure Nursing Programs

Gino Chisari, Chair	Barbara Knopp
Connie Brown	Therese Shipps
Mary Calkins	Robin Vogt
Marcy Echternacht	Mary Blubaugh, Board Liaison
Rose Kearney-Nunnery	Nancy Spector, Staff

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Background

2004 Delegate Assembly Resolution
Asked the PR&E Committee to:

*“research and develop a position statement that provides **guidance** to boards in evaluating whether entry-level nursing applicants have received **sufficient hands-on, effective, supervised clinical nursing education** to ensure safe nursing practice, in both traditional and alternative educational nursing programs utilizing **distance learning, simulation laboratories** and other **technical innovations**”*

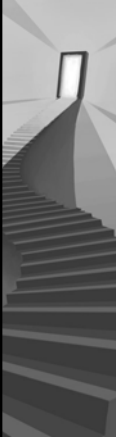
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PR&E Activities

- Conducted & Reviewed available literature
- Surveyed
 - Member Boards
 - Nursing Education Organizations
- Consulted with experts
- Participated in simulated patient care experiences
- Sought stakeholder input

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Literature

Critical for the development of entry into practice competencies are:

- Deliberate practice
- Feedback by qualified faculty
- Time to reflect
- Experiential learning in the authentic environment
- Gaining confidence in clinical setting by involvement with actual patients = improved critical thinking skills
- Learning how to work with interdisciplinary teams

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Limitations of Research

- Few studies, often with small sample sizes
- No research on programs that only use alternative clinical experiences
- Systematic reviews only as good as the research they reviewed

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...Nursing Programs Utilizing Distance Learning, Simulation Laboratories, and other...

- Simulation has many advantages
- Complement nursing education
- Online and simulation are best when used with other teaching methods
- Warning from the experts:
 - “*should not replace actual patient experiences*”

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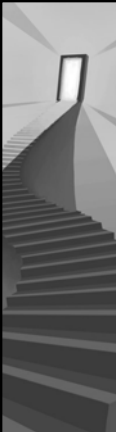


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Surveys The Boards

- supported clinical experiences with actual patients
- variance on requiring clinical hours
- supported clinical experiences across the lifespan

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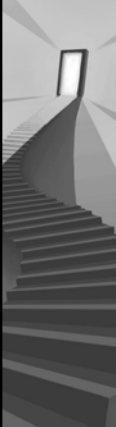
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Surveys Nursing Educational Organizations

None of the nursing organizational organizations responded to the question about whether nursing programs should have clinical experiences where students work with actual patients.

2 out of 5 respondents offered *comments* only

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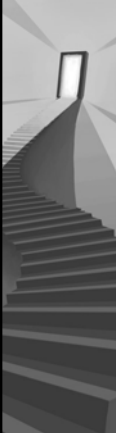
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Surveys

External Organizations

American Organization of Nurse Executives
 In September of 2004 stated in part,
 “That all prelicensure nursing education programs must contain structured and supervised clinical instruction and that clinical instruction must be appropriately prepared registered nurses”

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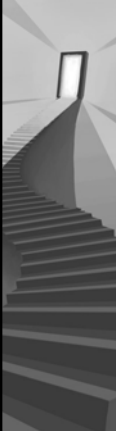


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Recommendations

- Prelicensure nursing education programs should be across the lifespan.
- Prelicensure nursing education programs should include clinical experiences with actual patients; they might also include innovative teaching strategies that complement clinical experiences for entry into practice competency.

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Recommendations

- Prelicensure clinical education should be supervised by qualified faculty who provide feedback and facilitate reflection.
- Faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program outcomes.
- Additional research needs to be conducted on prelicensure nursing education and the development of clinical competency.

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Meeting the Ongoing Challenge of Continued Competency

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Previous NCSBN Continued Competence Efforts

- No agreement on **WHO, WHAT, and HOW**
- Not sure what to do if a nurse could not demonstrate continued competence
- Different approaches tried, but found few answers

Why is this so?

- Breadth of nursing practice, competence is multifaceted, = *challenge to measure*
- Sheer volume of licensees = *challenge to implement*


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Some New Questions to an Old Issue

- How can boards be more effective in meeting their responsibilities to *protect the public*?
- Why should nurses have to *demonstrate competency*?
- What activities are *credible* and *meaningful* to the public and nurse?
- Is *License Maintenance* a new idea or a semantic?

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Some New Answers

- ***It is not enough to***
 - Demonstrate competence once in a career that may span decades
 - Stay out of trouble and pay renewal fees
- ***Patient safety initiatives***
 - Must address individual competence as well as system redesign and improvement
- ***Boards cannot go at it alone***
 - We need collaboration of all stakeholders
- ***Bottom line***
 - Only boards have the power to enforce

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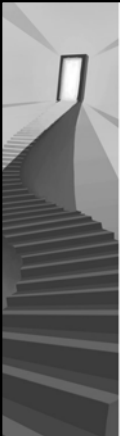


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Who's Asking

- Member Boards
- Pew Health Professions Commission
- Institute of Medicine
- Citizen Advocacy Center

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Commonly Used Methods

- Continued Education
- Specified number of practice hours
- Refresher courses
- Competency examinations
- Other innovations

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NCSBN FY05 Strategic Initiatives

Strategic Initiative IV:
Position NCSBN as the premiere organization to measure entry and continuing competence of nurses and related health care providers

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Strategic Objective 2

Develop an assessment instrument to measure continued competency of RN's & LP/VN's

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Goal

- *Evidence to support that a continued competency strategy is effective*
- *Determine substantive requirements for licensure maintenance*
- *Participate with patient safety initiatives*
- *Collaboration with stakeholders*

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Remember

Properly conceived and executed, regulation can both protect the public's interest and support the ability of health care professionals and organizations to innovate and change to meet the needs of their patients.

-Crossing the Quality Chasm, 2001

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Practice, Regulation, and Education (PR&E) Forum

*NCSBN Proposed Criminal Background Check
Concept Paper and Model*

**Valerie Smith, MS, RN, Chair, NCSBN Disciplinary Resources
Advisory Panel**

**Vickie Sheets, JD, RN, CAE, NCSBN Director of Practice and
Regulation**



Building a Safer Nursing Workforce through Regulatory Excellence

Criminal Background Checks

Valerie Smith, MS, RN, Chair
Discipline Resources Advisory Panel

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Disciplinary Resources Advisory Panel

Members
Valerie Smith, MS, RN; AZ, Area I, Chair
Rene D. Cronquist, JD, RN; MN, Area II
Debra L. Evans, BSN, RN; WA, Area I
Donald Hayden, BS; SC, Area III
Elliot Hochberg, BS; CA-RN, Area I
Bette Jo Horst, RN, MAHA; OH, Area II
Barbara McGill, MSN, RN; LA-RN, Area III

Board Liaison
Gregory Harris, JD; AZ, Area I

NCSBN Staff
Vickie Sheets, JD, RN, CAE
Kelly Michale

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History

- Traditionally, boards of nursing asked a question about previous criminal convictions on licensure applications
- 1990 – California-RN Boards began to conduct fingerprint based criminal background checks (CBC)
- 1998 –5 boards using fingerprint based CBC
- 2002 –13 boards using fingerprint based CBC
- 2005 – 17 states using fingerprint based CBC, additional states considering implementing

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Advisory Panel Charge

Develop a model process for conducting criminal background checks.

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Model Development

Panel collected and reviewed information:

- Current CBC language in all Boards of Nursing Statutes and Rules
- Use of CBC by other professions and occupations
- Literature review

Panel focused on following aspects:

- Statutory authority needed to conduct CBC
- Process – proposed key steps for conducting CBC
- Decision points
- Use of CBC information to inform licensure decisions


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Authority to Conduct CBC

- FBI authorized by P.L. 92-544 to conduct CBC for those boards empowered by a state statute approved by the US Attorney General – statutory authorization is required to access the FBI database for matters that do not involve police or the courts
- Board must assure the security and confidentiality of the information
- Boards must comply with any state requirements to obtain access to state CBC

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Examples of Authority

Language in Nurse Practice Act

- NCSBN Model Nursing Practice Act and Rules
- Arizona Nurse Practice Act

Language for Multiple Professions

- New Jersey – N.J.SA 45:1-28 et seq

Use of Federal Law

- Volunteers for Children Act (VCA) 42 USC §14601 – used by Iowa Board of Medical Examiners

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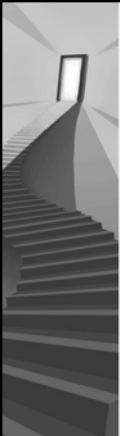
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Model Process

WHY

- Nurses work with vulnerable patients. It is in the public interest to review criminal conduct and past behavior in the licensing process
- Applicants with criminal histories may not be truthful on applications
- Fingerprint based CBC objective and reliable

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Model Process

WHO

- Applicants for CNA, LPN/VN, RN, APRN

WHAT

- Both state and federal criminal records using fingerprint or other reliable and current technology

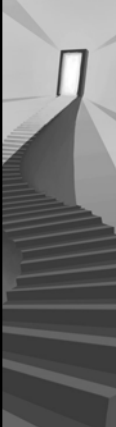
WHEN

- Point of application, initial and endorsement

HOW

- General concepts in paper
- Ongoing development by DRAP

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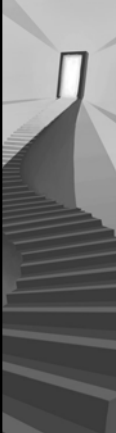


MISSION
POSSIBLE

Important Policy Issues

- CBC from point in time forward vs. retroactive
- Workload and resources implications
 - Identifying threshold
- Application questions: To ask or not to ask
- Issuance of temporary permits
- Maintaining confidentiality of fingerprint results
- Policy for non-readable prints
- Appeal processes for applicant or licensee

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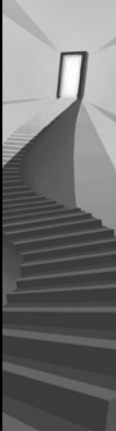


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Using CBC Information

- Case-by-case review
- Time-limited bar to felony convictions
- Permanent bar to certain categories of felonies
- Absolute bar to felony convictions

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Case-By-Case Review

- Nature of crime
- Relationship to victim
- Recent or remote
- Isolated or pattern
- Premeditated or impulse
- Rehabilitation
- Likelihood of repeating or impacting patients

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Time-limited Bar

- A minimum period of time post absolute discharge of all court requirements. Thereafter, Board review and determination on a case-by-case basis
- Bureau of Justice Studies (2005)
 - 272,111 offenders released: 67.5% rearrested for felony or serious misdemeanor within 3 years
 - 272,111 offenders accounted for 4,877,000 arrests

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Permanent Bar to Certain Felonies

- Murder
- Felonious assault
- Kidnapping
- Rape
- Aggravated robbery
- Sexual crimes involving children
- Criminal mistreatment of children or vulnerable adults
- Exploitation of vulnerable individual

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Absolute Bar All Felonies

- Felony conviction = significant event
- To determine if change has occurred requires extensive assessment, review of legal records, clinical and forensic interviews
- Predictions are only moderately accurate
- Unlikely that predictors in the immediate future will be any more accurate
- Social defense: Protection, of society (patients) should always come first

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Recommendations

- State and federal CBC based upon fingerprint or other equally reliable and available technology on all licensure applicants (initial and endorsement)
- Permanent licenses issued only after the receipt of CBC results, eligibility determined and all other licensure requirements met

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Recommendations

- Permanent bar to the most serious felonies
- Time-limited bar for other felony offenses
- Convictions meeting threshold for review, but not meeting felony bar, be evaluated on a case-by-case basis looking at the underlying conduct and evaluated using defined criteria

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Questions and Discussion

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