



## OHIO BOARD OF NURSING

### MINUTES OF MEETING

#### **BOARD RETREAT – APRIL 12-13, 2010**

The Ohio Board of Nursing Retreat was held on April 12-13, 2010 at the Drury Inn at 6170 Parkcenter Circle, Dublin. The President, Vice-President, and Executive Director reviewed the agenda prior to the meeting.

On Monday, April 12, at 9:00 a.m., President Bertha Lovelace called the meeting to order. On Tuesday, April 13, at 9:02 a.m., President Bertha Lovelace called the meeting to order.

#### **BOARD MEMBERS**

Bertha Lovelace, RN, President  
Patricia Protopapa, LPN, Vice-President  
Anne Barnett, RN, Supervising Member, Disciplinary Matters  
Judith Church, RN  
Delphenia Gilbert, RN  
Maryam Lyon, RN  
Johnnie Maier, Consumer Member  
J. Jane McFee, LPN  
Melissa Meyer, LPN  
Tracy Ruegg, RN (Absent Tuesday)  
Roberta Stokes, RN  
Eric Yoon, RN (Absent Monday and Tuesday)

Unless noted in these minutes as exhibits, all written reports submitted to the Board are maintained in the Board office according to the Board record retention schedule.

Vice-President Patricia Protopapa read the Board mission each day.

#### **WELCOME AND ANNOUNCEMENTS**

President Lovelace welcomed Board members, staff, and AAG Melissa Wilburn (Monday and Tuesday), and AAG Karen Unver (Tuesday). She also welcomed students from Chamberlain College of Nursing and a representative of ONA, who were in the gallery both days.

#### **CHANGE OF MEETING DATES FOR THE 2011 BOARD RETREAT**

The Board agreed by general consensus to change the meeting dates for the 2011 Board Retreat to April 14-15, 2011.

## **BOARD GOVERNANCE SURVEY**

B. Lovelace presented the results of the Board Governance Survey. She stated a concern noted in the survey was the timely distribution of materials prior to the meetings to allow for Board member review. B. Lovelace noted that after the Board discussion at the January 2010 meeting, staff implemented several changes to resolve the concerns.

Board members discussed the importance of having a nursing educator on the Board as well as geographic representation of the state. The Board asked staff to communicate this to the Governor's Office.

Anne Barnett noted the improvements since 2007. B. Lovelace thanked all the Board staff for their hard work that has resulted in the improvements.

## **PILOT PROGRAM**

B. Houchen reviewed the materials regarding the Pilot Program. Through the Pilot Program, the Board will collaborate with nursing employers and focus on a new approach to nursing practice issues. The goal is to increase patient safety through effective reporting, remediation, modification of systems, and accountability. The objectives are to:

- Increase employer reporting of information related to practice breakdowns
- Increase employer-sponsored practice remediation
- Incorporate Just Culture for the review of practice complaints
- Create a statewide patient safety database
- Assist with the development of a national patient safety database
- Increase the use of the alternative-to-discipline practice program

By implementing a more comprehensive approach to practice complaints, the Board believes it will more directly address and impact patient safety.

Health care facilities will be responsible for choosing to establish Just Culture within their own organizations, i.e., providing training, establishing systems and methods to report practice complaints, providing remediation, and resolving systemic issues contributing to practice breakdown. While it is beyond the role of the Board and government to mandate the use of Just Culture for employers and their businesses, the Board can encourage its use and work collaboratively with employers to promote the principles. Facilities are responsible to report practice breakdown complaints and the Board is responsible to investigate, incorporating the Just Culture analysis as part of the investigatory and review process.

Some boards' regulatory approach involves establishing a "pre-disciplinary program" for practice complaints where the Just Culture analysis is applied to the practice breakdown complaint and then it is determined whether to report the complaint to the board. After consideration of this approach, the Board is

adopting a model where all practice complaints will continue to be reported to the Board for review and the Just Culture analysis will guide the Board's review and provide for increased consistency in its analysis of complaints.

If complaints are not reported, the risk to public safety is high. For example, the Board may have confidential information from Employer A about a nurse and if Employer B reports a complaint on the same nurse, a pattern could emerge. If Employer B does not report the complaint, it is unlikely the Board could identify a pattern of at-risk behavior.

The Board believes it is important to work more closely with health care facilities, in addition to individual licensees, to achieve the regulatory goal of public protection and patient safety. With this model, the Just Culture Analysis can be used by organizations to evaluate the conduct of employees and regulators to evaluate the conduct of regulated professionals.

Lisa Ferguson-Ramos stated that the Compliance Unit has been using Just Culture and found it provides a clear structure for analysis of cases and promotes a consistent review process. She stated the feedback from staff regarding the process has been positive. B. Lovelace requested a review of scenarios using the Just Culture analysis. A. Barnett asked if the Pilot Program information could be on the web site. B. Houchen stated that staff would provide scenarios and place the information on the web site as we move forward with the Pilot.

B. Houchen stated that staff were recommending this as a Pilot Program and begin by working with a limited number of facilities. Three facilities are interested in working with the Board: Kettering Medical Center, Mercer County Community Hospital, and Fairview Hospital, a Cleveland Clinic Hospital.

Kettering Medical Center is implementing Just Culture throughout their system and have welcomed Board staff and/or members to attend training at their facility. In addition, we have talked with Scott Griffith of Outcome Engineering, Inc., the company that pioneered the Just Culture risk management model, and he offered to provide Just Culture training at the July Board meeting

The Board agreed by general consensus to move forward with the Pilot Program and have the Just Culture training at the July Board meeting. B. Houchen stated staff would establish a timeline for the length of the Pilot.

### **STRATEGIC PLAN**

The Board reviewed the status of the strategic plan and asked questions. Several Board members asked about the status of the online renewal system for 2010 after the problems encountered in 2009. E. Mays answered that DAS upgraded the servers, and he informed DAS of the upcoming deadlines and related volume levels anticipated through this renewal period. DAS stated that the system should

be able to handle the load. Johnnie Maier asked about staggering online renewal. E. Mays stated that since all boards are using the system, DAS has a staggered schedule, but he is unaware of efforts by DAS to coordinate a plan for staggering renewals. He reported that DAS is currently conducting an assessment and may replace the current system in the next biennium, or make major changes to the current system.

The Board discussed the manner in which licensees are notified of renewal. Currently licensees receive a written notification of renewal, with a password to use for online renewal via regular US mail. Staff investigated various alternative methods, i.e., postcards, notification through the Board's publication, but no new method has been identified that is compatible with our current eLicense system. A. Barnett and J. Church stated that they preferred that licensees receive at least one written notification from the Board each renewal period.

A. Barnett asked about dialysis technicians, community health workers and medication aides renewing online. Lesleigh Robinson stated that paper renewals are continuing because the numbers of these certificate holders remain low.

The Board complimented staff on reducing the processing time for licensure.

J. Church suggested that when outcome measures are met, the benchmarks be increased, the monitoring period be lengthened, or the outcome measure be moved to another section. It was noted that for many areas, the only way to increase benchmarks, percentages, indicating achievement rates, would be to increase staff.

The outcome measures for successful completion of the Alternative Programs (AP) or the terms of Consent Agreements and Board Orders were discussed. Although these outcomes are beyond the Board's control, the measures have been retained to identify the compliance rate and determine whether the Board needs to review AP eligibility or other requirements.

The Board discussed licensees being monitored who are noncompliant and the need to differentiate between major and minor violations in the outcome measure. A. Barnett recommended revising this outcome measure and the Board agreed. The Board asked about the monthly meetings between Board staff and the AAGs. B. Houchen and Melissa Wilburn, AAG, responded that the meetings have been productive and facilitate communications, work processes, and problem solving as issues arose.

J. Church asked about the Board's Twitter feed. E. Mays stated there are currently 250 subscribers, and a tweet is sent out whenever the website is updated or an eNews is issued. Roberta Stokes asked about the staff CARE committee. J. Kirk stated that CARE, the Committee on Activities and

Recognition of Employees, was created in March 2008 for office morale, organizing staff events, and coordinating state charitable campaigns.

### **COMPLIANCE UNIT DATABASE RE-DESIGN**

Eric Mays and L. Ferguson-Ramos reviewed the compliance database that was re-designed to improve the efficiency of the daily operations of the Compliance Unit. E. Mays explained that although several additions were made to the database over the years, it had become obsolete. L. Ferguson-Ramos stated they plan to re-design the other compliance databases and interconnect them.

### **ETHICS**

H. Fischer provided ethics training for the Board on Monday, April 12, 2010 using the training materials provided by the Ohio Ethics Commission. Those in attendance fulfilled the Governor's requirement for ethics training every two years.

### **LEGISLATIVE INITIATIVES**

T. Dilling distributed the Legislative Services Commission (LSC-3) draft bill that would amend the Nurse Practice Act and presented a brief history of the Board discussions about the proposed revisions. He reviewed the issues, as stated in an ONA letter that analyzed a previous version of the draft proposal, and Board staff responses:

#### Section 4723.01

- Paragraph (O). ONA: The definition should be amended to read that the Advanced Practice Nurse means an individual who holds a current, valid certificate of authority issued under Chapter 4723. ORC, that authorizes the individual to practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife or certified nurse practitioner. The separate definitions of each type of Advanced Practice Nurse should remain in the definition section.
  - Staff agreed and the LSC-3 version reflects this.
  - The Board agreed by general consensus.
- Paragraph (F)(3). ONA: The language is outdated as most LPNs learn medication administration in their basic nursing education programs as opposed to a separate course in medication administration. The language in the draft should reflect the current practice with the deletion of lines 63-65 and insertion of language that if an LPN has not completed course content on medication administration in a basic nursing education program, the LPN may administer medications only upon proof of successful completion of a medication administration course approved by the Board of Nursing.
  - Staff agreed and the LSC-3 version reflects this.
  - The Board agreed by general consensus.

- Paragraph (Q). ONA: The definition of dialysis technician will be revised to add a “dialysis technician intern” as those who have completed an approved training program but have not passed the certification exam. ONA asked what will happen if the intern fails the certification exam, and stated an acceptable time limitation on the intern certificate should be included in the draft that is consistent with federal limits.
  - Staff met with ONA and clarified that the Advisory Group on Dialysis developed and approved an “intern certificate,” which would be for 18 months from the date of completion of the training program reduced by the aggregate time the holder spent in one or more training programs (this language appears in proposed Section 4723.76(B), LSC draft at line 3276). The “intern certificate” was intended to address concerns of employers and the Advisory Group regarding “program hopping.” The time period is also consistent with new Federal regulations regarding the 18-month time period required for individuals to pass a national certification examination.
  - The Board agreed by general consensus.

#### Section 4723.06

- Paragraph (A)(5). ONA: Nursing Education Programs are defined in (A)(5) but do not specifically mention master’s degree programs offering prelicensure to students who hold a bachelor’s degree in another discipline. These programs should be included in this section.
  - Staff met with LSC and the following was inserted to include ONA’s suggestion: “master’s degree program leading to initial licensure.”
  - The Board agreed by general consensus.

#### Section 4723.08

- Paragraph (A)(8). ONA: The Board is authorized to charge a \$25 fee for replacement copies of licenses, certificates, and cards in Section (A)(8). If the Board no longer issues wallet cards, the language should be amended to only include the frameable certificates.
  - Staff agreed and the LSC-3 version reflects this.
  - The Board agreed by general consensus.
- Paragraph (A)(9)(11). ONA: Sections (A) (9) and (11) address fees for licenses or certificates that expired before January 1, 2004 and August 31, 2005 respectively. These sections should be deleted as the time specified has passed.
  - Staff agreed and the LSC-3 version reflects this.
  - The Board agreed by general consensus.
- Paragraph (A)(24). ONA: The Board is authorized in (A)(24) to charge \$2,000 for out-of-state survey visits of nursing education programs operating in Ohio.

As the draft authorizes the Board to survey, inspect and approve programs in this state in Section 4723.06(A)(5), is the language for out-of-state survey visit fees still necessary?

- Staff agreed and the LSC-3 version reflects this.
- The Board agreed by general consensus.

#### Section 4723.09

- Paragraph (B). ONA: The Board may require an applicant for licensure to provide information as provided in rules of the Board. They stated that this broad rule authority has been troubling in the past and continues to provide an improper balance between the responsibility of the Board to safeguard the public and an individual's right to privacy. For example, if the Board inquires as to an applicant's impairment for a mental illness, an applicant may misconstrue the breadth of the question to include mental health counseling he or she has received or is currently receiving, providing an affirmative response to the question. Further discussion is necessary on the broad authority granted to the Board in its questions to applicants so that there exists an adequate balance between protecting the public and an individual's right to privacy.
  - Staff understands that ONA is suggesting consideration of new language to limit the information that an applicant is required to provide to the Board, in seeking licensure, to that specified in statute. Staff met with ONA and discussed how this kind of information is routinely addressed in rule rather than law by state regulators. Staff met with LSC, who conducted research and also concluded that the Board's language is consistent with that of other licensure boards (Pharmacy, Optometry, Medical), which typically require "all information the board requires" or "all information that the board considers necessary" in order to make a licensure application decision.
  - Regarding clarity of wording of application questions, staff explained to ONA that the Board routinely assists licensees and attorneys if they have any questions regarding any application questions/responses, and annually reviews application questions for clarity based on comments received from the public. With respect to mental health questions, those questions are based upon questions that the State Medical Board developed, with review by the U.S. Department of Justice, in order to insure that the questions are limited in scope and do not violate the ADA. In December 2006, the Board provided a lengthy legal analysis, citing both the public safety rationale and legal basis for the Board's mental health questions, to ONA Representative Michele Valentino.

- The Board members agreed with staff's recommendation to retain the language.
- Paragraph (B)(2)(d). ONA: Is it the intent to preclude the Board from issuing a license by endorsement to a registered or licensed practical nurse if the individual is a registered sex offender?
  - Staff met with ONA and clarified that Section (B)(2)(f) states that if a person "is required to register" as a sex offender they are not eligible for licensure.

#### Section 4723.092

- Paragraph (C)(2). ONA: The draft renders ineligible an applicant for licensure based upon a felony conviction or guilty plea to various offenses specified in (A) and (B). Section (C) addresses how a felony conviction or guilty plea for a felony offense is not a bar to eligibility for licensure if five years have passed since the date the individual successfully completed and was dismissed from community supervision or parole for the offense. Is the five year provision an exception to felonies not specified in Section (A) and (B)? If so, the language in Section (C) should be modified in line 717 to add that the felonies are those not described in Sections A or B. If the five year exception to ineligibility is intended to apply to all or certain offenses specified in Sections (A) and (B), then the language in Section (C) should also address this point. Further discussion should take place on the five-year exception to licensure ineligibility so that there is clear agreement and understanding by all parties on what felony convictions will not permanently bar an applicant from licensure.
  - Staff met with ONA and clarified that the proposed language provides that all felonies are precluded for five years and (as is provided in current law) some specific crimes are absolute bars. The proposed language expands the list of absolute bars.

There was discussion regarding the proposed felony preclusion and expansion of absolute bars. T. Dilling noted the proposed language interrelates with initiatives being discussed by the Ohio Ex-Offender Reentry Coalition and may require further vetting with a variety of interested parties prior to introduction of this provision. A. Barnett stated she believes a five-year period is reasonable for public protection; further the five-year felony preclusion would provide guidance to individuals, prior to them entering education programs, regarding their ability to become licensed. J. Jane McFee agreed. H. Fischer stated that the five-year preclusion was not meant to be punitive and was based on recidivism research showing that most repeat offenders would commit another offense within five years. The five-year period would be from their rehabilitation, so individuals would complete their probation and could complete nursing school during the five years.

The Board agreed by consensus that T. Dilling would request that the five-year felony preclusion language and additional absolute bars be removed from the bill at this time. He will review the proposal with the Coalition committee working on these issues and other interested parties to determine if the language can be included in this bill at a later time or pursued via other legislative vehicles. The removal of the five-year felony preclusion and additional absolute bars from the draft legislation will have no bearing on current absolute bars to licensure already in the Ohio Nurse Practice Act.

#### Section 4723.17

- Paragraph (G). ONA: Current law authorizes the Board to issue an intravenous therapy card to the LPN. If cards are not the current means of verification, the language in line 875 should be modified to reflect the current means of verification or authorization.
  - Staff agreed and the LSC-3 version reflects this.
  - The Board agreed by general consensus.
- Paragraph (E)(4). ONA: The draft authorizes an LPN to administer an intermittent injection of a dose of medication prescribed for dialysis by a licensed health care professional. Clarification may be needed for the phrase “for dialysis” to avoid misinterpretation as many medications are administered in dialysis but not necessarily for dialysis.
  - The LSC-3 draft reflects a change in language. Upon discussion, the Board asked for further clarification of the language in lines 1681-1682.
  - Board staff will review the language and propose revisions at the May Board meeting.

#### Section 4724.24

- Paragraph (A). ONA: The language in Section (A) authorizes the Board to renew an active license except when the Board is aware that an individual *may be* ineligible for license renewal for any reason. This is a change from the current law specification that the individual *is* ineligible for license renewal for any reason. Discussion is needed as to why the change is needed from an individual who is ineligible to an individual who may be ineligible.
  - Staff agreed to restore the language to “is” ineligible rather than “may be” and the LSC-3 version reflects this. The Board agreed by general consensus.

#### Section 4724.28

- Paragraph (B)(24). ONA: The draft proposes language to permit the Board to impose sanctions on a licensee or certificate holder for failure to cooperate in an investigation conducted by the Board. There is no definition for failure to cooperate which leaves the phrase open to broad interpretation. This

vagueness could result in unwarranted disciplinary action against an individual. ONA opposes this inclusion without further discussion and definition.

- Staff met with ONA, discussed ONA's concerns, and indicated the Board would review further. Although the proposed language is similar to the Medical Board's statutory authority, at this time Board staff recommend removing the language from the draft version of the bill. Board members concurred with this recommendation.

#### Section 4724.34

- Paragraph (A)(1). ONA: Under current law, employers of nurse licensees and certificate holders shall report to the Board the name of the employee who has engaged in conduct that is grounds for disciplinary action. The draft proposes to delete employer and insert in its place person or governmental entity that employs or contracts for the licensee or certificate holder services. This language is overly broad and needs further discussion as to whom the language is meant to include by the addition of person to the statute. For example, could nurse managers or compliance officers be construed to mean persons for the purpose of reporting? Also, a discussion is necessary on what is meant by the inclusion of language that a report is necessary if the person or governmental entity has reason to believe the individual engaged in conduct subject to discipline. This is a departure from the current law requirement that the person is engaging in conduct subject to discipline.
  - Staff met with LSC to address ONA's concerns and proposed additional changes to clarify the language, as follows: "Every individual or entity that employs, contracts directly or through another individual or entity for the provision of services by . . . shall designate an individual licensed by the board who shall who shall report to the board . . . This language would require employers/individuals to designate a licensed individual within their organization responsible for reporting. The Board agreed by general consensus.
  - Regarding the "reason to believe" language, staff met with LSC who recommended adding "knows or has reason to believe." This is the same standard required for Prosecutors to report to the Board (see line 2265 of the LSC draft).
  - The Board agreed by general consensus.
- Paragraph (A)(2): ONA: The language in (A)(2) requires associations to report to the Board a licensee or certificate holder who the association has reason to believe would be subject to disciplinary action. The Board in its cover memo (page 2, #5) states that the mandatory reporting requirement for nursing associations is deleted in the draft. ONA supports deletion of this reporting

requirement. However, the draft does not delete this requirement in (A)(2) and therefore needs to be amended to reflect the intent of the Board and as supported by nursing associations.

- Staff agreed and the LSC-3 version reflects this. The Board agreed by general consensus.

In several instances, ONA requested stylistic changes. Board staff discussed the changes with LSC and deferred to LSC drafters regarding whether to make the changes.

T. Dilling identified another issue for the Board's consideration regarding criminal records checks and expunged convictions. He will bring the issue to the Board for discussion at the July meeting.

### **ADMINISTRATIVE RULES**

The administrative rule chapters scheduled for five-year review in 2010 are Chapters 4723-8, 4723-9, and 4723-23, OAC. H. Fischer reviewed the proposed changes.

#### 4723-8 Certification, Registration of Nurse-Midwife and other Specialties

There are potential legislative changes to consider that would affect this rule chapter. The primary change involves removing obsolete language in the law. Additional law changes to consider include changing the credential to "Advanced Practice Registered Nurse" and amending the scopes of practice for "Certified Nurse Specialist" ("care of individuals and groups with complex health problems...") and "Certified Nurse Practitioner" ("may provide preventive and primary care services...") to more accurately reflect the roles. The Board agreed to convene a Board Committee on Practice for discussions regarding the scope of practice language and APRN designation, and, if legislative change is determined to be necessary, to re-review Chapter 4723-8 next year.

The Board agreed to proceed with correction of typographical errors in this Chapter and to the following revisions this year:

- Amend the title of the Chapter to read, "Advanced Practice Nurse Certification and Practice."
- Revise Rule 4723-8-10(A) to make clear that all hours obtained by APNs for purposes of maintaining certification must meet the requirements of Chapter 4723-14 if the hours are to be applied for purposes of meeting biennial license renewal requirements. This is a recommendation of the Advisory Group on Continuing Education.

#### 4723-9 Course of Study in Advanced Pharmacology

Several bills are pending that will affect this Chapter. The Board agreed to revise the rules in the event the legislative changes are enacted:

1. OAAPN is seeking to change the three-year time period to five years for an applicant to complete pharmacology instruction prior to applying for a CTP-E. (Section 4723.428(B)(1)). This would affect Rule 4723-9-03.
2. House Bill 457 (128<sup>th</sup> GA) would amend Section 4723.485 to increase the extension period for APNs to complete an externship, allowing the Board to grant an extension of two years (rather than one year). This would alter Rule 4723-9-05(C).
3. House Bill 206 (128<sup>th</sup> GA) would amend Section 4723.481 to expand Schedule II prescriptive authority. This would alter Rule 4723-9-10(D).

The Board agreed to proceed with the following revisions in Chapter 4723-9:

- SB 89 Changes: Effective March 29, 2010, SB 89 (128<sup>th</sup> GA) amended Sections 4723.48, 4723.482, 4723.50, and requires the Board to adopt new rules to implement the law changes. The law changes eliminate the externship requirement prior to obtaining a CTP for out-of-state applicants who have prior experience in prescribing controlled substances, and modifies the externship requirements, for out-of-state applicants with no prescribing experience in controlled substances, by reducing the hours from 1500 to 500; SB 89 also codifies the 1500 hour requirement that is currently in Rule 4723-9-04(B), thus, the language in Rule 4723-9-04(B) regarding “not more than 1800 hours” should be removed. Rule changes the Board is directed to make include adding requirements for the two-hour course of instruction required by new law. See Section 4723.50(B)(6), ORC.
- Add a definition for “jurisdiction,” similar to that set forth in 4723-3-01(H), clarifying that the “jurisdiction” referred to in SB 89 (Section 4723.482), from which CTP applicants can be admitted without completing the in-state externship requirements, means a jurisdiction that is a member of the national council of state boards of nursing (as opposed to foreign jurisdictions).
- Add a definition of “accredited institution recognized by the board,” as referenced in Section 4723.486(C), ORC, to Rule 4723-9-07 and/or Rule 4723-9-01(E)(1):
- Add to Chapter 9 language similar to that in Chapter 5, Rule 4723-5-08(A), which contains a list of accrediting entities recognized by the Board for purposes of education program approval.
- Amend Chapter 4723-9 title to read, “Prescriptive Authority.”
- Delete obsolete language from law and corresponding rules.

#### 4723-23 Dialysis Technicians

Upon the recommendation of the Advisory Group on Dialysis, the Board is seeking comprehensive changes to the law regulating certification of dialysis technicians. These changes are set forth in the LSC draft bill language and have been discussed with the Board previously. If this legislation is implemented, the Chapter 4723-23 rules would need a complete rewrite. The Board agreed by consensus to file this chapter as “no change” rules this year and later amend the rules after the legislation is passed.

The major changes include:

1. Elimination of series of Temporary 1-3 Certificates (see Rule 4723-23-01 (L), (M), (N); Rule 4723-23-02; Rule 4723-23-03).

- Replace with single Intern Certificate for individuals who have completed a dialysis program but not passed the certification examination.
- Intern Certificate is valid for 18 months (consistent with new federal regulations for federally-funded facilities) from the time the individual completed a training program – minus the time the applicant was enrolled in one or more programs. This would address “program-hopping” concern raised by the Advisory Group and employers.
- The proposed law changes would authorize the Board to adopt rules implementing certification processes and standards for administration of medications by interns (4723.79).

2. Authorize Dialysis Certification following completion of a national examination. Proposed changes to Section 4723.75, ORC, would streamline and clarify the requirements for obtaining the “OCDT” following completion of the examination. Out-of-state applicants could be admitted into Ohio for certification upon evidence of completion of the exam. These changes would affect multiple rules.

3. Authorize the Board to place training programs on provisional approval status as an interim step (rather than requiring withdrawal of approval if standards are not met) (Section 4723.74(B), ORC). This would affect Rule 4723-23-07.

The Board agreed by general consensus to defer revision with Chapter 4723-23 and file as “no change” rules this year.

#### House Bill 648 Model Rules

House Bill 648 (127<sup>th</sup> GA) requires boards and agencies to develop administrative rules and related policies on accessing confidential personal information. The Board has already implemented policies. Regarding rules, the State convened an Interagency Working Group to develop common definitions and a "Model Rules Template" for agencies to utilize, so that uniformity would exist in developing the rules. The Interagency Working Group released the Model Rules Template on March 23, 2010 and directed that agencies file their individual versions of the rules with JCARR by June 30, 2010. To do so, the Board would schedule an additional Public Hearing this year in conjunction with the July Board meeting. Staff proposed to provide draft rules for review at the May meeting, based on the Template, file the rules with JCARR in June, and hold the rules hearing at the time of the July Board meeting. The Board agreed by general consensus.

#### Technical Changes/Non-Five Year Review

In addition to the required five-year rule changes, the Board typically considers making changes to individual rules on a case-by-case basis. The Board agreed to the following proposed revisions:

##### Chapter 4723-5 (Nursing Education Programs):

- At the January 2010 meeting, the Board discussed adding rule language so that if an education program lost accreditation from any accrediting body, the program would be placed on provisional approval status. Under Section 4723.06(A)(7), ORC, this would not require a hearing under Chapter 119. Language could be added to Rule 4723-5-04.
- 4723-5-09 (D)(1) and (D)(3): Add, "the controlling agency shall notify the board in writing within forty-five days . . ." to establish a timeframe.

##### Chapter 4723-7 (Examination and Licensure):

- Rules 4723-7-04(A)(2) and 4723-7-04(B)(4): Expand the list of countries exempt from demonstration of a "working knowledge of the English language," to parallel language used for federal VisaScreen assessment purposes, to persons who received their nursing education in countries/provinces *including*: Canada - Quebec (*only* to include graduates of McGill University, Dawson College in Montreal, Vanier College in St. Laurent, John Abbot College in Sainte-Anne-de-Bellevue, and Heritage College in Gatineau); South Africa; Trinidad/Tobago; Jamaica; and Barbados.

Rule 4723-5-06 (A): The Board discussed changing "shall" to "may" to allow flexibility and discretion regarding whether an on-site survey visit is required of all

programs, but decided not to make a change at this time. The Board stated they believe it is important to make an on-site visit every five years at a minimum.

#### **ADVANCED PRACTICE NURSE SURVEY**

B. Lovelace distributed a survey being conducted by the Ohio Association of Advanced Practice Nurses (OAAPN) noting that Eric Yoon requested the Board have this information. OAAPN will complete the survey, compile the results, and report to the CPG meeting on May 10, 2010. The survey will be included in the CPG meeting report to the Board at the May meeting.

#### **EVALUATION OF RETREAT AND ADJOURNMENT**

Board members thanked the staff for the materials and the work done in preparation for the meeting.

The meeting adjourned on April 13, 2010 at 12:20 p.m.

Bertha Lovelace, RN, CRNA  
President



Attest:

Betsy Houchen, RN, MS, JD  
Executive Director

