

SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
STATE BOARD OF NURSING

**BOARD MEETING MINUTES – MAY 18-19, 2006**

**THURSDAY, MAY 18, 2006 - STRATEGIC PLANNING MEETING**

Board President Suzanne White called the Board of Nursing Strategic Planning meeting to order at 9:36 a.m. on Thursday, May 18, 2006. In accordance with the Freedom of Information Act, meeting notice was properly posted in the Kingstree Building Lobby and provided to all requesting persons, organizations, and news media. A quorum was present at all times. The Board mission was read as follows: The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

**CALL TO ORDER**  
**PLACE OF**  
**MEETING**  
**AND FOIA**  
**COMPLIANCE**

Suzanne Kanipe White, RN, MN, FAAN, FCCM, CNAA, President  
Congressional District 4.....Present

Brenda Yates Martin, RNC, MN, CNAA, Vice-President  
Congressional District 5.....Present

C. Lynn Lewis, RN, EdD, MHS, Secretary  
Congressional District 3.....Present

Debra J. Doria, LPN  
Region II, Congressional District 4.....Present

Carrie Houser James, RN, MSN, CNA-BC, CCE  
Congressional District 6..... Excused Absence

Mattie Smalls Jenkins, LPN  
Region I, Congressional District 1.....Present

Rose Kearney-Nunnery, RN, PhD, CNE  
Congressional District 2.....Present

Sylvia A. Whiting, PhD, APRN-BC  
Congressional District 1.....Present

Public Member ..... Two Vacancies

**BOARD**  
**MEMBERS**  
**PRESENT AND**  
**VOTING**

Ruby Brice McClain, Asst. Dep. Director – Health & Medically Related Professions  
Joan K. Bainer, RN, MN, CNA BC, Administrator  
Renatta Loquist, RN, MN (Former Interim Administrator)  
Maggie S. Johnson, RN, MSN, Program Nurse Consultant-Practice  
Nancy G. Murphy, RN, MSN, Program Nurse Consultant-Education  
David Christian, III, Program Coordinator  
Lynne W. Rogers, General Counsel  
Richard P. Wilson, Deputy General Counsel  
Dwight Hayes, Litigation Counsel  
Sonya Yeargin, Program Coordinator – Office of General Counsel  
H. Rion Alvey, Deputy Director - Office of Investigations & Enforcement  
Larry Atkins, Chief Investigator – Office of Investigations & Enforcement  
Kathy Meadows, Chief Investigator – Office of Investigations & Enforcement  
Dottie Buchanan, Administrative Assistant

**STAFF MEMBERS**  
**PRESENT**

The agenda for the May 28, 2006 Strategic Planning Meeting of the South Carolina Board of Nursing was presented for review and approval.

APPROVAL OF  
AGENDA

A motion was made to approve the Strategic Planning Meeting agenda as presented. The motion received a second. The motion carried unanimously.

MOTION

Ms. Johnson presented information on proposed members for the Board's Nursing Practice and Standards Committee (NPSC) as well as the Advanced Practice Committee.

NPSC & APC  
APPROVAL

A motion was made to appoint Nydia Harter to represent Maternal/Child on the Nursing Practice and Standards Committee (NPSC). The motion received a second. The motion carried unanimously.

MOTION

A motion was made to appoint Christopher E. Wienand as the second Certified Registered Nurse Anesthetist (CRNA) representative on the Advanced Practice Committee (APC). The motion received a second. The motion carried unanimously.

MOTION

The request for amendment of a consent agreement will be heard at the regular Board Meeting on Friday, May 19, 2006. The licensee requesting the amendment will appear to respond to questions by the Board.

CONSENT  
AGREEMENT  
AMENDMENT

Ms. Bainer gave an overview of Nurse Licensure Compact Administrators (NLCA) policies regarding investigations and discipline.

COMPACT  
REVIEW

#### Policy 5.1 Investigations

- The state receiving the complaint conducts the initial inquiry.
- The home or remote state may perform an investigation.
- The investigation must be posted on NURSYS if threat to public.

#### Policy 5.2 Discipline / Issuing Subpoenas in Another Party State

- Compact states have the authority to issue subpoenas.
- Subpoenas are to be issued within 10 business days of receipt of request in the state where the incident occurred.

#### Policy 5.3 Discipline /Multi-state Practice of Licensees Under Alternative agreements

- Licensees who are under disciplinary order/agreement cannot work in remote state without prior written agreement of both states.
- It is employer's responsibility to verify the licenses of their employees.
- The request for permission to practice in another state must include the order/agreement and employer acknowledgment.

Ms. Bainer and Ms. Johnson will be providing educational sessions for employers beginning in June and will include information on disciplined nurses.

The Board discussed the responsibilities of licensees and employers related to disciplinary orders/agreements. Orders have standard language requiring nurses to report the disciplinary action and requirements of that action to their employer(s). Nurses under disciplinary action are required to automatically return their old license in and will receive a license stating that it is valid in South Carolina only. Discipline is uploaded to NURSUS within 10 days. Public orders are posted on our web site where employers can verify the requirements. Temporary orders of suspension are not final orders and therefore are not posted on the web site. Changes to the Nurse Practice Act (Senate Bill 910) will allow South Carolina to accept nurses from other states with disciplinary restrictions.

The Board discussed the information that must be included in orders regarding not practicing in another state without prior approval. There was also discussion as to whether the Board wants all disciplined nurses from other states who are seeking the privilege to practice (PTP) in South Carolina to personally appear at the Board meeting. Other Compact states would have the right to request this of disciplined South Carolina nurses seeking PTP in their states. South Carolina participates in a monthly call with the North Carolina and Virginia Boards of Nursing to discuss disciplined nurses from these states who are practicing or seeking to practice in their state. There must be a written agreement with both states. The Board could allow the administrator to make some decisions knowing that staff would err on the side of caution and provide a report at each board meeting of any agreements that were entered into.

A motion was made for staff to develop criteria for decisions on requests for privilege to practice (PTP) in South Carolina by disciplined nurses from other states to include approval at staff level approval with a report as regular agenda item or brought to board for approval. The motion received a second. The motion carried unanimously.

MOTION

#### Policy 5.4 Discipline - Monitoring Under Alternative Programs

- It is the nurse's responsibility to contact the remote state after obtaining permission to work in another party state. The nurse will adhere to all requirements of the order to include any reporting.
- The remote state will notify the home state of any additional restrictions placed on the nurse's privilege to practice.
- If a violation of the order occurs, that state shall immediately notify the other state and they will determine if the nurse may continue to practice.

#### Policy 5.5 Discipline - Factual Findings

- Upon request, factual findings in disciplinary cases will be shared among Compact states.
- Board disciplinary actions are reported to NURSUS within 10 business days.

## NLCA Policy 5.6 Discipline – Significant Investigation Information

- Boards will post Notice of Investigation when they determine there is significant current investigative information.
- The notice can only be removed by the state that posted it and only after the board takes action or closes a case.

Actions in some states do not mean the same thing as actions in other states. For instance, in South Carolina, if your nursing license is revoked it is permanent. In some states, a nurse may request reinstatement after only a few years of revocation.

Discussion also included the difference in licensure and privilege to practice. Action can be taken on the privilege to practice in another state. Restrictions on privilege to practice would be recorded in NURSYS.

A motion was made to enter data into the Privilege to Practice field on NURSYS beginning on June 1, 2006. The motion received a second. The motion carried unanimously.

MOTION

The Board discussed the need for standardization in disciplinary orders. Some orders have information on what the sanction would be if a licensee has been found to have or not have a substance abuse or addiction problem after their evaluation. Some orders only have one of the courses of action because an evaluation has already taken place and determined whether the licensee is addicted or has an abuse problem. It was noted that some licensees are not reporting their public orders to any of their employers and some are reporting only to the one employer who is providing the quarterly reports but not all other employers. Some nurses have reported having difficulty finding employment with the restrictions placed on their licenses. These restrictions are ordered for the protection of the public as well as the well being of the nurse.

CONSENT  
AGREEMENTS

A motion was made to include language for nurses to disclose all public orders/agreements with their employer or employers. The motion received a second. The motion carried unanimously.

MOTION

Ms. Martin noted and Ms. White agreed that the Investigative Review Committee (IRC) has shown marked improvement in their recommendations over the years. The Board stated that they must give the IRC clear direction about what is required. A list of courses including but not limited to medication administration, ethics, and legal aspects that could be included in disciplinary actions should be included in the guidelines provided to the IRC.

The Board discussed information that they would like to see in the IRC minutes. It was noted that the minutes couldn't include a lot of details because it would possibly prejudice the Board. The Office of Investigations and Enforcement will look into what further information can be given on the report. Legal staff provides guidance on how to provide information but not prejudice the Board.

The Board wanted to be assured that the IRC received enough information to properly dismiss a case because the evidence did not prove by a preponderance of the evidence that the Respondent violated the provisions of the Nurse Practice Act. It was explained that the IRC can and has asked that more investigation take place before they make a recommendation. Ms. Bainer is attending the IRC meetings since she came on board and will begin attending the staffing meeting held prior to the IRC meeting. The administrator can bring up questions on investigations during the meeting. Dr. Kearney-Nunnery said that the Board must provide the IRC with a detailed template and training. She also said that assurance that investigations are being performed thoroughly would provide confidence for everyone as disciplinary decisions are made. Mr. Alvey assured the Board that if an investigator does not perform their job properly it could become a personnel action.

Frank Sheheen, Program Manager for the Recovering Professionals Program (RPP) appeared before the Board to provide an overview of the program. Mr. Sheheen reported on personnel changes.

RECOVERING  
PROFESSIONALS  
PROGRAM (RPP)

There are currently 299 nurses in RPP but 12 more nursing clients were added recently. Approximately 61% of RPP participants are nurses. It was noted that the Board of Nursing has more licensees than the other boards participating in the program. All boards will receive copies of the quarterly RPP reports, which include these types of information.

Mr. Sheheen reported that they are working on an outcome survey to show statistics on areas such as relapse and cause of relapse, positive drug screens, why some participants were successful while others were not, etc.

The RPP is only about six years old so they are just finishing our first groups through the five year program. Through much research, five years has proven to be more effective and has a lower relapse rate than programs with a shorter period of time. Participants cannot be released from monitoring until they complete the five-year program and the Board also releases them. If a participant relapses, the five years starts over. RPP participants have been non-compliant for a variety of reasons including positive drug screens, not attending meetings, etc. Participants often withdraw because they do not want to go through the program and will sometimes choose to work in areas other than nursing. The Board is notified of withdrawals and nurses who are non-compliant. Participants who move to another Compact state will be listed as a withdrawal. An example of "inappropriate" would be when an evaluation does not show dependency or abuse and the nurse may have diverted drugs for someone else. Cases that fall into this category are reported back to the Office of Investigations and Enforcement. Cases involving illegal substances are usually evaluated at least as an abuse.

Mr. Sheheen met with Mr. Christian regarding language that needs to be added to the RPP participant agreement to cover requirements of the

Compact. Mr. Sheheen will meet with Mr. Wilson at a later date to discuss specific language to be included.

The Board discussed probation being concurrent with RPP timeframe but that other restrictions could be for a shorter time period. The required time for quarterly reporting and workplace monitoring will vary dependant upon the particular circumstances. Their license would remain Single State Only licenses as long as they are in the RPP.

A motion was made to require a five-year probationary period for licensees who are required to be in the Recovering Professionals Program (RPP) with the additional stipulation that the licensee can apply to stop the quarterly reports after not less than one year of compliance, but the rest of the order remains in effect. The motion received a second. The motion carried unanimously.

MOTION

Stay of suspension orders come before the Disciplinary Review Committee (DRC) to comply with the Compact. Ms. Rogers expressed concern about the Board delegating decisions about a licensee to another group.

The Board discussed adding language to #7 on the RPP agreement allowing RPP to require on-site/on-shift registered nurse supervision, no home health, no agency for nurses in their program.

A motion was made to require a five-year probationary period for licensees who are required to be in the Recovering Professionals Program (RPP) with the additional stipulation that the licensee can to apply to stop the supervision requirement after not less than one year of compliance, but the rest of the order remains in effect. The motion received a second. The motion carried unanimously.

MOTION

Staff asked what should be done when a nurse cannot meet requirements such as legal aspects workshop, refresher course, etc. within the timeframe but could finish in just two months. It was agreed that it would make a difference as to whether the nurse began prior to the required time, reasons why it had not been completed such as illness, etc.

A motion was made to authorize legal counsel in conjunction with the administrator to extend the timeframe to complete requirements of an order. The motion received a second. The motion carried unanimously.

MOTION

Ms. Rogers provided the Board with a copy of the standard consent agreement with changes made from the last Board meeting. Language was added to require a report from an employer should a nurse end employment in less than a quarter. This will prevent disciplined nurses from changing employers in less than a quarter and the Board not receiving any type of report as to how the nurse is working. Nurses under discipline must notify the Board of any change in employment. It is very important that monitoring be followed closely. If a nurse is not compliant, they may need to be

CONSENT  
AGREEMENTS

temporarily suspended as stated in the order. Complete documentation must be provided to the Disciplinary Review Committee (DRC).

Mr. Christian stated that the monitoring area works in collaboration with the Office of General Counsel and is aware that a nurse will require monitoring prior to the Board President signing the consent agreement. He reported that he has met with the computer programming company for an update that will provide reports to include monitoring information. The DRC can recommend an extension, which could be approved by the Board through the DRC minutes. Ms. Rogers reminded everyone that we must make sure that the nurses are given due process according to the law and that they know they have a right to an attorney and to a hearing before a panel. Ms. McClain explained that a rule to show cause could be filed for a nurse not complying with an order. In the "notice to appear" letter, add language that they can request a hearing. At the hearing, they could have an attorney, court reporter, etc. It was noted that these cases should not be coming before the DRC until conditions of the order are met. Ms. Rogers explained that if the nurse is non-compliant, the case should be referred to the Office of Investigations and Enforcement for an investigation. The Board asked that a report be added to the consent agenda of each meeting providing the number of nurses who are currently being monitored, how many are compliant, how many are non-compliant, etc.

#### MOTION

A motion was made that the Disciplinary Review Committee (DRC) will only see nurses who have complied with the conditions of their orders and that all non-compliant nurses will be referred to Office of Investigations and Enforcement for an investigation. The motion received a second. The motion carried unanimously.

Ms. Rogers stated that currently when a licensee is non-compliant with an order they receive a temporary order of suspension and then a new consent agreement. She suggested that if a licensee is non-compliant that they receive a temporary order of suspension, then prepare a memorandum of agreement and appear before the Board for a final order. If a licensee is suspended with an RPP requirement and then drops out of RPP that they must sign back up with RPP and again prepare a memorandum of agreement for a Board appearance. We need to be sure that RPP receives documentation to support compliance such as reports on attendance at peer groups.

#### Disciplinary Sanctions Guidelines Template

The Board reviewed and discussed in detail sanctions for drug related violations section of the Disciplinary Sanctions Guidelines Template. Ms. Martin, Dr. Lewis, Ms. Bainer, Ms. Loquist and representatives from the Office of General Counsel and Office of Investigations and Enforcement will meet to complete the Disciplinary Sanctions Guidelines Template. Dr. Kearney-Nunnery will be available as a back up.

A motion was made to adjourn the Strategic Planning Meeting at 5:35 p.m. The motion received a second. The motion carried unanimously.

ADJOURNMENT

**FRIDAY, MAY 19, 2006 - BOARD OF NURSING MEETING**

Board President Suzanne White called the regular Board of Nursing meeting to order at 8:36 a.m. on Friday, May 19, 2006. In accordance with the S.C. Freedom of Information Act, meeting notice was properly posted in the Kingstree Building Lobby and provided to all requesting persons, organizations, and news media. A quorum was present at all times. The Board mission was read as follows: The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

CALL TO ORDER  
PLACE OF  
MEETING  
AND FOIA  
COMPLIANCE

- Suzanne Kanipe White, RN, MN, FAAN, FCCM, CNA, President  
Congressional District 4 .....Present
- Brenda Yates Martin, RNC, MN, CNA, Vice-President  
Congressional District 5 .....Present (Out at 3:00 p.m.)
- C. Lynn Lewis, RN, EdD, MHS, Secretary  
Congressional District 3 .....Present (Out at 3:10 p.m.)
- Debra J. Doria, LPN  
Region II, Congressional District 4 .....Present
- Carrie Houser James, RN, MSN, CNA-BC, CCE  
Congressional District 6 .....Present (Out 12:00 – 1:00)
- Mattie Smalls Jenkins, LPN  
Region I, Congressional District 1 .....Present
- Rose Kearney-Nunnery, RN, PhD, CNE  
Congressional District 2 .....Present
- Sylvia A. Whiting, PhD, APRN-BC  
Congressional District 1 .....Present
- Public Member ..... Two Vacancies

BOARD  
MEMBERS  
PRESENT AND  
VOTING

- Ruby Brice McClain, Asst. Dep. Director – Health & Medically Related Professions
- Joan Bainer, Administrator
- Richard P. Wilson, Deputy General Counsel (Out 9:50a – 10:55 a)
- Dwight Hayes, Litigation Counsel
- Larry Atkins, Chief Investigator – Office of Investigations & Enforcement
- Shannon Poteat, Hearing Counsel
- Louis Rosen, Hearing Counsel
- Maggie S. Johnson, RN, MSN, Program Nurse Consultant-Practice
- Nancy G. Murphy, RN, MSN, Program Nurse Consultant-Education
- David Christian, III, Program Coordinator
- Theresa Richardson, Administrative Assistant - Licensure
- Dottie Buchanan, Administrative Assistant

The agenda for the Friday, May 19, 2006 Board of Nursing meeting was presented to the Board for review and approval.

APPROVAL OF  
AGENDA

A motion was made to approve the agenda for the Friday, May 19, 2006 Board of Nursing meeting as presented. The motion received a second. The motion carried unanimously.

MOTION

The following items were adopted on the consent agenda:

APPROVAL OF  
CONSENT  
AGENDA

- Unlicensed Practice – Not Appearing
- NCSBN NCLEX Fact Sheets / NCLEX Summary Statistics
- Response to Citation for 2005 NCLEX Passing Rate Deficiency (not appearing)
  - a. Florence- Darlington Technical College - ADN Program
  - b. Horry-Georgetown Technical College - ADN Program
  - c. Piedmont Technical College - PN Program
  - d. USC Upstate - BSN Program
  - e. Applied Technology Education Campus - PN Program
  - f. Aiken Technical College - PN Program
- Florence Darlington Technical College -Withdrawing Intent to Offer PN Program Fall 2007 on both Florence and Hartsville Campuses
- Piedmont Technical College - Letter of Intent to Offer Seamless Associate Degree in Nursing Program with a Practical Nurse Exit Option
- Recommended Policy –Demonstration of Competency Refresher Course
- Compliance Statistics
- Information: Licensure Statistics

A motion was made to adopt the Consent Agenda with the removal of the following items: Advanced Practice Committee Meeting Minutes as well as the Nursing Practice and Standards Committee Minutes. The motion received a second. The motion carried unanimously.

MOTION

The February 13, 2006 Conference Call Board Meeting minutes and the March 30, 2006 regular Board Meeting minutes were presented to the Board for their review and approval.

APPROVAL OF  
MINUTES

A motion was made to approve the February 13, 2006 Conference Call Board Meeting minutes with one correction. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to approve the March 30, 2006 Board Meeting minutes with corrections. The motion received a second. The motion carried unanimously.

MOTION

The Board reviewed minutes from the April 25, 2006 Investigative Review Committee (IRC) meeting.

IRC MINUTES

A motion was made to approve the Complaint Dismissals included in the April 25, 2006 Investigative Review Committee (IRC) meeting. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to approve the Formal Complaints included in the April 25, 2006 Investigative Review Committee (IRC) meeting. The motion received a second. The motion carried unanimously.

MOTION

The Board reviewed cases and recommendations from the Hearing Panel.

FINAL ORDER  
HEARINGS

Respondent was properly notified and appeared before the Board without counsel. In a Memorandum of Agreement, Respondent admitted to allegations in violation of the law and agreed to participate in a Final Order Hearing where the Board would determine the appropriate sanction.

A motion was made to go into executive session for the purpose of receiving legal counsel. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to return to disciplinary hearing session. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to reinstate Respondent's license with five years probation under the Recovering Professionals Program, quarterly employer reports, on site/on shift registered nurse supervision, no home health and no agency work. The motion received a second. The motion carried unanimously.

MOTION

Respondent was properly notified and appeared before the Board without counsel. In a Memorandum of Agreement, Respondent admitted to allegations in violation of the law and agreed to participate in a Final Order Hearing where the Board would determine the appropriate sanction.

A motion was made to go into executive session for the purpose of receiving legal counsel. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to return to disciplinary hearing session The motion received a second. The motion carried unanimously.

MOTION

A motion was made to lift the Order to Suspend Eligibility, issue a temporary license for the purpose of completing the clinical portion of the refresher course, impose a narcotics restriction during refresher course, upon successful completion of the refresher course Respondent's license will be placed on five years probation under the South Carolina Recovering Professionals Program (RPP), quarterly employer reports, on site/on shift registered nurse supervision, no home health and no agency work. The motion received a second. The motion carried unanimously.

MOTION

Although properly notified and with proper service upon the Board of Nursing President, Respondent did not appear before the Board. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Section 40-33-110(A)(4)(1976) as amended. The Hearing

Panel recommended that Respondent's license be revoked.

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law and recommendation that Respondent's license be revoked. The motion received a second. The motion carried unanimously.

MOTION

Although properly notified and with proper service upon the Board of Nursing President, Respondent did not appear before the Board. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Section 40-33-110(A)(7)(1976) as amended. The Hearing Panel recommended that Respondent's license be indefinitely suspended; that prior to reinstatement, Respondent shall be required to undergo an evaluation arranged through the South Carolina Recovering Professionals Program (RPP), RPP will make a recommendation to the Board regarding return to work; upon reinstatement Respondent shall be required to fully comply with the requirements of the Board's January 25, 2004 Final Order.

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law and recommendation that Respondent's license be indefinitely suspended; that prior to reinstatement, Respondent shall be required to undergo an evaluation arranged through the South Carolina Recovering Professionals Program (RPP), RPP will make a recommendation to the Board regarding return to work; upon reinstatement Respondent shall be required to fully comply with the requirements of the Board's January 25, 2004 Final Order and add that Respondent make an appearance before the Board prior to reinstatement of license. The motion received a second. The motion carried unanimously.

MOTION

Although properly notified and with proper service upon the Board of Nursing President, Respondent did not appear before the Board. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Section 40-33-110(A)(19)(1976) as amended. The Hearing Panel recommended that the Board's database be noted to indicate that Respondent will not be licensed or admitted to practice in South Carolina until Respondent makes an appearance before the Board and the Board grants approval of licensure or admission.

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law and deny eligibility for nurse licensure in South Carolina and deny privilege to practice in South Carolina. The motion received a second. The motion carried unanimously.

MOTION

Respondent signed a Memorandum of Agreement stipulating to certain facts and admitting to violation of the Nurse Practice Act. Respondent appeared before the Board without counsel to request reinstatement of license.

A motion was made to go into executive session for the purpose of receiving legal counsel. The motion received a second. The motion carried

MOTION

unanimously.

A motion was made to return to disciplinary hearing session The motion received a second. The motion carried unanimously.

MOTION

A motion was made to deny the request for reinstatement of Respondent's license at this time. The motion received a second. The motion carried unanimously.

MOTION

Respondent appeared with employer before the Board to request a variance in the on site/on shift registered nurse supervision, no home health and no agency work portion of the proposed Consent Agreement.

A motion was made to allow Respondent to practice limited to current employer/patient and current work with infusion; require registered nurse checks every two weeks rather than once a month, quarterly employer reports, attendance at a Board approved Legal Aspects Workshop and medication course. The motion received a second. The motion carried unanimously.

MOTION

Respondent appeared before the Board regarding working after a temporary license, which had expired. Board policy requires a Board appearance and civil penalty.

A motion was made to accept the Consent Agreement, which includes a public reprimand and civil penalty of \$750. The motion received a second. The motion carried unanimously.

MOTION

Ms. Martin recused herself due to her employment with the South Carolina Department of Health and Environmental Control.

DHEC

Angela H. Olawsky, Associate State Director of Public Health Nursing; Cheryl Bullard, Legal Counsel; and Vicki L. Green, FNP all of the South Carolina Department of Health and Environmental Control (DHEC) appeared before the Board of Nursing regarding their request from Ann W. Lee, DHEC State Director of Public Health Nursing for exemption from the 45 mile limit for nurse practitioners from their precepting physician. Due to reductions in federal, state, earned funding, DHEC's nursing workforce has been reduced.

Because of these changes, DHEC needs to utilize their nurses and nurse practitioners throughout their county as well as in other health departments within their regions to provide mandated health services. They went from approximately 135 nurses to 105 nurses to serve the six counties in Ms. Green's region.

DHEC has eight public health districts encompassing the 46 counties of our state. There is at least one medical consultant within each public health districts with some public health districts having more than one physician on staff. A number of physicians at the state level are available to provide expert consultation and assistance. Although DHEC's Office of Public Health

Nursing requires each advanced practice registered nurse (APRN) to have a primary and secondary physician who may be employed by the agency or in the private sector. DHEC has spoken with physicians in the rural areas but those physicians are already precepting the maximum number of APRNs allowed by statute. DHEC can no longer assure that the site in which the APRN is required to practice will be within 45 miles of their physician preceptor at all times. Physicians are readily available and could be contacted by telephonic or other electronic means to provide consultation.

MOTION

DHEC is requesting that their APRNs be allowed to practice more than 45 miles from their preceptor. The request would also need to be reviewed by the South Carolina Board of Medical Examiners. The Board asked what additional distance was needed. Although specifics were not available, they believe that in most situations that the APRN and physician would not be more than 50-60 miles apart.

A motion was to defer action pending receipt of more information on the South Carolina Department of Health and Environmental Control (DHEC) request to allow their APRNs to practice more than 45 miles from their preceptor. The motion received a second. The motion carried unanimously.

DHEC representatives will gather information on the numbers of APRNs and preceptors in each region as well as the distance needed for an extension.

A proposed advisory opinion for the school nurse setting was presented to the Board for review and approval. The question for this advisory opinion is: "Is it within the role and scope of a registered nurse (RN) or licensed practical nurse (LPN) practicing in a school setting to select, train, determine the competency of and evaluate unlicensed school personnel for assisting students with medications taken on a routine schedule?"

SCHOOL NURSE  
ADVISORY  
OPINION

This proposed advisory opinion would allow, in schools where there is a registered nurse (RN) or licensed practical nurse (LPN) on staff full-time, for the nurse to provide health services for students, the RN assigned to the school or the RN supervising the clinical practice of the LPN assigned to the school in collaboration with the LPN may select, train, determine the competency of, and evaluate unlicensed school personnel for assisting students with medications in situations where the RN or LPN on staff at the school is absent or not available. This would not include injections, insulin or similar medications. The RN must provide the initial training and competency determination of unlicensed school employees. The RN may delegate training updates that do not include procedural changes and periodic re-evaluation of an unlicensed school employee's competency to a LPN if the RN has determined and documented that the LPN is competent to perform the tasks. The RN should develop a checklist for the LPN to use during training updates and the re-evaluation process. Training updates that include procedural changes shall be treated as an initial training, and therefore, must be first provided by the RN.

A motion was made to approve the draft advisory opinion with the question: "Is it within the role and scope of a registered nurse (RN) or licensed practical nurse (LPN) practicing in a school setting to select, train, determine the competency of and evaluate unlicensed school personnel for assisting students with medications taken on a routine schedule?" The motion received a second. The motion carried unanimously.

The Board reviewed a letter from their Advanced Practice Committee regarding National Council of State Boards of Nursing (NCSBN) Vision Paper: The Future Regulation of Advanced Practice Nursing. The Advanced Practice Committee reviewed this paper at their May meeting. Dr. Whiting represented the Board at the meeting. In their letter, the Advanced Practice Committee states that while they applaud the effort to have this issue brought forward and that parts could strengthen advanced practice nursing, they do not support the vision paper at this time.

The National Council of State Boards of Nursing (NCSBN) Vision Paper: The Future Regulation of Advanced Practice Nursing has brought much discussion across the nation. Dr. Kearney-Nunnery explained that no decision on this paper would be made at the NCSBN Annual Meeting and Delegate Assembly in August 2006. This vision paper has been a good way to open discussion. NCSBN will work with stakeholders toward a position statement.

The Board reviewed the April 26, 2006 Nursing Practice and Standards Committee (NPSC) meeting minutes. At that meeting, the NPSC reviewed several existing advisory opinions and drafted a new advisory opinion.

Advisory Opinion #5 – RN – Epidural, Intrathecal & Peripheral Nerve Therapy

A request was received from the S.C. Society of Anesthesiologists (SCSA), to review the wording in Advisory Opinion #5. This opinion relates to registered nurses administering epidural, intrathecal and peripheral nerve therapy. The opinion requires that a physician, an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) be immediately available on site.

Representatives from SCSA, Newberry Hospital, and the CRNA member of the Board's Advanced Practice Committee were present for the discussion. Newberry Hospital policy requires that the anesthesia provider be readily available, which under their policy means within 15 minutes. The SCSA was asking that the advisory opinion be revised to say "readily available" instead of "immediately available on site" as currently stated in the opinion. The NPSC reviewed standards from various organizations. Newberry Hospital representatives spoke about the lack of anesthesia staff and how difficult it was for the anesthesiologist to be on site for these procedures. The SCSA representative explained about the difficulties of staff in rural areas. Discussion also included how the emergency room physician would assist if a patient with an epidural had difficulties. After much discussion the NPSC

voted to recommend not changing Advisory Opinion #5 and cited numerous nationally published documents indicating the need for the anesthesiologist/qualified anesthesia provider to be present with the epidural analgesia/anesthesia.

#### Draft Advisory Opinion #49 – Supervision of EMTs and Paramedics

At their February meeting, NPSC began a discussion about nurses supervising emergency medical technicians (EMT) or paramedics in the emergency department. The proposed advisory states that the South Carolina Department of Health and Environmental Control (DHEC) authorizes EMTs and paramedics to perform certain procedures and acts while employed by a licensed emergency medical services provider and under the guidance of an approved medical control physician. The EMT or paramedic certification does not apply within a medical facility or agency. The advisory opinion further states that EMTs and paramedics should not wear designation of their EMTs and paramedics certification while working in a medical facility or agency. While working in the medical facility or agency, the EMTs and paramedics should follow the guidelines of unlicensed assistive personnel related to nursing supervision and oversight. Tasks that may be delegated to unlicensed assistive personnel are listed in the Nurse Practice Act.

A motion was made to approve proposed Advisory Opinion #49 regarding the supervision of EMTs and paramedics by nurses in a medical facility or agency with the deletion of the list of tasks that may be delegated as they are listed in the Nurse Practice Act. The motion received a second. The motion carried unanimously.

MOTION

#### Advisory Opinion #39 – Nurse Performing Certain Cosmetic Procedures

This advisory opinion relates to nurses performing cosmetic procedures. The current opinion does not allow nurses to give Botox injections. The NPSC reviewed and researched opinions from North Carolina and Nevada as well as other national information. After much discussion, the NPSC voted to recommend revising Advisory Opinion #39 to allow registered nurses to give Botox and collagen injections as long as the supervising physician is immediately available on site and able to respond within five minutes to any question or adverse event. It would also require the physician to perform and document an initial assessment prior to treatment and as needed in the course of therapy. As with the laser removal of hair and spider veins, the registered nurse must have satisfactorily completed a documented special education and training program which includes supervised practice and clinical skill competency.

A motion was made to approve the revision of Advisory Opinion #39 as presented. The motion received a second. The motion carried with one nay vote and one abstention.

MOTION

#### Advisory Opinion #23 - -Endotracheal Intubation

The NPSC discussed Advisory Opinion #23 regarding registered nurses performing endotracheal intubation. The laryngeal mask airway has been used in place of the endotracheal tube in short term intubation in the operating room and also in emergency intubations. The NPSC voted to recommend this addition to Advisory Opinion #23 and recommended it also be added to the Respiratory System Chart of Invasive Devices.

A motion was made to approve the revision of Advisory Opinion #23 as presented. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to accept the April 26, 2006 Nursing Practice and Standards Committee (NPSC) meeting minutes. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to accept the February 3, 2006 Advanced Practice Committee minutes. The motion received a second. The motion carried unanimously.

MOTION

NCSBN Annual Meeting / Delegate Assembly, August 1-4, 2006, Salt Lake City, UT

ADMINISTRATOR REPORT

The National Council of State Boards of Nursing (NCSBN) will hold their Annual Meeting/ Delegate Assembly on August 1-4, 2006 in Utah. Ms. Martin and Ms. Bainer will attend as delegates for South Carolina. Requests will also be submitted Ms. Doria as an alternate delegate and staff members to attend. Board members will discuss items on the NCSBN Annual Meeting and Delegate Assembly agenda at the July meeting so that delegates can represent the Board and its views as well as ask questions.

Approval of 2007 Board Meeting Dates

Dates for 2007 regular Board of Nursing meetings were presented for review and approval of the Board. The Board asked that staff research as to whether the May 24-25, 2007 meeting could be moved to May 17-18, 2007 due to Memorial Day weekend and to research holding the annual strategic planning retreat in April 2007.

A motion was made to approve the 2007 regular Board of Nursing meetings. The motion received a second. The motion carried unanimously.

MOTION

Compact Update

Ms. Bainer reported that staff is still meeting regularly and will be reviewing the implementation plan to assure that everything has been completed.

Renewal Update And Audits

Ms. Bainer reported that 46,942 nurses utilized the online renewal system. Only 1,258 nurses chose to renew using paper applications. A total of 48,200 nurses renewed this year. Staff placed 3,451 nurses on an "Inactivated Compact" status and 7,059 licenses lapsed. The 7,059 lapsed licenses do not include nurses with addresses in other Compact states. South Carolina

currently has 59, 010 nurses licensed in and out of our state.

The Board discussed audits, which will begin in July 2006. Staff would like to send the audit letters out in several mailings to allow time to complete a set before beginning another group. It is anticipated that the audits will be completed for a report at the March 2007 Board meeting.

A motion was made to audit 10% of each licensure category. The motion was withdrawn. [See President's Report for follow-up vote.]

MOTION

#### Legislative Update

Ms. Bainer reported that Senate Bill 910 Nurse Practice Act Housekeeping is progressing through the House and will hopefully be sent to the Governor for signature shortly.

#### Board Member Web Site

The Board was provided information on a website designed especially for professional and occupational board members.

Marian Larisey, Dean, Derry Patterson Wingo School of Nursing at Charleston Southern University appeared before the Board. Regulation 91-29 (G)(3)(a) states that "The program's pass rate for first time takers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN), will be maintained annually at no greater than 5 percent below the national pass rate." Charleston Southern University Baccalaureate Degree Nursing Program was cited for four National Council Licensure Examination for Registered Nurses (NCLEX-RN) rate deficiencies in the previous five-year period (2001-2005). Per Board policy, Dr. Larisey appeared to discuss school plans for correcting deficiencies. Dr. Larisey explained that while their pass rate for 2005 did not meet the school's final outcome expectation, the pass rate was a substantial improvement over the previous year (47.37% to 81.25%). Changes were made in the admission policy, assessment testing, general curriculum, and faculty development. Dr. Larisey explained that the faculty has confidence in the plan and that the maximum results of the plan will be shown over the next few years.

CHARLESTON  
SOUTHERN  
UNIVERSITY

Ms. Murphy reported that the site survey team appointed by the Board's Advisory Committee on Nursing (ACON) completed their survey for the proposed Williamsburg Technical College practical nursing program on March 10, 2006. The site survey team deferred their recommendation to ACON pending receipt of a report along with supporting documentation addressing and demonstrating evidence of compliance with each item in the report marked as needing improvement. At its April 18, 2006 meeting, ACON voted to recommend that the Board grant initial program approval. ACON also requested that clarification and revision of materials discussed at their meeting be provided to the Board at its May meeting.

WILLIAMSBURG  
TECHNICAL  
COLLEGE

The Board reviewed the copy of the survey report. Nursing Department Head Sheila Forester, Dean of Instruction Clifton Elliott, and President Cleve

Cox of Williamsburg Technical College appeared before the Board to respond to questions regarding their proposed program and the site survey findings. Discussion included but was not limited to curriculum/teaching meetings, the department head position description, changes on the admission brochure, and documented philosophy of nursing and practical nursing. The Board recognized that Math 101 is a lower course and that this may need to be reviewed and a different level selected. Williamsburg Technical College hopes to have its laboratory set up by August 4, 2006. They have hired new faculty. The Board recommended that new faculty members with limited teaching experience have a mentor assigned to them.

A motion was made to grant initial program approval for the Williamsburg Technical College Practical Nursing Program as recommended by the Advisory Committee on Nursing (ACON) with the recommendation that the school carefully review the faculty load and the mathematical requirements. The motion received a second. The motion carried unanimously.

MOTION

### STRATEGIC PLANNING MEETING

Ms. White thanked Board Members and LLR staff who participated in the May 18, 2006 Strategic Planning Meeting for their hard work. Ms. White would like for planning to begin for training for the Investigative and Disciplinary Review Committees.

PRESIDENT  
REPORT

### AUDITS – RENEWAL

The Board reviewed the March 2003 minutes regarding audits, which recorded a vote for a 5% audit. These minutes only addressed the advanced practice registered nurses (APRN). Auditing of APRNs is an ongoing process. APRNs are audited not only on their continued competency and APRN specific competency but also on their guidelines/protocols. A process including the letters and checklist is already in place for APRN audits.

A motion was made to audit 5% of the advanced practice registered nurses, 5% of the registered nurses, and 5% licensed practical nurses beginning in July 2006. The motion received a second. The motion carried unanimously.

MOTION

A motion was made for staff to report on the audits at the March 2007 Board Meeting. The motion received a second. The motion carried unanimously.

MOTION

Ms. Murphy reported that this fall site surveys need to be completed for three new programs and for four full program approvals. The Board was asked to clarify/confirm the length of approval for Bob Jones University. The Board stated that Bob Jones University was approved for five years due to a lack of national accreditation. Both South Carolina State University and Francis Marion University have been granted initial approval status from the Board of Nursing. South Carolina State University has received approval through 2009 from Commission on Collegiate Nursing Education (CCNE). Francis Marion University has received its report from National League for Nursing Accrediting Commission (NLNAC) recommending initial accreditation for five years. Staff requested clarification regarding full approval status procedures.

NURSING  
EDUCATION  
PROGRAM  
SURVEYS

The Board discussed having the Advisory Committee on Nursing review the site survey visit process and criteria for different levels and where the program is in the approval process

MOTION

A motion was made to refer this issue to the Advisory Committee on Nursing (ACON) for their recommendations for a streamlined process for initial and full program approval with consideration given to accreditation status, safety factors and current regulations. The motion received a second. The motion carried unanimously.

Staff asked the Board for clarification of what is an acceptable course of study in a related field for continued competency under "Completion of an Academic Program of Study." Staff recommended that the Board consider this suggested revision: "The State Board of Nursing for South Carolina will accept completion of an academic program of study awarding an advanced degree in nursing (a level above basic nursing educational preparation for licensure) or completion of an academic program of study awarding a degree in the following related fields: Health Care Management, Health Care Administration, Public Health, Gerontology, Informatics, Health Education and Adult Education. Degrees awarded in elementary or secondary education will not be accepted to meet this requirement."

CONTINUED  
COMPETENCY  
REQUIREMENT  
CRITERIA

A motion was made to recognize academic programs of study in health care management, health care administration, public health, gerontology, informatics, health education and genetics as related fields under the completion of academic program of study in nursing or a related field recognized by the Board. The motion received a second. The motion carried unanimously.

MOTION

Board staff has been receiving inquiries from new licensees regarding the requirements for competency during the first licensure period. Staff recommended that the Board give consideration to the following: Licensees can apply the competency requirement throughout for the first licensure period of a South Carolina license issued by examination, endorsement, reinstatement, reactivation or refresher course. If an individual does not renew the license in this first licensure period, the exemption for the competency requirement expires and must be met before the license can be reinstated. The Board asked for statistics as to which competency options nurses are using to renew their licenses. The Board will consider this request after receipt of that information and prior to the next renewal period.

The Board was provided with the April 6, 2006 Disciplinary Review Committee (DRC) Minutes for their review and approval.

DRC MINUTES

A motion was made to approve the April 6, 2006 Disciplinary Review Committee (DRC) minutes. The motion received a second. The motion carried unanimously.

MOTION

The next regular meeting of the S.C. Board of Nursing is scheduled for July

NEXT MEETING

27-28, 2006.

A motion was made to adjourn the meeting at 3:45 p.m. on May 19, 2006.  
The motion received a second. The motion carried unanimously.

ADJOURNMENT

Dottie Buchanan, Administrative Assistant