



STATE BOARD OF NURSING

BOARD MEETING MINUTES – SEPTEMBER 23-24, 2004

A meeting of the South Carolina Board of Nursing was held on September 23 - 34, 2004 in Room 201-03,f 110 Centerview Drive, Columbia, South Carolina. Public meeting notice was properly posted at the Board of Nursing Offices and provided to all requesting persons, organizations, and news media in compliance with the Freedom of Information Act. A quorum was present at all times.

PLACE OF MEETING AND FOIA COMPLIANCE

Sylvia A. Whiting, Board President, called the meeting to order at 8:35 a.m. on Thursday, September 23, 2004 and at 8:30 a.m. on Friday, September 24, 2004. 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 Thursday/Friday - Present
- Suzanne White, RN, MN, FAAN, FCCM, CNAA, Vice-President
Congressional District 4 Thursday Out at 2:30 p.m./Friday - Present
- Brenda Martin, RNC, MN, CNAA. Secretary
Congressional District 5 Thursday/Friday - Present
- Carrie Houser James, RN, MSN
Congressional District 6 Thursday -Excused Absence /Friday - Present
- Mattie Jenkins, LPN
Region I, Congressional District 1 Thursday/Friday - Present
- Rose Kearney-Nunnery, RN, PhD
Congressional District 2 Thursday/Friday - Present
- C. Lynn Lewis, RN, EdD, MHS
Congressional District 3 Thursday/Friday - Present
- Debra Newton, LPN
Region II, Congressional District 4 Thursday/Friday - Present
- James Rogers, Esquire
Public Member Thursday/Friday - Present

BOARD MEMBERS PRESENT AND VOTING

- Martha Summer Bursinger, RN, MSN, Administrator
- Maggie Johnson, RN, MSN, Program Nurse Consultant-Practice
- Nancy Murphy, RN, MSN, Program Nurse Consultant-Education
- Judy Moore, Administrative Specialist - Education
- David Christian, Program Coordinator – Licensing
- Ruby B. McClain, Esq., Assistant Deputy Director-Health & Medically Related Professions
- Richard P. Wilson, Deputy General Counsel
- Dottie Buchanan, Administrative Assistant

BOARD AND LLR STAFF MEMBERS PRESENT FOR CERTAIN AGENDA ITEMS

The full September 23-34, 2004 Board Meeting agenda was presented for review and approval.

AGENDA

A motion was made to approve the September 23-34, 2004 Board of Nursing Meeting agenda as presented. The motion received a second. The motion carried unanimously.

MOTION

The following items were approved by the Board on the September 23-34, 2004 consent agenda:

APPROVAL OF
CONSENT
AGENDA

For Information: UAP Information from Arkansas
For Information: International Council of Nurses and the World Health Organisation (sic) - Nursing Regulation: Futures Perspectives
For Information: NCSBN - Unlicensed Medication Administrative Personnel
For Information: NCLEX Statistics from NCSBN
For Information: NCLEX RN/PN Summary Statistics for April 1 through June 30, 2004
For Information: Greenville News - University of South Carolina Upstate
For Information: American Association of Colleges of Nursing
a. Working Paper on the Role of the Clinical Nurse Leader (CNL)
b. Changing the Face of Nursing: Education & Practice Partnership Model
c. Clinical Nurse Leader Talking Points
d. Clinical Nurse Leader: Frequently Asked Questions
For Information: Francis Marion University Program Planning Summary-BSN Program
For Information: Distance Learning in Nursing Education -NCSBN Proposed Model Rules
For Information: Proposed Distance Learning Rules in Arizona
For Information: NCSBN -- Approval/ Accreditation Processes in Boards of Nursing
For Information: New NCLEX-PN Test Plan
For Information: ECPI College of Technology-Correspondence Regarding PN Program in SC
For Information: NCSBN Response Regarding NCLEX - Psychiatric/Mental Health Content
For Information: Summary Statistics on Advanced Practice
For Information: August 19, 2004 Nursing Practice & Standards Committee Meeting Minutes
For Information: Disciplinary Review Committee (DRC) Minutes
For Information: Investigative Review Committee (IRC) Minutes
For Information: Unlicensed Practice (Not Appearing)
For Information: Compliance Statistics
For Approval: IRC Panel Member Approval – Betsey Lewis Snow
For Information: Licensure Statistics

A motion was made to adopt the Consent Agenda as presented. The motion received a second. The motion carried unanimously.

MOTION

The minutes of the July 22-23, 2004 Board Meeting were presented to the Board for their review and approval.

APPROVAL OF
MINUTES

A motion was made to approve the July 22-23, 2004 Board Meeting minutes with editorial changes. The motion received a second. The motion carried unanimously.

MOTION

ADMINISTRATOR’S REPORT

Ms. Bursinger reported that staff is continuing their review and fine-tuning of licensure and other processes since restructuring of the staff and office. This restructuring moved the board’s compliance and investigation staff to the Office of Investigations and Enforcement under the Department of Labor, Licensing and Regulation (LLR) Office of General Counsel and also consolidated the Boards of Medical Examiners and Nursing licensure departments providing back up to all licensure positions in each board. Licensure staff is working on cross training.

LLR / STAFF
UPDATE

Janet Scheper who was the Program Assistant for Licensure has accepted another position within LLR. The duties of this position have been distributed to others in the licensing department for coverage until this position is filled.

Ms. Bursinger reported the she had met with another facility who is interested in possibly

PRACTITIONER

participating in the Practitioner Remediation and Enhancement Partnership (PREP). She asked that the Board consider ending the PREP pilot program and approving the expansion of PREP to begin offering the program to all healthcare facilities in our state regardless of size. If this expansion is approved, an article will be included in the Board's newsletter and sent to facilities throughout the state.

REMEDICATION &
ENHANCEMENT
PARTNERSHIP
(PREP)

A motion was made to expand the Practitioner Remediation and Enhancement Partnership (PREP) and begin offering the program to all healthcare facilities in our state. The motion received a second. The motion carried unanimously.

MOTION

The Board was provided with copies of the minutes and attendance lists for the February, April, and June 2004 Advisory Committee on Nursing (ACON) meetings as well as a copy of the Purpose, Rules and Procedures of that committee. Ms. Bursinger reported that ACON has now heard the board's expectations of them. It will require a great deal of preparatory work for the meetings for all work to be completed and for the meeting to run smoothly.

ADVISORY
COMMITTEE ON
NURSING

Dr. Lewis felt this meeting was run well. She was available at the meeting to answer general questions. She has heard comments that the Board is "shirking" its duties by asking ACON to review information prior to it coming before the Board. There has been much discussion regarding these changes among members and the Deans and Directors Council and other nursing education program staff. Ms. Martin said that she has received complaints that this new procedure may delay the processes and approval by the Board. The Board's authority is limited to evaluating applications but cannot make a determination that there are too many schools in one area or that clinical sites are overwhelmed. Facilities determine whether they are able to enter into clinical agreements with education programs.

Nursing education programs seem to be very concerned about certain information about their programs being shared and discussed during ACON meetings. Some but not all members of the Deans and Directors Council attend the ACON meeting before their meeting immediately following the ACON meeting. This information is discussed in Board meetings, which are open to the public as required by the Freedom of Information Act (FOIA). This information is also public information under the FOIA and can be requested by anyone. Board staff is receiving more requests for National Council Licensure Examination (NCLEX) pass and fail rates for nursing education programs in our state. Many other boards of nursing post this information on their websites. ACON is looking at specific nursing education programs. Other board committees such as Nursing Practice and Standards as well as Advanced Practice look at general issues and not those specific to one person. Dr. Kearney-Nunnery noted that other committees assist with policy. It was discussed that perhaps there should be more neutral items and policy on the ACON agenda and school specific issues should go to directly to the Board. Although the Deans and Directors Council is not a Board committee, they have provided valuable information. Information from the Deans and Directors Council should be submitted to ACON who will report to the Board with their recommendations.

Dr Lewis felt that these evolutionary discussions will continue as ACON assumes the duties listed in their purpose.

PRESIDENT'S REPORT

Board President Dr. Sylvia Whiting appointed Board Members Debra J. Newton, LPN and James P. Rogers, Esquire to serve on the 2005 Board of Nursing Officer Nominating Committee. The Nominating Committee will present the slate of 2005 officers for Board Member consideration and vote at the November 18-19, 2004 Board Meeting.

NOMINATION
COMMITTEE 2005
BOARD OFFICERS

REPORTS/UPDATES

Dr. Rose Kearney-Nunnery observed the Excelsior College Clinical Performance Examination

EXCELSIOR

process on July 9-11, 2004 at St. Peter's Hospital in Albany, New York. Dr. Kearney-Nunnery was impressed with the process. She explained there are five lab parts with limited time to complete and only one chance to retest. The examination is stopped if there is a danger to the patient. They have set sites for this clinical examination and there is no demand on South Carolina facilities. The admission requirements are changing and they will no longer be accepting some practitioners they have in the past. Dr. Kearney-Nunnery said that she was comfortable that these students will be at least minimally prepared.

A motion was made to continue to accept the Excelsior College Nursing Program. The motion was withdrawn.

MOTION

The Board received this report as information only.

Ms. Bursinger reported on the National Council of State Boards of Nursing (NCSBN) Delegate Assembly. Donna Dorsey was re-elected as NCSBN President. Other items discussed at Delegate Assembly included the Multi-State Nurse Licensure Compact, NURSYS, Commission on Graduates of Foreign Nursing Schools (CGFNS), and criminal background checks.

NCSBN
DELEGATE
ASSEMBLY

Ms. Bursinger also reported that she has been invited by NCSBN to attend the National Institute of Nursing Research dinner in Washington, DC in October.

Board Counsel Richard Wilson explained that even with the most carefully drafted practice acts, follow up amendments must be presented to the legislature for correction. With the Nurse Practice Act, the following sections need amendment/correction:

NURSE PRACTICE
ACT FOLLOW UP
REVISIONS

§40-33-34(F)(1)(d): Delete "the DEA number" and insert in its place "all prescribing numbers required by law." The Board was originally advised that federal law would require mid-level practitioners to obtain a DEA number in order to prescribe non-controlled, as well as controlled, substances, which has not happened. The U.S. Drug Enforcement Agency (DEA) and S.C. Department of Health and Environmental Control – Bureau of Drug Control advise against such a state requirement.

§40-33-36(D)(3): Add "except that the board, in its discretion, may issue a license to a person on probation in another state when the board determines that the probationary conditions will adequately protect the public and not unreasonably burden the board or department" to the end of that section. Board staff has received applications from practitioners under sanction from another board who do not present a threat to the public health or a significant regulatory burden in monitoring. This amendment would also provide that the Board, in its discretion, then could determine whether, and under what conditions, to license an otherwise qualified applicant from another state.

§40-33-40(B)(2)(d): Delete "in another jurisdiction where authorized to practice." Staff has received questions concerning persons whose licenses have briefly lapsed in this state who wish to submit verification of competency under this paragraph. In order to clarify that this option may be used by person who has practiced within the previous two years in this state, as well as those from out-of-state.

§40-33-40(B)(3): Add "within the preceding two years." This phrase was inadvertently omitted and is clearly needed to explain the timeframe for this section.

§40-33-40: Insert "(C) Demonstration of competency for reinstatement from lapsed or inactive status or licensure of a person who holds a current authorization to practice another state or jurisdiction of this country or territory or dependency of the United States requires documented evidence of at least one of the requirements in (B) above during the preceding two years." Current paragraph (C) would change to (D). Staff has received questions concerning applicants

who have been licensed in another state and actively practicing without difficulties who fall under none of the continued competency options. This language would allow those persons to provide evidence of compliance with any of the options in paragraph (B) providing for equivalent documentation of competency for both in-state and out-of-state applicants and licensees.

§40-33-190(A): This paragraph begins “No person connected with any complaint, investigation, or other proceeding before the board including, but not limited to, a witness, counsel, counsel’s secretary, board member, board employee, court reporter, or investigator may . . . ” It is suggested that “mention the existence of the complaint, investigation or other proceeding, disclose any information pertaining to the complaint, investigation or other proceeding . . . ” be replaced with “disclose any information tending to identify the initial complainant or any witness or party to the complaint” with the paragraph continuing to end with “. . . or discuss any testimony or other evidence in the complaint, investigation, or proceeding, and then only to the extent necessary for the proper disposition of the complaint, investigation, or other proceeding.” This would allow the Board and agency to at least acknowledge awareness of a high profile case and advise that we are investigating the situation. Under current language, we continue the awkward position of having to neither confirm nor deny knowledge of a matter that is commonly known in the community.

MOTION

A motion was made to approve the suggested changes and to move the nametag requirement into the statute. The motion received a second. The motion carried unanimously.

Dr Whiting is concerned about the amount of time allowed for a student to take the licensure examination after completion of a nursing education program. She noted that the longer the student waits to take the examination after graduation, the less likely that they will do well on the licensure examination. Ms. Bursinger reported that at NCSBN she learned that this is a nationwide problem. Testing fees and computerization play a role in when students schedule to take the examination. There is concern that if students the time is shortened here, students will go to other states to test and will receive their license in those states.

Ms. White is concerned about the statutory requirement for employers to report incidents to the Board within 15 days from discovery or be fined. She explained that it is difficult for employers to complete their investigations within that 15 days and that the grievance process also takes time. National Council of State Boards of Nursing stated that most states do not have a specific time frame for reporting or disciplinary action for not reporting. Ms. White recommended that this be changed to 30 days. In previous discussions, Mr. Hayden asked that reports be made within the 15 days and that Board staff would assist in the investigation. Ms. Bursinger spoke earlier with Lorinda Inman, MSN, RN, Executive Director of the Iowa Board of Nursing regarding reporting. Ms. Inman explained that they do not have a mandatory reporting law and that some larger facilities do not report but they do not discipline for not reporting. In any state, those who do not report will most likely continue not to report but the Board may not be made aware of the situation. The Practitioner Remediation and Enhancement Partnership (PREP) may assist with this problem.

Kathy Apple, Executive Director of the National Council of State Boards of Nursing (NCSBN) and Lorinda Inman, MSN, RN, Executive Director of the Iowa Board of Nursing appeared before the Board to discuss and answer questions regarding the Multi-State Nurse Licensure Compact (Compact). A copy of their presentation is attached as part of these minutes.

NCSBN MULTI-STATE COMPACT

The Board and guests asked questions regarding the Compact. How do nurses know the scope of practice and laws in the other Compact state? Ms. Apple explained that it is the nurse’s responsibility to know the laws for the state in which they are practicing. This does not relieve the nurse of the responsibility of knowing their scope of practice. She believes the Compact will standardize practice.

The South Carolina Board of Nursing is known for the workforce data they currently collect. How does the Compact affect this reporting? The Maryland Board of Nursing added workforce data collection in their state. It is a requirement that Compact nurses report their employment in that state. Indiana and New Hampshire add registration and fees for that registration. This undermines the intent and concept of the Compact. These states are going to change this language, as the material change to the standard Compact language would make them unable to participate.

What happens if a Compact nurse violates a law in another state? The investigation will be conducted in the state where the incident occurred with the home state being notified. What happens if the misconduct is egregious enough to warrant immediate suspension? The remote state takes action on the privilege to practice in that state and the home state would be required to investigate. Compact states are required to report significant investigations.

What about continued competency? Ms. Apple explained that the nurse must meet the continued competency requirements in their home state. If the home state does not have continued competency requirements then the nurse still complies with their home state rules. The NCSBN is working on a standardized continued competency model. Consumer advocacy groups are telling boards that they have the responsibility to require continued competency throughout the licensure of a practitioner.

Ms. Apple explained that the Citizens Advocacy Center has started nurse workforce data collection centers. These centers are funded by fees and operating funds. The NCSBN is hoping to build a data collection base through NURSUS. Data would be collected through the renewal process. This data would then be offered back to the states.

Did Iowa lose money after joining the Compact? Ms. Inman reported that there was a year where they lost approximately \$50,000 probably due to loss of verification fees when they switched to NURSUS.

The Florida Board of Nursing licenses Puerto Rican nurses, who are educated, tested and licensed in Spanish. What will happen if they join the Compact? Would other Compact states have to accept these nurses also even if they do not meet their states' minimum requirements? Ms. Inman explained that nurses who were licensed after a certain date based on the Canadian examination can only be issued a single state license. The rules for Puerto Rican nurses would be similar.

The Board of Nursing currently has a licensee lookup feature on their website that provides the nurse's name, city and state of residence, license type and expiration date at no charge. What would be the charge to employers and consumers to verify this information through NURSUS? The Nursus charge is \$5.00.

Most states have statutory language allowing nurses from other states to work in their state without applying for licensure there in the event of a disaster. These licenses are verified. Would that state be charged for each nurse license they verify? NCSBN is considering a policy to waive these fees.

Have some states lost licensees? Ms. Inman explained that they may not issue as many licenses but have more nurses practicing in their state. Ms. Apple explained that a loss of revenue does not mean a loss of nurses.

How accurate is the information on NURSUS? We have found that discipline is sometimes reported on NURSUS but not what type of discipline. States are updating NURSUS on a daily basis now instead of once a month.

Does the increase in work taper off after the initial implementation or does it continue? There will be a lot of questions in the beginning. Staff has to devote a great deal of time answering questions.

If a nurse moves to another state, they must change their home state. The Compact is not for nurses moving to another state. The new home state would then notify the old home state of this change in licensure.

Ms. Inman explained that in summary, the Compact: 1) makes technology easier; 2) nurses can move from state to state quickly and more efficiently; 3) response to a disaster is quicker; 4) the burden on nurses and nursing employers decreases; and 5) there is no need for the paperwork.

Did Iowa lose staff due to the loss of verifications? The Compact was passed in Iowa during budget cuts and the position was taken away by their governor anyway. Other states have been able to use that staff member in other parts of their offices.

What about when the initial requirements in the other Compact state are less stringent than in your state? Ms. Inman explained that all states require a nurse to complete an approved nursing education program and pass the National Council Licensure Examination (NCLEX). Language can be added to the legislation that would allow a state to step out of the Compact when a state with lesser qualification joins.

Compact legislation should include language that it will take at least one year to implement. It took two sessions for the Compact to pass in Iowa due to concerns of the medical association and one of the nurses groups there but eventually passed with only three votes in opposition.

James R. Walker of the South Carolina Hospital Association reported that they would be introducing the Compact bill again this year. He hopes to have the support and involvement of the Board during this session. This is not a S.C. Department of Labor, Licensing and Regulation nor a Board of Nursing bill. We will be tracking the bill.

Ms. Martin was unable to attend to the Recovering Professionals Program (RPP) meeting due to inclement weather. Ms. Bursinger reported that the RPP Advisory Board discussed the difference in substance abuse and addiction. There was concern that someone who abused substances may not need to go through a five-year program. Treatment for abusers and those addicted to substances is different. All treatments are considered on a case-by-case basis.

RECOVERING
PROFESSIONALS
PROGRAM

James R. Walker of the South Carolina Hospital Association (SCHA) reported that SCHA has a task force working on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements regarding criminal background checks hospital employees. The task force is looking at a uniform clinical affiliation agreement or at least a model agreement with criminal background check included. Dr. Lewis said that she would continue to attend these meetings.

JCAHO –
CRIMINAL
BACKGROUND
CHECKS
HEALTHCARE
ORGANIZATIONS

PRACTICE

Adult Nurse Practitioner Nina R. Cuttler appeared before the Board to request a waiver of Section 40-33-34 of the Nurse Practice Act. Section 40-33-34(C)(2) requires Board approval when a nurse practitioner's practice site greater than forty-five miles from the supervising physician. Ms. Cuttler's alternate preceptor is Dr. Gonzales who is a psychiatrist. Ms. Cuttler works in an outpatient Veteran's Administration (VA) clinic dealing mainly with psychiatric clients and is an adult nurse practitioner. The Board reviewed Ms. Cuttler's transcript from the University of South Carolina. The Board asked about Ms. Cuttler's education in the mental health area because she would be working under the supervision of a psychiatrist.

45 MILE
REQUIREMENT
WAIVER
REQUEST

A motion was made to deny Adult Nurse Practitioner Nina R. Cuttler's request for waiver of the forty-five miles from the supervising physician requirement. The motion received a second. The motion carried.

MOTION

Ms. Johnson explained that the Veteran's Administration (VA) is opening more outpatient clinics in rural areas to better serve their patients. The VA is having a very difficult time getting supervising physicians for nurse practitioners to cover their expanding area of coverage.

Family Nurse Practitioner Angie R. Cook appeared before the Board to request a waiver of Section 40-33-34 of the Nurse Practice Act. Section 40-33-34(C)(2) requires Board approval when a nurse practitioner's practice site is greater than forty-five miles from the supervising physician. Dr. Gorgon is her primary preceptor and Dr. Gonzales is her alternate preceptor.

A motion was made to grant exception to 45-mile rule for Family Nurse Practitioner Angie R. Cook with the understanding that the request must also go before the Board of Medical Examiners. The motion received a second. The motion carried with two nays and one abstention.

MOTION

Cathy Young-Jones, RN, MSN, School Health Nurse Consultant, South Carolina Department of Education and South Carolina Department of Health and Environmental Control, has requested an interpretation of Section 40-33-30(D)(3) and (10). Board Counsel Richard Wilson has interpreted §40-33-30(D)(3) as allowing nurses to teach unlicensed personnel in the school system to act in behalf of a student in an emergency situation. Section 40-33-30 (D)(10) states that a provision of this chapter may not be construed to prohibit the "performance of an act which a person would normally perform if the person were physically and cognitively able."

SCHOOL HEALTH
NURSE/
§40-33-30(D)

Cathy Young-Jones will contact the Department of Education about getting with the Board of Nursing on policies. She will also attend the October 12, 2004 Advisory Committee on Nursing (ACON) meeting to discuss this issue.

REGULATORY COMPLIANCE

The Board reviewed cases and recommendations from the hearing panel.

CERTIFIED
PANEL REPORTS /
FINAL ORDER
HEARINGS

(B) - Respondent was properly notified; however, 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 Sections 40-33-935(a) and (g) as well as Regulation 91-19(c)(3)(k). The Hearing Panel recommended that Respondent's license to practice nursing 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 to practice nursing be revoked. The motion received a second. The motion carried unanimously.

MOTION

(C) Respondent was properly notified however, 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 Sections 40-33-935(b) and (g) as well as Regulation 91-19(c)(3)(f). The Hearing Panel recommended that Respondent's license be suspended for one year, the license may be reinstated in a probationary status for a period of not less than five years, provided that prior to reinstatement of the license, the Board shall require that Respondent be an active participant in the Recovering Professionals Program (RPP) and shall require RPP to submit a written opinion as to Respondent's level of recovery and whether Respondent is fit to resume the practice of nursing; upon reinstatement, Respondent's practice be restricted for two years with no practice in home health or with an agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency

and integrity, commitment to professionalism and practice standards, and adherence to the final order.

MOTION

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law, and that Respondent's license be indefinitely suspended; appear before the Board prior to reinstatement, that Respondent's license may be reinstated in a probationary status for a period of not less than five years, provided that prior to reinstatement of the license, the Board shall require that Respondent be an active participant in the Recovering Professionals Program (RPP) and shall require RPP to submit a written opinion as to Respondent's level of recovery and whether Respondent is fit to resume the practice of nursing; upon reinstatement, Respondent's practice be restricted for two years with no practice in home health or with an agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order. The motion received a second. The motion carried unanimously.

(D) - Respondent was properly notified, however, 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 Sections 40-33-935(b) and (g) as well as Regulations 91-19(c)(3)(c), (c)(3)(f) and (c)(3)(j). The Hearing Panel recommended that Respondent's license be indefinitely suspended but may be stayed upon Respondent undergoing a Recovering Professionals Program (RPP) evaluation to address whether Respondent suffers from drug/alcohol addiction and that Respondent is safe to practice nursing; upon reinstatement, Respondent's license be placed on probation for not less than three years probation from reinstatement date or until further notice of the Board; participate in RPP, Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order..

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 indefinitely suspended but may be stayed upon Respondent undergoing a Recovering Professionals Program (RPP) evaluation to address whether Respondent suffers from drug/alcohol addiction and that Respondent is safe to practice nursing; adding that Respondent appear before the Board prior to reinstatement, Respondent's license be placed on probation for not less than three years probation from reinstatement date or until further notice of the Board; participate in RPP, Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order. The motion received a second. The motion carried unanimously.

(E) Respondent was properly notified and appeared with Frank Sheheen from the Recovering Professionals Program to respond to questions from the Board. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Sections 40-33-935(g) and 40-33-935(b) as well as Regulations 91-19(c)(3)(c), 91-19 (c)(3)(f) and 91-19 (c)(3)(j). The Hearing Panel recommended that Respondent's license be indefinitely suspended but may be stayed upon Respondent undergoing a Recovering Professionals Program (RPP) evaluation to address whether Respondent suffers from drug/alcohol addiction and that Respondent is safe to practice nursing; upon reinstatement, Respondent's license be placed on probation for not less than three years probation from reinstatement date or until further notice of the Board; participate in RPP, Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order.

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 indefinitely suspended but may be stayed upon Respondent undergoing a Recovering Professionals Program (RPP) evaluation to address whether Respondent suffers from drug/alcohol addiction and that Respondent is safe to practice nursing; upon reinstatement, Respondent's license be placed on probation for not less than three years probation from reinstatement date or until further notice of the Board; participate in RPP, Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order adding narcotics restriction. The motion received a second. The motion carried with one nay.

(F) Respondent was properly notified, however, 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 Sections 40-33-935(g) and 40-33-935(c) as well as Regulation 91-19(c)(3)(g). The Hearing Panel recommended that Respondent's license be indefinitely suspended but may be stayed and Respondent's license reinstated in a probationary status of not less than one year and that within one year of reinstatement, Respondent re-enroll in the Recovering Professionals Program (RPP), that RPP submit a clearance letter clearing the Respondent to return to active practice, that Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order.

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 indefinitely suspended but may be stayed and Respondent's license reinstated in a probationary status of not less than one year and that within one year of reinstatement, Respondent re-enroll in the Recovering Professionals Program (RPP), that RPP submit a clearance letter clearing the Respondent to return to active practice, that Respondent's practice be restricted with no home health, no agency, Respondent is to provide employers with a copy of the final order and employers provide quarterly reports to include assessment of professional competency and integrity, commitment to professionalism and practice standards, and adherence to the final order adding that Respondent appear before the Board prior to reinstatement of license. The motion received a second. The motion carried unanimously.

(G) Respondent was properly notified, however, did not appear before the Board. This case was continued from the July 2004 Board Meeting. In their Findings of Fact and Conclusions of Law, the Hearing Panel found that Respondent was in violation of Section 40-33-935(g) as well as Regulation 91-19(c)(3)(j). The Hearing Panel recommended that Respondent be issued a private reprimand and that Respondent complete a Board approved medication administration course within six months of the date of the final order.

MOTION

A motion was made to accept the Hearing Panel's Findings of Fact and Conclusions of Law, and issue a public reprimand and that Respondent complete a Board approved medication administration course and adding a legal aspects course within six months of the date of the final order. The motion received a second. The motion carried with one nay vote.

(H) Respondent was properly notified, however, 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 40-33-935(g). The Hearing Panel recommended that Respondent's license be indefinitely suspended, the suspension may be stayed and license reinstated provided that Respondent re-enroll in the Recovering Professionals Program (RPP), that RPP submit a clearance letter clearing the Respondent to return to active practice, that upon reinstatement Respondent be required to strictly adhere to the January 2004 final order and any violations of

the order or terms with the RPP could result in immediate temporary suspension of Respondent's license.

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 indefinitely suspended, the suspension may be stayed and license reinstated provided that Respondent re-enroll in the Recovering Professionals Program (RPP), that RPP submit a clearance letter clearing the Respondent to return to active practice, that upon reinstatement Respondent be required to strictly adhere to the January 2004 final order and any violations of the order or terms with the RPP could result in immediate temporary suspension of Respondent's license adding that Respondent appear before the Board prior to reinstatement. The motion received a second. The motion carried unanimously.

Joseph Turner, Attorney, Office of General Counsel and Donald Hayden, Manager, Office of Investigation and Enforcement submitted a recommendation to change the policy regarding when disciplined nurses should go before the Disciplinary Review Committee (DRC). They recommend that nurses on suspension, stayed suspension or probation continue to appear before the DRC for review prior to release from their agreements. The Board Administrator, or designee, will review public and private reprimands for compliance and upon satisfactory completion of all imposed requirements, will send the nurse a letter advising that he/she has satisfied the requirements and is eligible to obtain an unrestricted license.

DISCIPLINARY
REVIEW
COMMITTEE
(DRC) CHANGE

Disciplinary Review Committee members, Kathleen Crispin and Barbara Winn sent a letter regarding this proposed change. They agree that nurses with private reprimands do not need to appear before the DRC and that a letter advising him/her that they have met the requirements and is eligible to obtain an unrestricted license; however, they feel that nurses with public reprimands should still appear before the DRC. They feel that there is value in the DRC appearance for publicly reprimanded nurses since the original offense was of sufficient magnitude for a public reprimand.

A motion was made to accept change to Disciplinary Review Committee (DRC) policy that nurses on suspension, stayed suspension or probation continue to appear before the DRC for review prior to release from their agreements; the Board Administrator, or designee, will review public and private reprimands for compliance and upon satisfactory completion of all imposed requirements, will send the nurse a letter advising that he/she has satisfied the requirements and is eligible to obtain an unrestricted license. The motion received a second. The motion carried with five ayes and one nay.

MOTION

EDUCATION

Ms. Murphy presented proposed changes to the *Procedures for Review and Approval of New Programs in Nursing Education*. Advisory Committee on Nursing (ACON) reviewed and discussed these changes at their August 17, 2004 meeting. ACON recommends approval by the Board. Changes included correcting statutory cites, requiring receipt of the self-evaluation prior to site survey, and allowing ACON to choose the chair for the site survey teams.

PROPOSED
POLICY REVISION
- REVIEW &
APPROVAL OF
NEW PROGRAMS
IN NURSING ED.
PROCEDURES

A motion was made to approve Procedures for Review and Approval of New Programs in Nursing Education as presented. The motion received a second. The motion carried unanimously.

MOTION

Ms. Murphy provided the Board with a copy of Article 6 - Nursing Education Programs, State Board of Nursing Regulations. The Advisory Committee on Nursing (ACON) has formed a task force to review these regulations. The task force will make recommendations to the ACON. Members have already met and will meet again in October. Ms. Murphy asked if there was a particular area the board wanted the task force to focus on. They are already exploring distance learning and have determined that language in the practical nurse and registered nurse education

REVISION OF
NURSING
EDUCATION
PROGRAM
REGULATIONS

areas should be similar. Dr. Kearney-Nunnery stated that advanced practice should also be considered since the Board will now issue a license instead of official recognition. Dr. Whiting would like for the task force to look at the amount of time allowed between the time they graduate and when they test. She would like for students to have less than a year to test after graduation instead of the one-year and remediation currently in the statute. Ms. Apple reported that the National Council of State Boards of Nursing have found that the longer a student waits after graduation, the less likely they will be successful on their first attempt at the NCLEX. Ms. Murphy stated that the testing requirements are not part of the Nursing Education Program regulations and that this task force is focusing only on requirements for nursing education programs. This information will be shared with the Program Coordinator for Licensing.

University of Wisconsin, Oshkosh Accelerated, Online Bachelors to Bachelors in Science in Nursing (BSN) Program is for students with bachelor degrees in other disciplines to enter a BSN program. They would like to use preceptors in our state. Our regulations for nursing education programs have clinicals in the senior year. This program may not meet that requirement. There is concern about overuse of and the demands on preceptors.

The Advisory Committee on Nursing (ACON) reviewed University of Wisconsin, Oshkosh Accelerated, Online Bachelors to BSN Program proposal. They recommended delaying consideration on the University of Wisconsin, Oshkosh Accelerated, Online Bachelors to BSN Program proposal until the ACON subcommittee makes a recommendation on the revisions to the nursing education program regulations regarding specific processes for out-of-state schools.

A motion was made to defer action until the ACON subcommittee makes a recommendation on the revisions to the nursing education program regulations regarding specific processes for out-of-state schools. The motion received a second. The motion carried with one nay vote.

This program would require that the student already be a licensed registered nurse. There was discussion that there are already many RN to BSN programs. ACON saw this differently because the students are already licensed. Kaplan College's state board has issued provisional approval. There was concern that this school is not accredited though NLNAC.

At the July 22-23, 2004 meeting, the Board asked the Advisory Committee on Nursing (ACON) review and provide input as well as recommendations regarding clarification of the out-of-state registered nurse to bachelors degree in nursing education program approval process and need for approval. At their August 31, 2004 meeting, ACON discussed concerns regarding this program. There was concern about competition for clinical sites. ACON recommended that the Board acknowledge the Kaplan Registered Nurse to Bachelors Degree in Nursing Education Program and that the clinical experience is the responsibility of Kaplan, the clinical agencies and the student.

At the July 22-23, 2004 meeting, the Board asked the Advisory Committee on Nursing (ACON) review and provide input as well as recommendations regarding clarification of the out-of-state nursing education program approval process and need for approval.

The ACON recommended delaying consideration of the Indiana State University – Intent to Offer a BSN Track For LPNs proposal until the ACON subcommittee makes a recommendation on the revisions to the nursing education program regulations regarding specific processes for out-of-state schools

A motion was made to defer action on the Indiana State University – Intent to Offer a BSN Track For LPNs proposal until the Advisory Committee on Nursing (ACON) subcommittee submits a recommendation on the revisions to the nursing education program regulations regarding specific processes for out-of-state schools and to also instruct ACON to consider appropriate preceptor credentials if they are instructing. The motion received a second. The motion carried

UNIVERSITY OF WISCONSIN OSHKOSH - REQUEST FOR ENROLLMENT APPROVAL - ACCELERATED, ONLINE BACHELORS TO BSN PROGRAM

MOTION

KAPLAN COLLEGE - INTENT TO OFFER RN TO BSN DEGREE COMPLETION PROGRAM

INDIANA STATE UNIVERSITY – INTENT TO OFFER A BSN TRACK FOR LPNS

MOTION

unanimously.

College & University Continuing Ed. Departments as Continuing Education Providers

COMPETENCY
REQUIREMENT
CRITERIA

While providing a Nurse Practice Act presentation, Ms. Bursinger and Ms. Johnson were approached by a technical school representative about the Board accepting their continuing education course and being listed as a provider on the Competency Requirement Criteria. There was strong objection to adding technical colleges as continuing education providers. Technical colleges generally go through the Southern Association of Colleges and Schools (SACS) for approval of continuing education programs. The South Carolina Area Health Education Consortium (AHEC) applies to have its courses approved by the South Carolina Nurses Association using American Nurse Credentialing Center (ANCC) standards.

A motion was made to accept college continuing education units (CEU) if they have been approved by recognized national nursing professional organizations. The motion died.

MOTION

A motion was made to remove South Carolina Area Health Education Consortium (AHEC) from the provider list on the Competency Requirement Criteria. The motion died.

MOTION

A motion was made to remove the South Carolina Area Health Education Consortium (AHEC) from the Competency Requirement Criteria and that statement regarding the option to submit an application for Board acceptance of courses not listed or approved by those listed on the Competency Requirement Criteria be bolded and made more prominent. The motion received a second. The motion carried unanimously.

MOTION

National Alliance of Certified Legal Nurse Consultants (NACLNC) as a Certifying Organization

The Board reviewed information relating to certifications from the National Alliance of Certified Legal Nurse Consultants (NACLNC).

MOTION

A motion was made to approve the addition of National Alliance of Certified Legal Nurse Consultants (NACLNC) as a Certifying Organization. The motion received a second. The motion carried unanimously.

Employer Competency Certification Form

There was discussion about the wording on the employer competency statement. The word competent can mean many different things to different areas. In addition to the definition in the Nurse Practice Act, human resource uses the word competent in a different context. The definition of competency added to the form is quoted directly from the law.

MOTION

A motion was made to change the wording of the statement that after the dates and hours worked the statement say that the nurse “ has performed his/her duties competently.” The motion received a second. The motion carried unanimously.

The University of South Carolina at Aiken has a faculty member out on emergency sick leave. They would like to use nurse faculty licensed in Georgia to complete the last part of clinicals. The clinicals will be held in Georgia. The Board reviewed their authority in the Nurse Practice Act and found that they do not have the authority to grant this request.

USC - AIKEN
EMERGENCY
FACULTY

A motion was made to deny the University of South Carolina at Aiken’s request to use a nurse licensed in Georgia to complete the last part of clinicals for a faculty member out on emergency sick leave. The motion received a second. The motion carried unanimously.

MOTION

Susan P. Cherry, RN, MN, Head of the Department of Nursing at Spartanburg Technical College appeared before the Board and submitted documentation on the closing of their practical nurse

SPARTANBURG
TECHNICAL

program as required in Regulation 91-26A. Upon review of the information, it was noted that the practical nurse program is not closing and is only being modified. They will continue to issue a diploma at the practical nurse exit option of the associate degree nursing program. The Board accepted this program modification as information.

COLLEGE
PRACTICAL
NURSE PROGRAM

Susan P. Cherry, RN, MN, Head of the Department of Nursing at Spartanburg Technical College appeared before the Board and submitted documentation regarding a requested increase of sixty students in their Spring 2005 admissions. At their August 31, 2004 meeting, the Advisory Committee on Nursing (ACON) voted to recommend approval of Spartanburg Technical College's request to admit an additional sixty students in Spring 2005 and that of those additional sixty students slots, Spartanburg Technical College may reserve an unspecified number of admissions for the licensed practical nurses (LPN) transitioning to registered nurses students.

SPARTANBURG
TECHNICAL
COLLEGE SPRING
ENROLLMENT

A motion was made to approve increase Spartanburg Technical College's request to admit an additional sixty students in Spring 2005. The motion received a second. The motion carried.

MOTION

LICENSING

Applicants for licensure by endorsement as registered appeared before the Board to respond to questions regarding reported criminal and/or disciplinary records.

SPECIAL
APPEARANCES

(I) Registered Nurse Endorsement – Applicant reported being reprimanded by another board of nursing in 2002. Applicant was properly notified and appeared without counsel to respond to questions from the Board.

A motion was made to issue a temporary license to complete a refresher course and upon successful completion be issued a licensed as a registered nurse in South Carolina. The motion received a second. The motion carried with two nays.

MOTION

(J) Registered Nurse Endorsement – Applicant reported being sanctioned by another board of nursing in 1995. Applicant was properly notified and appeared without counsel to respond to questions from the Board.

A motion was made to issue a registered nurse license by endorsement into South Carolina. The motion received a second. The motion carried with one nay and one abstention.

MOTION

The next South Carolina Board of Nursing meeting is scheduled for November 18-19, 2004. Meeting dates are published on the Board's web site: www.llr.state.sc.us/pol/nursing/.

ADJOURNMENT

A motion was made to adjourn the meeting at 12:20 p.m. on September 24, 2004. The motion received a second. The motion carried unanimously.

MOTION

Respectfully Submitted,
Dottie Buchanan, Administrative Assistant