

STATE BOARD OF NURSING MEETING MINUTES –May 26-27, 2005

A meeting of the State Board of Nursing for South Carolina was held on May 26-27, 2005 in the Kingstree Building, 110 Centerview Dr., and at the Fire Academy on Monticello Trail, Columbia, S.C. Public meeting notice was properly posted at the Board of Nursing Offices, Kingstree Building Lobby and provided to all requesting persons, organizations, and news media in compliance with the South Carolina Freedom of Information Act. A quorum was present at all times.

PLACE OF
MEETING
AND FOIA
COMPLIANCE

The Board President called the meeting to order at 8:35 a.m. on May 26, 2005 and at 8:50 a.m. on May 27, 2005. 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

- Sylvia Whiting, RN, PhD, CS, President
Congressional District 1 Present
- Suzanne White, RN, MN, FAAN, FCCM, CNAA, Vice-President
Congressional District 4 Present
- Brenda Martin, RNC, MN, CNAA. Secretary
Congressional District 5 Absent Both Days
- Carrie Houser James, RN, MSN
Congressional District 6 Present
- Mattie Jenkins, LPN
Region I, Congressional District 1 Present -Thursday / Absent -Friday
- Rose Kearney-Nunnery, RN, PhD
Congressional District 2 Present (Out at 10:40 a.m. on Friday)
- C. Lynn Lewis, RN, EdD, MHS
Congressional District 3 Present
- Debra Doria, LPN
Region II, Congressional District 4 Present -Thursday / Absent -Friday
- James Rogers, Esquire
Public Member In at 10:10 a.m. on Thursday / Absent on Friday
- Public Member Vacancy

BOARD
MEMBERS
PRESENT AND
VOTING

- Martha Summer Bursinger, RN, MSN, Administrator
- Maggie Johnson, RN, Program Nurse Consultant-Practice
- Nancy Murphy, RN, MSN, Program Nurse Consultant-Education
- David Christian, Program Coordinator – Licensure
- Annette Disher, Program Coordinator – Licensure
- Edwina Garrett, Administrative Assistant – Licensure
- Theresa Richard, Administrative Assistant – Licensure
- Michael Roland, Administrative Assistant – Licensure
- Dottie Buchanan, Assistant to the Administrator
- Richard P. Wilson, Deputy General Counsel
- Shirley Robinson, Hearing Counsel
- Neil Riley, Litigation Counsel
- Henry Morgan, Chief of Investigations
- Larry Atkins, Deputy Chief of Investigations

STAFF
MEMBERS
PRESENT FOR
CERTAIN
AGENDA ITEMS

The agenda for the May 26-27, 2005 Board Meeting was presented to the Board for review and approval.

APPROVAL OF
AGENDA

A motion was made to approve the May 26-27, 2005 Board Meeting agenda was presented. The motion received a second. The motion carried unanimously.

MOTION

The following items were adopted on the consent agenda:

APPROVAL OF
CONSENT
AGENDA

- ACON
 - a. National Center for Health Workforce Analysis Supply, Demand & Use of PNs
 - b. Minutes
- NCSBN's Response Florida Board of Nursing's Special Report on Nursing Licensure Via Special Endorsement
- Survey of Other Boards of Nursing Regarding Faculty Without MSN Degree
- For Information: NCLEX Fact Sheet
- For Information: NCLEX RN / NCLEX PN Summary Statistics
- For Information: Response to Citation for NCLEX Passing Rate Deficiency (not appearing)
 - a. Clemson University - BSN Program
 - b. Florence- Darlington Technical College - ADN Program
 - c. Tri-County Technical College - ADN Program
 - d. Trident Technical College -- ADN Program
 - e. University of South Carolina - BSN Program
 - f. Piedmont Technical College - PN Program
- For Information: USC Beaufort
- For Information: International University of St. Kitts
- Summary Statistics on Advanced Practice
- Nursing Practice and Standards Committee Minutes
- April 7, 2005 Disciplinary Review Committee (DRC) Minutes
- March 17, 2005 Investigative Review Committee (IRC) Minutes
- Evidentiary Panel Member Approval
- Compliance Statistics
- Licensure Statistics

A motion was made to adopt the Consent Agenda with removal of Advanced Practice Committee Meeting Minutes, School Health Services Work Group Recommendations and Compliance Statistics. The motion received a second. The motion carried unanimously.

MOTION

The minutes of the March 17, 2005 Board Meeting were presented to the Board for review and approval.

APPROVAL OF
MINUTES

A motion was made to approve the March 17, 2005 minutes with editorial changes. The motion received a second. The motion carried unanimously.

MOTION

The Board reviewed cases and recommendations from the hearing panel. Respondents appeared before the Board.

FINAL ORDER
HEARINGS

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Section 40-33-935(b) (1976) and Regulation 91-19(c)(3)(1). The Hearing Panel recommended that Respondent's

license remain under suspension as outlined in the Board's November 25, 2003 Order and that Respondent pay a fine of \$1,000 within 90 days of receipt of the Final Order of the Board.

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law, and Recommendation that Respondent's license remain under suspension as outlined in the Board's November 25, 2003 Order; however, the fine is increased to \$2,000. The motion received a second. The motion carried with one abstention.

MOTION

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. Notifications that were sent to the last known address were returned to the Board by the postal service. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Sections 40-33-935(a), (b), and (g) (1976) as well as Regulations 91-19(c)(3)(c) and (c)(3)(f). The Hearing Panel recommended that Respondent's license be revoked.

Upon the advice of Hearing Counsel, a motion was made to continue this case until the next Board meeting pending service upon the President in accordance with Regulation 91-19(q). The motion received a second. The motion carried unanimously.

MOTION

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. Notice was also served on the attorney of record. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Sections 40-33-935 (b) and (g) (1976) as well as Regulations 91-19(c)(3)(b), (c)(3)(c) and (c)(3)(f). The Hearing Panel recommended that Respondent's license be suspended provided that the suspension may be stayed with a provision that the license be placed in a probationary status for a period of not less than five years provided that the Respondent participate in the Recovering Professionals Program (RPP); practice will be restricted to an approved employment setting with a registered nurse on-site, on-shift supervision, with no home health or agency work, and quarterly employer reports.

MOTION

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law, and Recommendation that Respondent's license be suspended provided that the suspension may be stayed with a provision that the license be placed in a probationary status for a period of not less than five years provided that the Respondent participate in the Recovering Professionals Program (RPP); practice will be restricted to an approved employment setting with a registered nurse on-site, on-shift supervision, with no home health or agency work, and quarterly employer reports. The motion received a second. The motion carried unanimously.

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. Notifications sent to the last known addresses were returned to the Board by the postal service. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation Regulation 91-19(c)(3)(f). The Hearing Panel recommended that Respondent's license be suspended provided that the suspension may be stayed with a provision that the license be placed in a probationary status for a period of not less than three years provided that the Respondent participate in the Recovering Professionals Program (RPP); practice will be restricted to an approved employment setting with a registered nurse on-site, on-shift supervision, with no home health or agency work, and quarterly employer reports.

Upon the advice of Hearing Counsel, a motion was made to continue this case until the next Board meeting pending service upon the President in accordance with Regulation 91-19(q). The motion received a second. The motion carried unanimously.

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Sections 40-33-935(e) and (g) (1976) as well as Regulation 91-19(c)(2). The Hearing Panel recommended that Respondent's license be indefinitely suspended, that the suspension may be stayed in a probationary status for a period of not less than three years that prior to reinstatement to probationary status, Respondent be required to attend and successfully complete a legal aspects course, that Respondent be required to attend and successfully complete courses in IV therapy and medication administration, that upon reinstatement of license, Respondent's practice must be under the supervision of a registered nurse present on site at all times, and that Respondent must provide employer with a copy of the final order and have employer submit quarterly reports.

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 the suspension may be stayed in a probationary status for a period of not less than three years; that prior to reinstatement to probationary status, Respondent be required to attend and successfully complete a legal aspects course, that Respondent be required to attend and successfully complete courses in IV therapy and medication administration, that upon reinstatement of license, Respondent's practice must be under the supervision of a registered nurse present on site at all times, and that Respondent must provide their employer with a copy of the final order and have employer submit quarterly reports. The motion received a second. The motion carried with one nay vote.

Although properly notified, Respondent did not appear before the Board and was not represented by counsel. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Sections 40-33-110(A)(1), (3) and (5) (2004) as well as Regulation 91-19(d)(3)(f). The Hearing Panel recommended that Respondent's license be suspended provided that the suspension may be stayed with a provision that the license be placed in a probationary status for a period of not less than three years provided that Respondent participate in the Recovering Professionals Program (RPP).

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law, and Recommendation that Respondent's license be suspended provided that the suspension may be stayed with a provision that the license be placed in a probationary status for a period of not less than three years provided that Respondent participate in the Recovering Professionals Program (RPP) and added that Respondent be required to attend a legal aspects course. The motion received a second. The motion carried unanimously.

Respondent was properly notified and appeared before the Board without counsel to request reinstatement of license as required in the Board's December 31, 2004 final order. The Board reviewed documentation provided by the Respondent and asked questions.

A motion was made to go into executive session to receive legal counsel. The motion received a second. The motion carried unanimously.

MOTION

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

MOTION

A motion was made to require Respondent to undergo a psychosexual evaluation by a Board approved physician and reappear before the Board after the report is made. The motion received a second. The motion carried unanimously.

The Board discussed temporary orders of suspension for licensees who are terminated from the Recovering Professionals Program (RPP). It was reported that these orders are routinely prepared for the Board President's signature. Legal counsel will review this procedure.

TEMPORARY
ORDERS OF
SUSPENSION

Applicants for licensure in South Carolina by National Council Licensure Examination (NCLEX) as licensed practical nurses appeared before the Board to respond to questions regarding reported criminal and/or disciplinary records.

APPEARANCES-
LICENSURE

NCLEX Candidate for Licensed Practical Nurse - Candidate appeared before the Board without counsel to respond to questions regarding affirmative answers to questions on their application regarding reported criminal and/or disciplinary records.

A motion was made to allow Candidate to sit for the National Council Licensure Examination (NCLEX) with the recommendation that the Candidate take a refresher course prior to sitting for the NCLEX and upon successful completion be licensed as a Licensed Practical Nurse in the State of South Carolina. The motion received a second. The motion carried unanimously.

MOTION

NCLEX Candidate for Licensed Practical Nurse - Candidate appeared before the Board without counsel to respond to questions regarding affirmative answers to questions on their application regarding reported criminal and/or disciplinary records.

A motion was made to allow Candidate to sit for the National Council Licensure Examination (NCLEX) and upon successful completion be licensed as a Licensed Practical Nurse in the State of South Carolina. The motion received a second. The motion carried unanimously.

MOTION

EDUCATION APPEARANCES

Dr. Kearney-Nunnery recused herself to appear with Dean Mary Harper regarding changes at the Technical College of the Lowcountry. Dr. Kearney-Nunnery and Dean Harper responded to questions from the Board.

TECHNICAL
COLLEGE OF
THE LOW
COUNTRY
REQUEST TO
INCREASE
ENROLLMENT
& ADD SPRING
START

The Technical College of the Lowcountry is requesting approval to increase to twice a year acceptance Nursing courses will be offered in the fall and spring semesters with general education courses in the eight-week summer sessions. If approved, the program will take six semesters to complete instead of the current five. This change would better utilize clinical sites and provide more mobility through the program.

The Technical College of the Lowcountry is also requesting approval to increase enrollment from 88 to 112 students per year. This is to meet the need for more nurses in the four counties served by their school, which is experiencing an increased growth. In their area, a new medical center recently opened and two other facilities have plans to expand which will require more nurses. This change would coincide with the twice a year acceptance. Enrollment would increase to 56 in the fall semester and 56 in the spring semester.

Currently, the Technical College of the Lowcountry has all masters degree prepared faculty with no vacancies. There is a waiting list for acceptance into the program.

The Advisory Committee on Nursing (ACON) reviewed these requests and information at their April 19, 2005 meeting. ACON recommends approval by the Board of this request.

Following recommendation of the Advisory Committee on Nursing (ACON) to approve increased enrollment from 88 to 112 students and approve a spring start. The motion received a second. The motion carried with one abstention.

MOTION

In accordance with regulation and policy, Dr. Marion Larisey, Dean of Nursing and Dr. Ken Bonnette, Provost of Charleston Southern University appeared before the Board to discuss plans to improve their National Council Licensure Examination (NCLEX) deficiencies. Charleston Southern University showed deficiencies in 2001, 2003 and 2004

CHARLESTON
SOUTHERN
UNIVERSITY
BSN PROGRAM
RESPONSE TO
NCLEX
PASSING RATE
DEFICIENCY

Dr. Bonnette expressed the school's strong report of the nursing program. He reported that they have recently increased size of faculty and that one faculty member recently completed doctorate in nursing. They have received \$600,000 scholarships for nursing. They are providing continuing education for faculty (including test giving) and continue to support faculty as they continue their education. They have several faculty members who are working on their doctorate. The school is obtaining more computer soft and hardware for nursing school.

Dr. Larisey spoke about their National Council Licensure Examination (NCLEX) pass rate deficiencies. She explained that there are no "quick fixes" for this problem. Having a smaller number of students testing makes failures impact the percentages greatly. Charleston Southern University has begun standardized testing and has reviewed the curriculum and sequencing of courses. Admission processes and requirements have been reviewed and adjusted for a stronger applicant pool. Of the 32 recent applicants accepted, 30 had a GPA of 3.0 or higher with the remaining two having 2.8 - 2.99 GPA. Three faculty members participated in a consultant workshop at another school and then reported on that information and materials. Several students found the NCSBN review helpful so this has been incorporated.

A motion was made to accept Charleston Southern University's plan for continuing evaluation pending next NCLEX results. The motion received a second. The motion carried unanimously.

MOTION

It was noted that board staff receives more applications from the May nursing education program graduations than any other time of year. Ms. Disher reported that the process would be reviewed for ways to expedite making students eligible for testing. There are only three testing sites in South Carolina. The testing centers in

Columbia, Charleston and Greenville are open five days a week and can process approximately eight applications every six hours. Currently, we have 519 applicants scheduled to sit for the examination. All testing centers are having problems accommodating requested times, which has caused some applicants to test in centers in other states. It was noted that students from other states also test in South Carolina to accommodate their schedules and requested test times.

Dr. Donna Richards, Chair-Department of Nursing for Horry-Georgetown Technical College appeared before the Board to request approval of a change in curriculum. Horry Georgetown Technical College would like to replace a third semester 5-credit hour course with a 6-credit hour course more suitable to the associate degree program effective immediately. In a letter, Marilyn J. Fore, Senior Vice President for Academic Affairs, requested that NUR 210 Complex Health Problems be replaced with NUR 150 Chronic Health Problems. This change in courses and increase in credit hours will enhance the content of the course to include pharmacology competencies; improve student skills; help students to become eligible for need-based financial assistance, student loans, work study, and Lottery Tuition Assistance; and respond to faculty input for additional content and reduction of financial burdens their students.

HORRY -
GEORGETOWN
TECHNICAL
COLLEGE
REQUEST FOR
CURRICULUM
CHANGE

A motion was made to grant approval for Horry-Georgetown Technical College to replace NUR 210 Complex Health Problems with NUR 150 Chronic Health Problems to begin with the summer term. The motion received a second. The motion carried unanimously.

MOTION

ADMINISTRATOR'S REPORT

Ms. Bursinger shared information from the National Council of State Boards of Nursing (NCSBN) that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has stated that if state law or organization policy requires background checks on all employees, volunteers and students, then JCAHO expects them to be done on all three categories. If state law requires background checks on only specified types of health care providers (e.g. nursing assistants/child care workers), then JCAHO would require background checks on only those specified in state law (unless organization policy goes beyond state law). If state law requires background checks on all "employees", the organization should seek an opinion from the state on what categories of health care workers are considered "employees". If the state does not consider volunteers or students as employees, then JCAHO would not require background checks on them (unless organization policy goes beyond state law and requires it). If state law is not clear on the definition of employee, the organization can define the scope of background checks and JCAHO would survey to hospital policy. Currently 25 states require background checks. Most believe that other states will be moving toward required background check soon.

JCAHO
CRIMINAL
BACKGROUND
CHECK

Donald Hayden with the LLR Office of Investigations and Enforcement shared draft on criminal background checks from a committee he serves on with the National Council of State Boards of Nursing (NCSBN). It is only a draft, may be revised at their upcoming meeting and should not be shared until it is in final form and released from NCSBN. The draft points out that the boards of nursing serve a vulnerable population who are in need of care. There are crimes that have a bearing on fitness to practice as a nurse, such as sexual misconduct/abuse, crimes involving children or elders, domestic violence, theft and protection of personal property. Some schools and long-

DRAFT: USING
CRIMINAL
BACKGROUND
CHECKS TO
INFORM
LICENSURE
DECISION-
MAKING

term care facilities in South Carolina are already requiring a criminal background check on students before they can perform clinicals in the facility. Ms. Bursinger explained that criminal background checks at the time of licensure might be an option that the Board should consider adopting in the future. The issue of criminal background checks will be discussed at the Delegate Assembly in August 2005. Those attending will report to the Board on this issue at the September 2005 Board meeting.

Schools using criminal background checks review them prior to admission. Some schools are requiring a new background check each semester to be sure nothing has shown up since initial admission. It can be a very expensive process for students to obtain background checks for the school and for each facility where they perform clinicals. Although some schools do not require a background check, the facilities used for clinicals require that they have one on file. The South Carolina Hospital Association is working on language stating whether a facility is willing to accept the verification of a background check from the school or not. Background checks cannot be shared. Some schools do not stop a convicted felon from attending their school but the student may be held up when they begin the clinical portion of the program. The Board must consider that something could have happened between when the student applied for school and when they then apply for licensure. The revision of Chapter 1 of Title 40 ("Engine Act") will include authority for boards to require criminal background checks. Draft copies of this revision will be distributed to the boards for input and comment.

Ms. Bursinger's Institute of Regulator Excellence project will examine the relationship between felony convictions and entry into nursing educational programs. She will poll other boards of nursing.

The Board will ask the Deans and Directors Council what each school is requiring on background checks.

Since last meeting, Board staff has received a copy of another style of newsletter. The Board has already approved a magazine style newsletter to be published by Publishing Concepts, Inc. at a previous meeting. Virginia Robertson of Publishing Concepts, Inc. will be visiting the Board office on May 31, 2005. Ms. Bursinger reaffirmed with Ms. Robertson that the board or its staff could not solicit advertising for the magazine. She also explained to her that the Board has a good relationship with the South Carolina Nurses Association (SCNA) and its publisher and will continue to publish our newsletter in the SC Nurse as well as their magazine.

MAGAZINE
STYLE
NEWSLETTER

The Board received a request from Madelyn Roth Harvey, Christian Science Committee on Publication for South Carolina. Ms. Harvey would like to add a section to the Nurse Practice Act to not prohibit a "Christian Science Nurse" from calling himself or herself a nurse in South Carolina. Ms. Harvey explains in her letter that Christian Science is a religious prayer based method of healing. Christian Scientists sometimes employ a Christian Science nurse for daily physical care needs while they are relying on Christian Science for healing. A Christian Science nurse would be employed solely to provide skilled physical care and would never dispense medications or perform any medical related activity. Ms. Harvey further explains that Christian Science nursing is "accommodated" in the laws of 41 other states and is recognized by the federal government through Medicare laws.

REQUEST TO
AMEND NPA
REGARDING
CHRISTIAN
SCIENCE
NURSING

The Board is concerned that although there is a statement in Ms. Harvey's letter about no medical related activities; they may still be performing tasks/skill that are considered the practice of nursing. This request may be for reimbursement purposes such as Medicare. There is no mention of maintaining any records of care.

The Board reviewed Section 40-33-30 (B) of the Nurse Practice Act which prohibits anyone from using the title nurse

40-33-30 (B) It is unlawful for a person to practice as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse in this State, or to use the abbreviation 'APRN', 'RN', or 'LPN' or any variation or subdesignation of these, or use any title, sign, card, or device to indicate that the person is a nurse, or that the person is practicing as a nurse, within the meaning of this chapter, unless the person is actively licensed under the provisions of this chapter.

A motion was made to send a letter to Madelyn Roth Harvey, Christian Science Committee on Publication for South Carolina stating that due to title protection in the Nurse Practice Act, we are unwilling to grant inclusion of Christian Science Nurse into our act. The motion received a second. The motion carried unanimously.

MOTION

The clinical nurse leader role will be discussed at the June 21, 2005 Advisory Committee on Nursing (ACON) meeting. They will have two guest speakers to provide more information on this issue. Information will also be presented at the National Council of State Boards of Nursing (NCSBN) Delegate Assembly in August.

CLINICAL
NURSE LEADER

The clinical nurse leader is a generalist nurse with an advanced degree (master's in nursing) but is not considered an advanced practice registered nurse (APRN). There was discussion that some clinical nurse leaders will have clinical experience while others will not have any clinical experience. American Association of Colleges of Nursing (AACN) is looking at the scope of practice and how clinical nurse leaders should be licensed.

Ms. Bursinger reported on the following legislation:

LEGISLATION

- S64 Multi-State Nurse Licensure Compact - The bill has been ratified and is awaiting the Governor's signature.
- H2975 Board of Nursing Regulations Revision - Bill to repeal regulations made obsolete by the new Nurse Practice Act. This bill is on track.
- S144 This bill addresses students self-administering medications for conditions such as diabetes and asthma.
- H3499 This bill includes language for a nurse in every elementary school beginning in 2007 or 2008.
- S674 This is a joint resolution to create a nurse staffing task force to study the nursing shortage in this state; to require the task force to report its findings and recommendations to the general assembly before January 1, 2006, and to abolish the task force upon submission of its report. This task force will be comprised of representatives from SC Hospital Association; SC Medical Association; SC Nurses Association; School of Nursing, Medical University of South Carolina; School of Nursing, University of South Carolina School of Medicine; Greenville Technical College; Midlands Technical College; Trident Technical College; Department of Health and Environmental

Control; Department of Health and Human Services; Department of Labor, Licensing and Regulation; Senate; House of Representatives; Senate Medical Affairs Committee; and House Medical, Military, Public and Municipal Affairs Committee.

- S63 Surgical Technicians - This bill died in committee.
- S756 The House version of the Lewis Blackman Patient Safety is moving forward.
- H3186 This bill requires a nurse in every public school.
- H3646 Attendance Care amendment to the Nurse Practice Act. This bill has reported favorably out of committee.

JoLee Gudmundson appeared before the Board to ask for their support for the definition of certified registered nurse anesthetist (CRNA) in the Board of Medical Examiners Practice Act. They are concerned about CRNAs who work in rural areas and cannot work under an anesthesiologist. Mr. Wilson assured Ms. Gudmundson that the Board of Medical Examiners would review the language to make no changes in that area.

Mr. Wilson reported that Chapter 1 of Title 40 (the Engine Act) is being revised for the first time since the beginning of the Department of Labor, Licensing and Regulation (LLR). Creating committees and the ability to reimburse them is included in the changes. The word licensee has been changed to a more generic term because some boards have certificate holders, permits, etc. LLR still has the authority to change fees but the practice of working with the boards first will continue. The word "board" is being changed to "program." The "Board" is the actual members of the board and "program" is the staff. The Board is requested to provide feedback on this revision.

PRESIDENT'S REPORT

The Board discussed travel reimbursement of committee members. Currently, members of the Nursing Practice and Standards Committee (NPSC), Advanced Practice Committee (APC), Investigative Review Committee (IRC), Disciplinary Review Committee (DRC) and Panel Hearing Members are reimbursed for travel expenses. At the time the Board approved this reimbursement, it was reported that many of the Advisory Committee on Nursing (ACON) members also served on the Deans and Directors Council, which meets immediately following the ACON meeting and were most likely reimbursed by their institutions. Recent state and agency budget cuts and limitations, which are impacting the Department of Labor, Licensing and Regulation (LLR) travel budget, were discussed. The Board would like equity in reimbursing or not reimbursing committee members.

EQUITY IN
TRAVEL
REIMBURSE-
MENTS FOR
BOARD
COMMITTEES

A motion was made that all committee members on board business be reimbursed for travel expenses and per diem. The motion received a second. The motion carried unanimously.

MOTION

National Council of State Boards of Nursing (NCSBN) Delegate Assembly and Annual Meeting will be held August 1-5, 2005 in Washington, DC. The NCSBN has graciously offered to pay for two representatives from our state to attend this meeting. Ms. Bursinger is running for Area III Director and must attend the meeting. Requests for travel to attend the meeting will be submitted for: Ms. Bursinger, Dr. Whiting, Dr. Kearney-Nunnery, Dr. Lewis, Nancy Murphy and Maggie Johnson

NCSBN-
ANNUAL
DELEGATE
ASSEMBLY
MEETING -

A letter was received requesting that materials for all Advisory Committee on Nursing (ACON) meetings be provided to a former member who is now in as needed consultant position. Any member of the public, under the Freedom of Information Act (FOIA), can request this material. Staff will accept a blanket request to receive this information each month. A letter will be sent explaining this to the requester.

ACON –
FREEDOM OF
INFORMATION
ACT (FOIA)

President Whiting asked for input from board members and staff that might want to serve on a National Council of State Boards of Nursing (NCSBN) committee this upcoming year. Ms. Johnson expressed interested in serving on a practice or advanced practice committee. Ms. Bursinger currently serves with the Taxonomy of Error, Root Cause Analysis & Practice Responsibility (TERCAP) group and is running for Area III Director. Dr. Kearney-Nunnery currently serves on committees that may carry forward into this year.

NATIONAL
COUNCIL OF
STATE BOARDS
OF NURSING
COMMITTEE
NOMINATIONS

REPORTS/UPDATES

The National Council of State Boards of Nursing (NCSBN) Mid Year Meeting was held on March 21-23, 2005 in Chicago. Ms. Bursinger and Dr. Lynn Lewis attended on behalf of the Board.

NCSBN– MID
YEAR MTG

A motion was made to defer discussion of the National Council of State Boards of Nursing (NCSBN) Mid Year Meeting to the Strategic Planning portion of this board meeting. The motion received a second. The motion carried unanimously.

MOTION

Mr. Wilson provided the Board with a copy of a new draft regulation requiring that all nursing supervisors have an unrestricted, permanent license to practice nursing. In a previous meeting, Board Members expressed concern that licensees in a disciplinary status were supervising other nurses. This draft regulation, as currently written, would require that the person have a permanent license; therefore could not work under a temporary permit. There was discussion about how this would affect nurses supervising unlicensed assistive personnel or other staff. The Board discussed changing the word “another practitioner” be changed to “person”, which is defined in the Nurse Practice Act and that the word “permanent” be deleted.

SUPERVISION
REGULATION

A motion was made to approve the proposed regulation with the amendment of “another practitioner” be changed to “person”, which is defined in the Nurse Practice Act and to delete word “permanent.” The motion received a second. The motion carried unanimously.

MOTION

Ms. White reported that more than 200 attended the Magnet Conference. The next meeting will be held in Greenville at a larger facility. Dr. Whiting presented the document approved by the Board. Senators Lourie and Cromer were at the luncheon. The senators asked questions and were supportive of the Magnet program. Dr. Whiting reported that some in attendance at the meeting requested a white paper from the Board. The Board will discuss possibly adding a white paper for the Magnet book. Ms. White reported that the American Nurses Association (ANA) Registered Nurse (RN) Bill of Rights was added earlier this year to the magnet application. Items 1-6 of the Bill of Rights address nurses advocating for patients; however, item #7 states that RNs have the right to negotiate individually and collectively. She further explained that many attorneys have counseled their hospital clients that there is a law against them

MAGNET
CONFERENCE

negotiating collectively in our state. The South Carolina Hospital Association (SCHA) had a meeting with the ANA and American Nurse Credentialing Center (ANCC) to voice their concerns.

PRACTICE

Maggie Johnson presented a request from the Southwest Seminars Association to present a South Carolina Nursing Law seminar to be approved for legal aspects workshops. Southwest Seminars Association is approved by the American Nurse Credentialing Center (ANCC) and qualifies for continuing education. She explained that they present the information to registered and licensed practical nurses regarding nursing in general but customize the presentation for the laws for the state in which the seminar is given.

SOUTHWEST
SEMINARS
ASSOCIATION –
2005 SOUTH
CAROLINA
NURSING LAW

Ms. Johnson customizes the time of her Legal Aspects Workshops to meet the needs of the group. It generally takes three hours to present. Adding role-playing and scenarios can lengthen the time of the workshop.

MOTION

A motion was made to approve the Southwest Seminars Association to present a 2005 South Carolina Nursing Law for legal aspects workshops. The motion received a second. The motion carried unanimously.

Ms. Johnson reported that she had attended the American Association of Nurse Practitioners (AANP) Southeastern Regional Meeting in Asheville, North Carolina. There was much discussion about issues affecting nurse practitioners throughout the country. She reported that Medicare now has a new provider number for advanced practice registered nurse (APRN).

AANP
SOUTHEASTER
N REGIONAL
MEETING

Barbara Haase, CPNP who works at the Medical University of South Carolina has requested a waiver allowing her to be able to prescribe specific types of medication in limited situations to women over 19, which is beyond the pediatric age limit. Ms. Hasse is an internationally certified lactation consultant. The Advanced Practice Committee (APC) has reviewed this request and recommends to grant waiver for this specific setting based on PNP not lactation consultant.

ADVANCED
PRACTICE
COMMITTEE

A motion was made to accept the Advanced Practice Committee (APC) recommendation to grant waiver for this specific setting based on the pediatric nurse practitioner role not lactation consultant. The motion received a second. The motion carried unanimously.

MOTION

Robin Coleman is a Child and Adolescent Psychiatric Mental Health Clinical Nurse Specialist (CNS) with prescriptive authority and practiced with adults in Wisconsin. She has experience and education across life span. She has been recruited for job at the Veterans Affairs Outpatient Clinic. The Advanced Practice Committee (APC) has reviewed this request and recommends allowing Ms. Coleman to work for one year under current certification but that she must try for family certification. The Veterans Affairs Outpatient Clinic is holding her job. Ms. Coleman would like to possibly go back to receive the Family Psychiatric Mental Health Clinical Nurse Specialist certification. There is no "Family" Psychiatric Mental Health CNS certification but there is an Adult Psychiatric Mental Health CNS certification. She is concerned as to whether she may be able to locate her preceptor to prove the 5,000 hours of clinical

experience.

MOTION

A motion was made the Advanced Practice Committee (APC) recommendation to grant a waiver and allow Ms. Coleman to work for one year under current certification with the requirement that she obtain Adult Psychiatric Mental Health Clinical Nurse Specialist or if not able to obtain certification within one year appear before Board to request an extension. The motion received a second. The motion failed with two aye votes and four nay votes.

Cathy Young-Jones presented a draft of the South Carolina Department of Education Recommendations for Meeting the Needs of Students with Chronic Health Conditions Report from the School Health Services Work Group. Ms. Young-Jones asked for comments and recommendations. Ms. Doria, as a school nurse, thanked Ms. Young-Jones for her hard work on this draft report and those reports to come. Ms. Young-Jones thanked Maggie Johnson and Carrie Houser James for their hard work on the School Health Services Work Group.

SCHOOL
HEALTH
SERVICES
WORK GROUP
RECOMMENDA-
TIONS

A motion was made to approve the draft report but to change “students” to “persons” on page 9 of the report and to change “meet” to “address on page 11. The motion received a second. The motion carried unanimously.

MOTION

REGULATORY COMPLIANCE

The Board discussed the compliance statistics. It was noted that there has been an increase in drug related investigations. It is believed that this is a trend.

COMPLIANCE
STATS

There are some who are noncompliant in the Recovering Professionals Program (RPP). Some of those who are noncompliant cite financial difficulties for the random screening. More relapses are being identified.

It was discussed that more drug restrictions may need to be considered. Drug restrictions make a nurse in RPP less marketable with prospective employers. Those who self report may continue to work without it being reported to an employer due to privacy issues. Language notifying employers of RPP participation may need to be considered. These issues will be discussed with RPP.

EDUCATION

Board staff has received inquiries requesting clarification for planning a nursing education enrollment increase. Board regulations do not require enrollment increases to come before the Board. Some deans feel that they should come before the Board for these increases while others feel it is not necessary. Adequate faculty is an issue in increasing enrollment. Ratios listed in the regulations must be maintained. The previous program nurse consultant had said that it is up to the school to assure they are meeting the requirements of the regulations. Nursing education programs must be able to take the student from beginning to end of the education process. The schools define FTE for their own school. Because it is not required in regulation, nursing education programs are not required to appear before the Board for enrollment increases; however, programs must be sure that they are in compliance with the regulations for ratios and other areas that an increase in students may affect.

NURSING
PROGRAM
ENROLLMENT
INCREASE
PROCESS

Board of Nursing Regulation 91-24(G) requires a nursing education program to make application for full approval within six months following the taking of the National Council of State Boards of Nursing Licensure Examination (NCLEX) by the first graduating class and that a survey will be conducted with a written report for the Board to determine approval status of the program. The Board granted initial approval status for South Carolina State University (SCSU) generic baccalaureate degree nursing program at its January 2004 meeting. SCSU is planning their first graduating class in Spring 2005. The SCSU generic BSN program is currently accredited by the Commission on Collegiate Nursing Education (CCNE). The initial baccalaureate accreditation action was April 21, 2004 and the next review is Fall 2006. The Board accepted the recommendation that staff attend the Fall 2006 accreditation visit along with the CCNE team with no requirement for an additional report.

NEW PROGRAM
- FULL
APPROVAL
PROCESS

There is no way to know the number of online nursing education program being offered at this time. Most boards of nursing across the country are looking at what jurisdiction that have with online programs. The Board of Nursing regulations only address based in this state rather than those approved by other boards of nursing. Legal counsel has advised us that nothing in the Board of Nursing regulations prohibits out-of-state programs from using a South Carolina facility for their clinicals so long as another board of nursing has approved the program. Patient safety and facility liability must be considered. There is much concern among South Carolina nursing education programs that out-of-state schools will take clinical sites from in-state schools. Many online programs put the responsibility on student to find clinical sites. The student enters into an agreement with the preceptor. It was noted that South Carolina students are taking these courses with their clinicals in another state. Currently, there is a South Carolina student in Maryland.

OUT OF STATE
ONLINE
NURSING
EDUCATION
PROGRAMS &
CLINICAL
PRECEPTORS

Many of the online programs are for associate degree to bachelors or bachelors to master's degrees, which do not require approval by the board of nursing. The South Carolina Board of Nursing approves only programs leading to licensure. Inquiries on associate degree to bachelors or bachelors to master's degrees nursing programs are referred to accrediting agencies.

The Board asked that information be placed on the website telling students what to look for in an online nursing education program. Examples of questions students should ask the program include accreditation, location of clinicals, etc. The Board would like for the Advisory Committee on Nursing (ACON) review the information, have legal counsel review, and then bring back to the Board.

At the March 17, 2005 Board Meeting, the Board discussed baccalaureate in nursing (BSN) prepared faculty teaching lab with the teaching assistant credentials. The Board confirmed that after approval by staff and notification to the Board, schools may hire BSN prepared faculty to work in labs as long as they meet the teaching assistant criteria as referenced in Regulations 91-29(C)(4) and 91-29(C)(4)(a), (b) and (c). Regulations 91-29(C)(4) and 91-29(C)(4)(a), (b) and (c) state that teaching assistants will not exceed 30% of the full time equivalent faculty (FTE) filled positions for the nursing education program.

FACULTY
TEACHING LAB
ONLY
CREDENTIALS

Friday, May 27, 2005 – STRATEGIC PLANNING MEETING

The Strategic Planning portion of the May 26-27, 2005 Board meeting was called to order at 8:50 a.m. on Friday, May 27, 2005.

CALL TO ORDER

The agenda for the Strategic Planning portion of the May 26-27, 2005 Board meeting was presented for review and approval.

AGENDA
APPROVAL

A motion was made to approve agenda for the Strategic Planning portion of the May 26-27, 2005 Board meeting with addition of carry over of the National Council of State Boards of Nursing Mid Year report. The motion received a second. The motion carried unanimously.

MOTION

It was announced that the Governor signed the Multi-State Nurse Licensure Compact on Thursday, May 26, 2005.

COMPACT
ANNOUNCEMENT

The National Council of State Boards of Nursing (NCSBN) Mid Year Meeting was held on March 21-23, 2005 in Chicago.

NATIONAL
COUNCIL OF
STATE BOARDS
OF NURSING -
MID YEAR MTG

The following was reported from the Mid Year Meeting:

- There have been a number of turnovers in executive officers for many boards over the past year.
- Erroneous information is being reported to the Healthcare Integrity and Protection Data Bank (HIPDB). Some states are not reporting discipline of advanced practice registered nurses (APRN). Puerto Rico is not reporting to HIPDB.
- By the end of the year, APRN verifications will be available on NURSYS. They are looking for identifiers other than social security number. May use the last four letters of the last name.
- The importance of sharing information on identity theft and imposters with other states was discussed.
- Ms. Bursinger shared that information from NCSBN Taxonomy of Error, Root Cause Analysis & Practice Responsibility (TERCAP) can be seen on the NCSBN website (www.ncsbn.org) under the regulation section. This information is from all states participating in this project.
- There is no consensus on what continued competency should be.
- The president's meetings included a joint session on governance as leadership, fiduciary role, structural role, etc. There is a difference in how this is handled in boards under umbrella agencies and those boards who are free standing.
- NCSBN is developing white papers on delegation and pre-licensure as well as model rules for unlicensed assistive personnel.

The Board discussed developing a "white paper" on the Magnet Hospital Recognition program. This paper would be shared with legislators as funding for the center is requested. It was asked if this was within the mission of the Board of Nursing. There were concerns that this may tie the Board into some funding for the center. It was noted that legislation was introduced to create a task force to look at the nursing shortage. Members of this proposed task force include representatives from SC Hospital Association; SC Medical Association; SC Nurses Association; School of Nursing, Medical University of South Carolina; School of Nursing, University of South Carolina School of Medicine; Greenville Technical College; Midlands Technical College; Trident Technical College; Department of Health and Environmental Control; Department of Health and Human Services; Department of Labor, Licensing and Regulation; Senate; House of Representatives; Senate Medical Affairs Committee; and House Medical, Military, Public and Municipal Affairs Committee.

MAGNET
HOSPITAL
RECOGNITION
RN BILL OF
RIGHTS

The National Council of State Boards of Nursing (NCSBN) is looking at simulation. Committee charged with addressing definition of clinical. A white paper on this subject will be included in the business book for the NCSBN 2005 Annual Delegate Assembly Meeting to be held in Washington, DC in August 2005.

PATIENT
SIMULATION
AND
IMPLICATIONS
FOR CLINICAL
PRACTICE

It was suggested that due to the cost, schools in close proximity could use the same simulators and share the expenses of this equipment. With simulators, certain experiences can be guaranteed for students that are not possible with traditional clinical experiences.

The Advisory Committee on Nursing is reviewing this issue and will report to the Board on its findings.

Faculty shortage is a problem that all nursing programs in South Carolina are facing. This coupled with faculty currently in the Teacher and Employee Retention Incentive (TERI) program that will be retiring in the next few years will cause an even greater shortage of available faculty. Faculty salary is an issue in recruiting new faculty. Recent and continuing budget cuts have had an impact on all salaries in state government. Local hospitals are assisting some nursing education programs with funding for salaries. The negative part of teaching as well as other areas of nursing is presented more often than the positives. The Board discussed information on faculty to include quality of life, initiatives, and differences in salaries across area. Some schools are utilizing faculty in areas that they do not have clinical experience. Nurses are not being trained for dean, chair and other education leaders especially in minority groups.

FACULTY
SHORTAGE AND
HOW BOARD
COULD
ADDRESS

The Board discussed education level requirements for faculty teaching in practical nurse and registered nurse education programs in South Carolina. There needs to be consistency. The National League for Nursing (NLN) requires faculty to have a master's degree in nursing for practical nurse and associate degree nursing education programs. Under NLN, a clinical instructor may have a bachelor's degree but cannot give grades. The Southern Association of Colleges & Schools (SACS) requires faculty to have a masters in nursing with 18 hours in the discipline they teach. They do allow faculty to develop a portfolio for bachelor's degree in nursing with at least 18 hours in the discipline they teach. The Board of Nursing regulations do not differentiate between associate degree and bachelors degree programs for registered nurses. The Board will review this information when the draft regulations are presented from the Advisory Committee on Nursing (ACON).

CONSISTENCY
IN DECISIONS
REGARDING
FACULTY
APPROVAL

The National Council of State Boards of Nursing (NCSBN) Regulatory Model for Assistive Personnel was included in the business book for the NCSBN 2005 Annual Delegate Assembly Meeting to be held in Washington, DC in August 2005. This issue will be discussed at the meeting.

REGULATORY
MODEL FOR
ASSISTIVE
PERSONNEL

A motion was made to adjourn the meeting at 12:15 p.m. on May 27, 2005. The motion received a second. The motion carried unanimously.

ADJOURNMENT

Respectfully Submitted,
Dottie Buchanan, Administrative Assistant

