



Vermont State Board of Nursing

1911-2011 100 Years

Newsletter - October 2011

Office of the Vermont
Secretary of State
James C. Condos

Office of Professional Regulation
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Board of Nursing
Linda Davidson - Executive Director

Vermont State Board of Nursing's Message From the Chair

Board of Nursing Administrative Rules Change

by Ellen Leff, Chairperson of the Vermont Board of Nursing



The Vermont Board of Nursing has moved forward with a major revision of our Administrative Rules, with a focus on Advanced Practice Registered Nurses (APRNs). The revisions are posted on our website at

<http://www.vtprofessionals.org/opr1/nurses/>.

There were several reasons for undertaking this project:

Our previous rules were outdated and not in step with today's standards for APRN regulation. The rule revisions are modeled on the nationally recognized Consensus Model for APRN Regulation, developed by a national APRN Consensus Work Group and the National Council of State Boards of Nursing (NCSBN).

Vermont has a shortage of primary care providers. The revised rules are intended to decrease barriers to autonomous APRN practice and thereby increase public access to primary care. To this end, the proposed rules do not require a written collaborative agreement with a physician, as was currently the case in Vermont. This requirement has been a disincentive for APRNs to practice in Vermont, since they have the opportunity to practice in other states without this requirement. The revised Vermont rules, while not requiring the formal collaborative agreement, nevertheless affirm the importance of collaboration and referral to other providers for situations outside the APRN's scope of practice.

Public protection is strengthened in the revised rules, with the addition of specific requirements for a method of quality assurance. There is also a requirement for new APRNs, or APRNs assuming a new role or population focus, to have a written collaborative agreement with a qualified APRN or physician for the first two years of practice. In addition, there are new education requirements, as well as a requirement that the APRN must hold certification in the role and population focus of his or her practice. APRNs who were endorsed/licensed in Vermont under the previous roles have been "grandparented" to APRN licensed status under the revised rules.

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The revised rules are grounded on the principle that APRNs are licensed independent health care professionals who are distinct and separate from physicians. APRNs practice nursing and are regulated by the Board of Nursing. They are required to adhere to standards of professional nursing and standards relevant to their advanced nursing practice role, population focus, and specialty. The rule changes do not change the scope of APRN practice in Vermont.

Removal of the written collaborative agreement requirement was recommended by a legislatively created Task Force that met over several months in 2008. The Task Force concluded in its report to the legislature that the requirement served no public protection purpose and unnecessarily restricted access to primary care in Vermont.

Our revisions are also supported by the recent release of the Institute of Medicine's report on the Future of Nursing. "Recommendation 1: Remove scope-of-practice barriers" supports adoption by all states of the NCSBN model rules and regulations. "Recommendation 3: Implement nurse residency programs" supports transition to practice programs (nurse residency) after completion of a pre-licensure or advanced practice degree program.

The Board of Nursing approved the revisions at our February meeting. The revised Rules went into effect on June 23, 2011. For more information, contact the Board of Nursing office at 802-828-2396.

VOLUNTEER WANTED

We are seeking a volunteer to work with The Board of Nursing on producing our newsletter. Creativity, a passion for nursing information and familiarity with Publisher is desired. Contact our office at 802-828-2396 or email jennifer.silverwood@sec.state.vt.us if you are interested or need further information.

FAQ's

How do I obtain a license in another state?

You must contact the State where you plan to be licensed and find out their specific requirements.

How do I inform the Vermont Board of Nursing that my name has changed?

We now have a Name Change form on our website at www.vtprofessionals.org that you must complete and send in to us.

What do I need to do to keep my license active for renewal?

You must meet the practice requirements. To find out what your practice requirements are, check the Administrative Rules on the Board of Nursing website at www.vtprofessionals.org.



Executive Director Report

Linda Davidson, MS, APRN, FNP-BC

I would like to take this opportunity to introduce myself to you. I have been the Executive Director of the Vermont Board of Nursing since November 2010. I come to the Board of Nursing with experience as a nurse, administrator and teacher. I earned an MS(N) from Pace University in Family Primary Care, a Post Master's Certificate from the University of Vermont in Family Psychiatric Mental Health Nursing and a Master's from the University of New Paltz in Humanistic Education. I am Board Certified through the ANCC as a Family Nurse Practitioner and as a Psychiatric Mental Health Nurse Practitioner. My practice experience includes family practice, gynecology, gynecologic oncology and mental health. I have taught at UVM in the graduate nursing program. Most importantly, my education is a result of the tens of thousands of patient contacts I have shared and the collaboration those contacts led to with my colleagues. Looking back it is clear that all of my experience has led me to where I am now.

When I accepted this position I had an awareness of the responsibilities of the Executive Director. What I have learned since that day was that the role of the Executive Director of the Board of Nursing is much more than I had imagined. The mission of the Vermont Board of Nursing is to protect the public. The Board of Nursing oversees the licensing and regulation of LNAs, LPNs, RN's and APRNs. It is through this regulation that the public is assured of a quality nursing workforce. The Board is responsible for establishing criteria for all nursing programs in Vermont. This upholds the highest standards of nursing education. The Board responds to changes in nursing practice and education requirements by continual review of changes in national nursing practice and social policies. The Board is responsible for complaints that are made against nurses and responds to these complaints with a fair and unbiased process. The Board works with many committees to be certain that information is collected by experts in their field when research is needed to guide decisions regarding nursing issues.

What else I have learned since working at the Board of Nursing was of the dedication of the Board Members who sit on the Board of Nursing. The Board Members are required to give a great deal of time without compensation not only during Board meetings but also by participating in various committees and investigative teams. This is a Board who understands the importance of the work you do and takes their role seriously. In the short time I have been the Executive Director I have learned much from their participation in this important job.

I plan to be an active Executive Director for the Board of Nursing. Moving forward, I will be looking at nursing discipline issues and working towards proactive approaches with the goal of aiding nurses to manage situations that may result in a complaint against them. We will look at ways to increase services provided by the Alternative Program and investigate other avenues of support for nurses wishing to practice while working on various personal challenges. The Board of Nursing office will continue to implement information technology improvements for licensing and discipline purposes. I look forward to meeting with the many wonderful nurses and educators that support the people of Vermont.



The Vermont State Board of Nursing Celebrates Its 100th Anniversary: The Past, Present, and Future of Nursing Regulation

Vermont's first "nurse registration law" was passed in 1911, the fourth state to adopt such legislation. The current Board of Nursing is planning some celebratory and educational events to recognize and publicize its centennial milestone. Since then, many changes have been made to the Vermont statutes and Administrative Rules in response to evolving expectations of the public and monumental changes in healthcare and the nursing profession.

The first State Board of Registration for Nurses had three members, two of whom were physicians. That contrasts with the composition of the current Board which has 10 members (1 APRN, 2 LPNs, 1 LNA, 2 public members, and four RNs).

One of the primary functions of the original Board was the regulation of "training schools and curricula." Long before NCLEX, the Board was responsible for developing and administering examinations for new graduates. Setting standards for nursing education remains an important aspect of the work of the Board. All Board functions ultimately stem from the principle of protecting the public.

The decade between 1910 and 1920 was a very active one for nursing on the national scene and in Vermont. During that era many nursing organizations began and flourished. There is evidence of much collaboration among them, including the State Board of Registration for Nurses, the Vermont State Nurses' Association, the Vermont League of Nursing Education, and the Red Cross Nursing Service. The early history of collaboration among nursing organizations in Vermont laid a strong foundation that continues to this day.

Stay tuned for more information on events being planned for the Board of Nursing 100th Anniversary. Events will be listed on our website.

References:

Voices of Vermont Nurses: Nursing in Vermont, 1941–1996 (VSNA, 2000)

We Who Serve: A Story of Nursing in Vermont (VSNA, 1941)

Education Corner

The Education Committee of the Vermont Board of Nursing cosponsored the annual Vermont Organization of Nurse Leaders (VONL) Summit held in April at the Essex Inn & Spa. Over 100 nurse educators, nurses from many practice arenas, and nursing students from several programs had opportunities for sharing ideas and experiences. Presentations focused on the Institute of Medicine's report, "The Future of Nursing" and its impact on nursing education and practice in Vermont. There were also cutting-edge sessions on simulation and informatics.

State of Vermont House of Representatives



Montpelier, Vermont Concurrent House Resolution H.C.R. 98

House concurrent resolution congratulating the Vermont State Board of Nursing on its centennial anniversary

Offered by: Representatives Keenan of St. Albans City, Spengler of Colchester, Acinapura of Brandon, Batchelor of Derby, Donahue of Northfield, Frank of Underhill, French of Randolph, Haas of Rochester, Heath of Westford, Manwaring of Wilmington, Mrowicki of Putney, O'Brien of Richmond, Pearce of Richford, Pugh of South Burlington, Toll of Danville, Winters of Williamstown and Woodward of Johnson

Offered by: Senators Ayer and Kittell

Whereas, Vermont's nurses meet the health care needs of our most vulnerable citizens in a wide variety of settings, and

Whereas, by the early 20th century, the growing impact of the nursing profession on the lives of Vermonters required its closer scrutiny from state government, and

Whereas, as a legislative response, the 1910 General Assembly enacted "An Act to Provide for the Registration of Nurses" that became law as Act 219 on January 28, 1911 and established a board of registration of nurses, the predecessor of the Vermont State Board of Nursing, and

Whereas, as provided in chapter 28 of Title 26, the Vermont State Board of Nursing (the board) is a safeguard of public health through its examination and practice authorization of registered nurses (20,000), licensed practical nurses (2,200), licensed nursing assistants (4,200), and advanced practice nurses (550), and together they are the largest group of health care professionals in Vermont, and

Whereas, the board prescribes standards for continuing educational programs and requirements for nurses returning to practice after an extended absence, and

Whereas, another important administrative role for the board is to investigate allegations of unauthorized practice, unprofessional conduct, or incompetency and to take any necessary action in response to its findings, and

Whereas, over the last 100 years, the board has conscientiously served Vermonters and the nursing profession and continues to keep pace with advancements in nursing care and service delivery, now therefore be it

Resolved by the Senate and House of Representatives:

That the General Assembly congratulates the Vermont State Board of Nursing on its centennial anniversary, and be it further

Resolved: That the Secretary of State be directed to send a copy of this resolution to the Vermont State Board of Nursing.

Nursing Board Case Manager Consultant - Open Position

The Office of Professional Regulation, a division of the Office of the Vermont Secretary of State, is seeking proposals from qualified individuals to provide professional services on a contractual basis.

Scope of Work:

Manage the caseload for unprofessional conduct complaints filed against Nurses and Nursing Home Administrators for the Board of Nursing and the Director of the Office of Professional Regulation. Ensure that each case is handled correctly following established office procedures and timelines; documenting all actions; receiving adequate input from an investigation team to make an informed decision; and adhering to due process for all parties involved. Work closely with investigators, prosecutors and board members to protect the public through a regulatory enforcement system that fairly and expediently determines whether a licensee has committed unprofessional conduct when a complaint is received.

Essential functions include intake and initial screening of complaints, drafting case opening letters, helping to guide investigations, coordinating investigation team meetings, writing closing reports for closed cases, reviewing conduct charges and proposed settlements, and documenting decisions in an electronic case-tracking system.

Provide research, analysis and reports to the Board and Director regarding conduct cases and be responsible for follow-through and case management from receipt of complaint to final resolution. Participate in office discussions around the development of the electronic licensing system, records management, and process improvement. Assist in the follow-up monitoring of conditioned licensees. Contractor reports to the Board of Nursing Executive Director and will communicate on workload, practice issues, case numbers and case ages.

Contractor Qualifications:

The contractor must hold a current, unencumbered Vermont license as a registered nurse. The contractor must hold a BSN from an accredited U.S. school of nursing. Preference will be given to individuals holding an MSN. For further information visit

www.vtprofessionals.org/opr1/nurses/



Recover Your Nursing Career

An alternative to disciplinary action for Recovering Nurses and Nursing Assistants

The Alternative Program, under the auspices of the Vermont Board of Nursing, provides a supportive, non-public alternative to discipline for nurses and nursing assistants who are in recovery for substance use disorders.

Asking the Board of Nursing to become involved in my private struggle was the most challenging call I ever made. Today, because of the program, I am a healthier person and a better, safer nurse. - program participant

For more information contact this confidential number at the Board of Nursing office (802) 828-2819.

Practice Corner

The Board of Nursing office has received numerous calls asking “**What is the scope of practice of Licensed Nursing Assistants?**” The skills that nursing assistant students are required to demonstrate in lab and clinical settings correspond to the scope of practice for nursing assistants once they are licensed and working. To clarify this information, the Practice Committee created a Position Statement which included a decision tree to help nurses and nursing assistants determine the appropriateness of LNA’s performing various tasks and activities. This Position Statement and decision tree has been approved by the Board of Nursing and is included in this newsletter. It can also be found on the Board of Nursing Website at www.vtprofessionals.org/opr1/nurses.



Vermont State Board of Nursing LNA Scope of Practice - Position Statement

Question:

How does one determine whether a specified activity is within the scope of practice of a Licensed Nursing Assistant (LNA)?

Definitions:

Scope of Practice: an LNA's scope of practice includes all the activities that a Licensed Nursing Assistant may perform while practicing as an LNA.

Licensed Nursing Assistant: a licensed individual, listed on the registry, regardless of title, who performs nursing or nursing related functions under the supervision of a licensed nurse
Nursing and nursing related functions: nursing related activities as defined by rule which include basic nursing and restorative duties for which the nursing assistant is prepared by education and supervised practice

Background:

The legal basis for the scope of nursing and nursing related functions in Vermont is the Vermont Nurse Practice Act (Title 26, Chapter 28 of the Vermont Statutes). An activity must be consistent with information contained in the Nurse Practice Act in order to be within the scope of practice of an LNA. As defined in the Administrative Rules, curriculum for LNA programs shall include training in:

- (1) Basic Nursing Skills;
- (2) Personal Care Skills;
- (3) Basic restorative Skills;
- (4) Mental Health and Psychosocial Skills;
- (5) Communication Skills; and
- (6) Nursing Team Member Skills

The skills and tasks on the following page delineate the basic skills within the LNA scope of practice.

Position Statement which Reflects the LNA's Roles and Responsibilities:

Every LNA is accountable for practicing within the LNA scope of practice. Successful completion of an approved nursing assistant education program and passing the state competency exam imply basic competency in the skills and tasks listed in the LNA scope of practice.

Additional tasks and skills may be performed by LNAs through the delegation process by RNs and LPNs.

The Vermont Board of Nursing Position Statement "The Role of the Nurse in Delegating Nursing Interventions" includes a decision tree for delegating to licensed and unlicensed assistive personnel.

An LNA may not perform activities which exceed the scope defined by the level of licensure. This means that LNAs may not perform, even if directed to do so, an activity not appropriate to their level of licensure or otherwise prohibited by law. Examples of activities not within the LNA scope of practice include: nursing assessments, nursing judgments, and development of the plan of care.

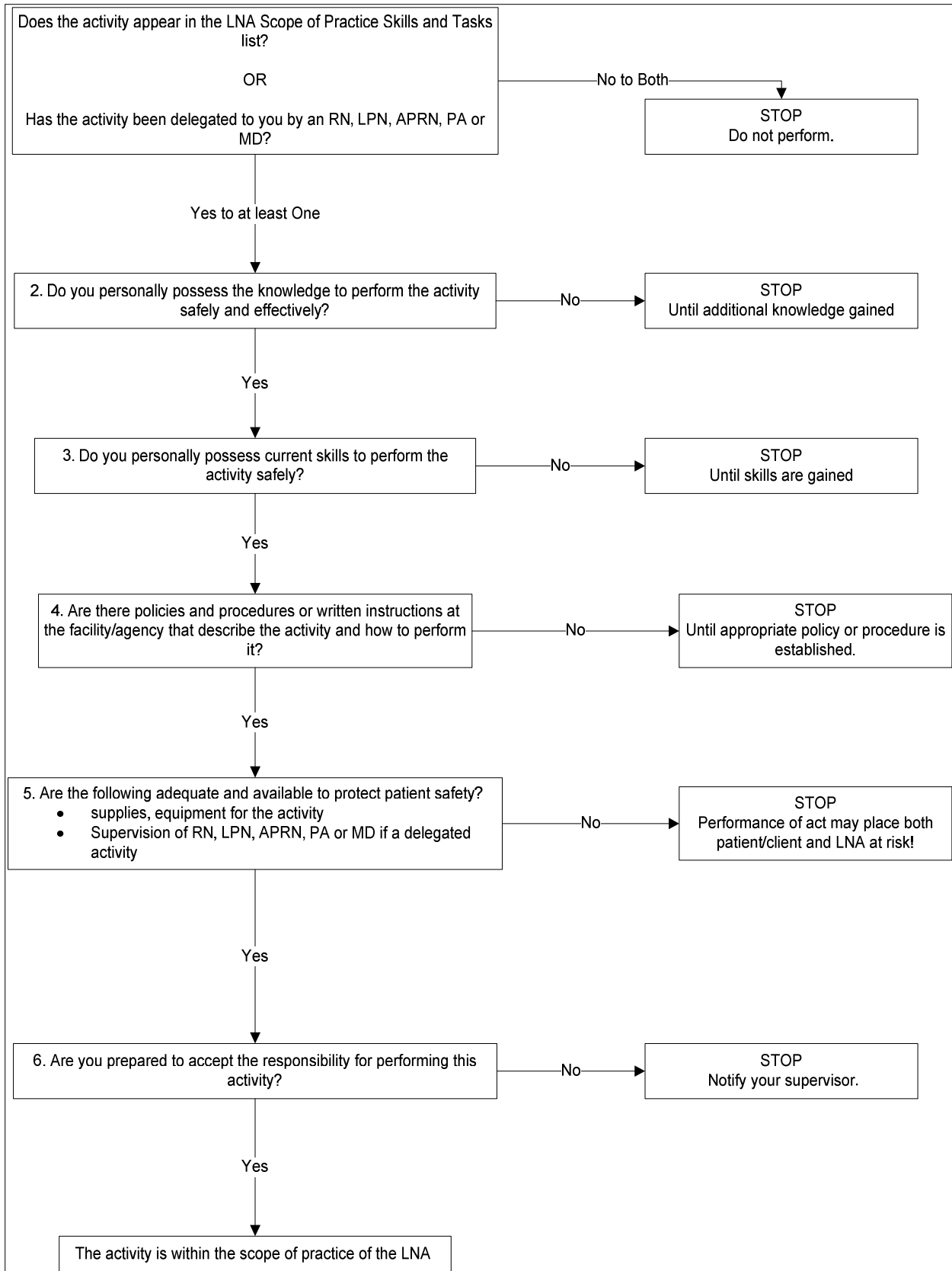


PS-LNA-Scope of Practice with Decision Tree 2011 0110 - FINAL 2

LNA Scope of Practice Skills and Tasks

MOBILITY/AMBULATION:	SUPPORTIVE:	PERSONAL CARE:
One person	ROM-active	Bath – complete
Use of cane	ROM-passive	Backrub
Use of walker	Alignment in bed	Lotion to body areas
Application of gait belt	Alignment in chair	Peri-care
Proper use of wheelchair	Position pillows	Nail care
BEDMAKING:	Support splints	Dressing
Occupied/unoccupied	Turning/repositioning	Undressing
BODY MECHANICS:	Skin protectors	Hair care
Student/Caregiver	Support hose	Eye glasses
COMMUNICATION:	TRANSFERS:	Hearing aid
With verbal resident(s)	Chair to commode	Shave
With non-verbal resident(s)	Bed to wheelchair	Shampoo
With resident(s) with cognitive impair-	One person	ORAL CARE:
With resident(s) with sensory loss(es)	Two person	Brushing teeth
Reporting any observed changes in residents to the appropriate personnel	Mechanical lift	Denture care
INFECTION CONTROL:	TOILETING:	Use of swab
Application/removal of gloves	Assisting with toileting	SAFETY:
Handling soiled items	Urinal	Use of call bell
Hand washing	Bed pan	Use of side rails
Application of personal protective equipment	Adult briefs	Heimlich maneuver
Proper documentation on flowsheets	Collection of urine specimen	Privacy Curtain
NUTRITION:	VITAL SIGNS/ MEASUREMENTS:	
I & O documentation	Temperature oral/tympanic	
Serving food/beverages	Temperature rectal	
Feeding	Blood pressure	
CATHETER CARE:	Radial pulse	
Cleaning tubing	Respirations	
Empty & measure	Weight	
	Height	

Decision Tree





Discipline Corner

When a complaint has been filed against you....

It is always distressing to have a complaint filed against you. Understanding the process can help guide you through this difficult time.

- Anyone can make a complaint - a colleague, employer, patient or client - etc.
- First step - The complaint is reviewed by the case manager - The case manager decides if this is something regulated by Board of Nursing. **There is no determination of whether it is legitimate at this point.**
- If the complaint is a regulated issue, the case will be sent for investigation and an investigator will be assigned.
- The investigator will contact you as well as the person making the complaint and any witnesses. Interviews will then be conducted and evidence will be collected.
- It is best to write down your version of events as soon as possible and note any witnesses so that you will be ready when the investigator contacts you.
- An Investigative Report will be sent back to the case manager. The report will be reviewed by a small subcommittee of the Board which is made up of a Board member, the prosecuting attorney and the case manager. This report will be examined for any evidence of unprofessional conduct.
- If no unprofessional conduct is found, a recommendation to close the case will go to the Board and, if approved, the case will be closed. A letter will be sent to you and the complainant and a report with no identifying information will be filed.
- If evidence of unprofessional conduct is found, charges will be filed. This is considered public information. You will have the opportunity to respond to the charges (via an attorney, if desired).
- At this point the prosecuting attorney might make you an offer called a Stipulation and Consent. This outlines the Disciplinary actions - such as Warning, Reprimand, Conditions, Suspension or Revocation.
- If you do not accept the offer, the case will go before the Board for a hearing. The Board will make the final decision. This can range from no finding of unprofessional conduct to any of the five actions previously mentioned.
- You may hire an attorney at any time but you are not obligated to do so. If you do - we must speak to the attorney and not to you.
- The Board has an obligation to protect the public but cannot take action unless supported by the evidence.

We hope this information helps you understand the complaint process. Of course, it is best to avoid this all together. Be diligent about following the highest standards of nursing practice. Ask yourself, "Will this action potentially get me into trouble?" Seek advice from peers and supervisors if you are ever in doubt. Take advantage of proactive programs like the Alternative Program to protect your license. You have worked too hard to risk losing it.

Discipline Information

Please go to www.vtprofessionals.org/opr1/nurses to see the list of disciplined licensees formerly published in this newsletter. The link is located under the section called 'Board Information'.

Each of the cases listed was heard by the Board and was entered and became effective on the date noted. The time interval covered by this list is August 2010 through April 2011 and represents only that time period.



Vermont State Board of Nursing

100th Anniversary

You are cordially invited to attend a reception on

Tuesday, October 25th, 2011
1:30-4:30 pm
Castleton State College
Castleton, VT

Refreshments • Book Signing • Nursing Memorabilia

Regional receptions will also be held in October and November in Burlington, and St. Johnsbury

For further information:

Visit our website at www.vtprofessionals.org/opr1/nurses

Or contact linda.davidson@sec.state.vt.us

Quick Updates

VT Board of Nursing Website is constantly adding new information. [Please visit www.vtprofessionals.org/opr1/nurses/](http://www.vtprofessionals.org/opr1/nurses/) for current updates.

RN/APRN - Renewal cycle ended March 31, 2011. There were 11,216 RN's who renewed on line and 3,280 applicants who sent in paper renewals for a total of 14,496 total RN renewals. This represents a 79% on line renewal rate. There were 461 APRN's who renewed this cycle.

LPN Update - LPN applicants educated out-of-state should be sure to check that their school meets Vermont academic requirements if they plan to be licensed here. See our website for specific information:

http://vtprofessionals.org/opr1/nurses/education/NU_Education_Program_Hours.pdf

LNA Update - The Board of Nursing has authorized an Ad Hoc Nursing Assistant Education Committee to review standards and outcome criteria for Board-approved nursing assistant education programs in Vermont. This Committee began meeting in February and it has reviewed and compared a lot of information from the Vermont programs, the test vendor, and other states. The Committee plans to formulate their recommendations and submit them to the Education Committee and the Board by the fall of this year.



Vermont State Board of Nursing
Newsletter

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Recover Your Nursing Career

We are on the WEB!!!

vtprofessionals.org/opr1/nurses

Newsletter Editor - Jennifer Silverwood

IMPORTANT!

Please remember to update your address with the Board of Nursing if you have moved!

Do not call the office with this information. Send the form that can be found at:

www.vtprofessionals.org/opr1/nurses/forms/NU_Address_Change.pdf