

**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD OF NURSING
110 CENTERVIEW DRIVE, COLUMBIA, SOUTH CAROLINA 29210**

BOARD MEETING MINUTES – AUGUST 20, 2003

A conference call meeting of the State Board of Nursing for South Carolina was held by telephone on August 20, 2003 at the Kingstree Building, 110 Centerview Drive, Columbia, South Carolina. Public notice of this meeting was properly posted at the Board of Nursing Offices in the Kingstree Building lobby and provided to requesting persons, organizations, and news media in compliance with Section 30-4-80, South Carolina Freedom of Information Act.

**PLACE OF
MEETING
AND FOIA
COMPLIANCE**

Rose Kearney-Nunnery, Board President, called the meeting to order at 2:10 p.m. on Wednesday, August 20, 2003. It was noted that a quorum was present at all times. The mission of the Board was announced 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

Rose Kearney-Nunnery, RN, PhD, President	Present
Sylvia Whiting, RN, PhD, CS, Vice-President	[Excused]
Suzanne K. White, RN, MN, FAAN, FCCM, CNAA, Secretary [Joined at 2:30 p.m.]	Present
Mattie Smalls Jenkins, LPN	Present
Brenda Y. Martin, RNC, MN, CNAA	Present
Debra J. Newton, LPN	[Excused]
James P. Rogers, Esquire, Public Member	Present
Keith A. Torgersen, RN, MSN, CRNA	Present

**BOARD
MEMBERS
PRESENT AND
VOTING**

Martha S. Bursinger, RN, MSN, Administrator	<u>BOARD AND LLR STAFF MEMBERS</u>
Nancy Murphy, RN, MSN, Program Nurse Consultant	
Dottie Buchanan, Administrative Assistant	
Ruby B. McClain, Assistant Deputy Director, Health & Medically Related Professions	
Richard P. Wilson, Deputy General Counsel	

The agenda for the August 20, 2003 Conference Call Board Meeting was presented to the Board for review and approval.

**APPROVAL OF
AGENDA**

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

MOTION

Ms. Bursinger reported that the revised Nurse Practice Act must be reviewed and approved by Adrienne R. Youmans, Director of the South Carolina Department of Labor, Licensing and Regulation before legislative sponsors can formally be recruited.

**NURSE
PRACTICE ACT
REVISION**

Board of Medical Examiners Comments

Roger A. Ray, M.D., President of the Board of Medical Examiners participated in the

meeting via telephone and offered the following comments and concerns regarding the revised Nurse Practice Act expressed by the Board of Medical Examiners at their last meeting.

1) The term “joint approval” is defined but is not used in other places in the revised Nurse Practice Act. Dr. Ray stated that there are now three types of nurses - registered nurses (RN), registered nurses with additional training and advanced practice nurses. For example: a) RNs are inserting PIC (Percutaneous Intravenous Cannulation) lines. b) RNs with additional training are inserting PIC lines using ultrasound. c) advanced practice registered nurses (APRN) are performing transesophageal echocardiography. Dr. Ray feels that both boards should be involved in discussions regarding the nursing scope of practice.

Stephanie E. Burgess, RN, MSN, Chair of the Advanced Practice Subcommittee of the Advisory Committee on Nursing explained that institutions usually approve additional acts performed by RNs. APRNs do not perform additional acts. They perform delegated acts, which are part of the basic APRN scope of practice.

Mr. Torgersen reported that Ms. Burgess has received positive feedback from various groups including physicians. Mr. Torgersen feels there are legitimate areas of the practice act where there needs to be consensus between the boards. Language needs to be clear and easy for everyone to understand.

Dr. Ray feels that there should be more discussion between the boards about “general” versus “individual” approvals.

2. Regarding physicians being readily available, Dr. Ray suggested changing from three APRNs under one physician as currently in the Nurse Practice Act to three APRNs with one physician at one time.

3. Dr. Ray reported that there is not a consensus on the Board of Medical Examiners regarding continuing education to be required for APRNs wishing to expand their prescriptive authority to include Schedules III and IV. Some Board of Medical Examiners members would want to have input in the course. Ms. Burgess reported that she met with Timothy J. Kowalski, D.O., Secretary of the Board of Medical Examiners. During that meeting, he had agreed to the expansion of continuing education from 15 to 20 hours. Dr. Ray explained that the Board of Medical Examiners was not sure that this was enough hours and that they had not seen what would be included in the curriculum. He felt that the Board of Medical Examiners should not be the one to approve the course for nurses. Dr. Ray spoke about a remedial medication course that physicians take when they have problems. Dr. Ray said the Board of Nursing should be prepared for problems if prescriptive authority is expanded. They have problems with physicians in this same area. There was also discussion about what type of education would be required for APRNs from other states endorsing into South Carolina. The Board of Medical Examiners meets with physicians endorsing from other states and cautions them on this issue. Not endorsing APRNs from out of state would be a big problem for South Carolina. Dr. Ray suggested allowing the APRN to endorse and work but require they

take specific courses within a specified time such as six months. Ms. Bursinger reported that she had announced at the public meetings that the APRN issues would go forward as separate initiative not with the revised Nurse Practice Act. Dr. Ray said that it would be okay to keep this in the revised Nurse Practice Act but the Board of Medical Examiners has not seen enough specifics to vote and approve it.

4. The Board of Medical Examiners Practice Act states that a physician can delegate any tasks that do not require expertise of a professional. The Nurse Practice Act states that medication administration is part of the practice of nursing and requires critical thinking skills. It was acknowledged that in current practice, unlicensed personnel are administering medications. Dr. Ray said they would consider a policy on what medications could and could not be administered by unlicensed personnel. A distinction needs to be made between “administering” and “assisting” with medication. The practice acts of both boards should be in agreement on this matter.

5. A distinction needs to be made between APRN practice and APRNs performing delegated medical acts. The Board of Medical Examiners is worried about loopholes.

Commission on Graduates of Foreign Nursing Schools (CGFNS)

Not speaking English is a major barrier for some nurses educated outside the United States. Language is one of the major reasons foreign trained nurses do not pass National Council Licensure Examination (NCLEX®). The language barrier can also be a problem in communicating with patients.

Currently the Board of Nursing utilizes the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credential Evaluation Service (CES). This service reviews transcripts from other countries and compares them to educational programs in the United States. They report on what level the education meets – practical nurse or registered nurse.

CGFNS also offers a Certification Program which is designed specifically for first-level, general nurses educated and licensed outside the United States who wish to assess their chances of passing the United States registered nurse licensing exam, the NCLEX-RN®, and attaining licensure to practice as registered nurses within the United States. A second-level nurse, often called an enrolled, vocational, practical nurse or nurse assistant, is not eligible to be licensed as a registered nurse in the United States, and therefore, is not eligible for the Certification Program. The Certification Program is a three-part program, comprised of a credentials review, a one-day qualifying exam of nursing knowledge, and an English language proficiency exam (TOEFL, TOEIC or IELTS). Upon successful completion of all three elements of the program, the applicant is awarded a CGFNS Certificate. Certain applicants may be exempt from the English language proficiency requirement if they meet all of the following criteria: 1) Native language is English; 2) Country of nursing education was Australia, Canada (except Quebec), Ireland, New Zealand or the United Kingdom; 3) Language of instruction was English; and 4) the language of textbooks was English.

The majority of the boards of nursing in the United States use CGFNS to check

credentials of foreign trained/licensed registered nurses. Forty states use the full certification service including the examination and English proficiency examination.

Ms. Bursinger proposed requiring the CGFNS Certificate for nurses educated and licensed outside the United States. Language will be drafted for the revised Nurse Practice Act and will be presented to the Board for review and approval at the September 2003 meeting.

Board staff received reports that the Hartsville Practical Nursing Program students were being sent to observe in physicians' offices and that this observation time was being counted toward the clinical hours. Ms. Bursinger and Ms. Murphy visited the Hartsville Practical Nursing Program to review how the clinical portion of the curriculum was being taught and found the reports to be true. After discussion during the visit, it was decided that clinical instruction would be provided by faculty with a minimum of a bachelor's in nursing for the remainder of the program. At their visit, they explained that they had originally planned to close in August 2003 and then in October 2003. This information was not submitted to the Board in writing. The Hartsville Practical Nursing Program has asked to remain open until they graduate their last class in December 2003. They will submit a letter to the Board.

**HARTSVILLE
PRACTICAL
NURSING
PROGRAM**

A motion was made to approve close monitoring and to allow the Hartsville Practical Nursing Program to remain open until December 2003. The motion received a second. The motion carried unanimously.

MOTION

A motion was made to adjourn the meeting at 3:30 p.m. on August 20, 2003. The motion received a second. The motion carried unanimously.

ADJOURNMENT

Respectfully Submitted,
Dottie Buchanan, Administrative Assistant