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Mission

The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice and nursing education.

Board Members

Sandra Kelly, RN | Chairperson
Katherine Gehly, RN | Vice-Chairperson
Anthony J. Alley, RN
Margaret Beal, RN
Pat Gales, RN
Joan Killion, LPN
Barbara Levin, RN
Ann-Marie Peckham, RN
E. Richard Rothmund, Public Member
Catherine Simonian, RPh
Susan Taylor, RN
Christine Tebaldi, RN
Cheryl Urena, LPN

New APRN Regulations Effective August 1, 2014

Members of the Massachusetts Board of Registration in Nursing (Board) approved the final amendments to the Board's regulations governing advanced practice nursing during their July 9, 2014, meeting. Originally implemented in 1994 to establish the conditions under which Massachusetts registered nurses could practice in the "expanded role," the new regulations at 244 CMR 4.00 incorporate many of the standards of contemporary advanced practice nursing promoted by the national Advanced Practice Registered Nurse Consensus Model. In addition, they reflect the enactment of new laws recognizing independent nurse midwifery practice and the prescriptive practice authority of nurse anesthetists in the immediate perioperative period as well as the nurse practitioner's authority to certify documents related to a patient's physical or mental health.

Effective August 1, 2014, the amended regulations at 244 CMR 4.00: *Massachusetts Regulations Governing Advanced Practice Registered Nursing (APRN)*:

- Include new or revised definitions;
- Adopt the nationally recognized title, "advanced practice registered nurse," and eliminate the use of "expanded role nurse;"
- Require a graduate degree or postgraduate certificate (postmasters or doctorate) for initial APRN authorization as well as course completion in advanced assessment, pathophysiology and pharmacotherapeutics;

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New APRN Regulations Effective August 1, 2014
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- Require APRN certification to demonstrate both initial and ongoing competency for APRN practice;
- Specify APRN competencies and scopes of practice for each practice category;
- Change the titles of the four APRN practice categories authorized by the Board, fostering uniform recognition regardless of the state in which an APRN practices:

Former APRN practice category/license notation:	Changed to¹:
Nurse Anesthetist (RN/NA)	Certified Registered Nurse Anesthetist (CRNA)
Nurse Midwife (RN/NM)	Certified Nurse Midwife (CNM)
Nurse Practitioner (RN/NP)	Certified Nurse Practitioner (CNP)
Psychiatric Nurse Mental Health Clinical Specialist (RN/NP)	Psychiatric Clinical Nurse Specialist (PCNS)

- Create a fifth APRN practice category—the non-psychiatric Clinical Nurse Specialist (CNS)—providing title protection for qualified registered nurses;
- Registered nurses who meet the academic preparation and certification requirements must apply for and be granted Board authorization as a CNS in order to continue to use the CNS title;
- Identify CNS-equivalent competency conditions to grandfather eligible registered nurses until December 31, 2016. The CNS who is authorized by the Board on the basis of this equivalent competency will be eligible to renew his or her CNS authorization;
- Clarifies that requirements for written guidelines developed with a supervising physician apply solely to the CRNA, CNP and PCNS who registers for prescriptive practice (the CNM is exempted from this requirement in light of M.G.L. Chapter 112, §80G which no longer requires a CNM to engage in practice with a supervising physician or to have written guidelines); and
- Requires professional malpractice liability insurance for all APRNs with direct patient care responsibilities.



Nursing Practice Coordinator, L. Talarico (front row, center) presents recommended APRN amendments at the Board's July 2014 meeting.

1 The Board's electronic nurse licensure database at <https://checklicense.hhs.state.ma.us/MyLicenseVerification> will be updated shortly with the new APRN titles. However, wallet-sized, hard-copy licenses will be updated incrementally with the new APRN titles. First to see the change are: RNs who are issued APRN authorization for the first time; RNs who renew their expired APRN authorization before their birthday in 2016; and APRNs who complete the [Duplication License form](#) and who are more than 3 months from their birthday in 2016 (the fee is to obtain a duplicate license is \$17.00). APRNs who hold current Board-authorization will see the new APRN titles on their wallet-size nursing license during the 2016 RN renewal cycle.

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New APRN Regulations Effective August 1, 2014
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The final amendments reflect the Board's consideration of input that was received from a variety of stakeholders beginning in 2006 with recommendations made by the Board's 244 CMR 4.00 Task Force; the Board's subsequent collaboration as required by law with the Boards of Medicine and Pharmacy; and the August 2013 public comment period in which the Board received testimony from professional medical and nursing organizations, the business community and individual registered nurses. The amendments at 244 CMR 4.00 recognize the ability of APRNs to provide safe, cost-effective and high quality care.

In addition, Governor Patrick, noting that unintentional opioid-related overdoses have reached levels previously unseen in Massachusetts and the potential for abuse of these controlled substances, directed the Department of Public Health this past spring to take immediate action to address the widespread abuse of pharmaceutical opioids. In response, the Board approved amendments at 244 CMR 4.28 on an emergency basis. The new regulations require advanced practice nurses engaged in prescriptive practice to take the following actions for each prescription of a hydrocodone-only extended release medication that is not in an abuse deterrent form:

- Perform a substance abuse risk assessment and a check the Prescription Monitoring Program;
 - Discuss the risks and benefits of the medication with the patient;
 - Enter into a Pain Management Treatment Agreement based on the patient's diagnoses, treatment plan and risk assessment;
 - Supply a Letter of Medical Necessity that indicates, among others, that the APRN and the patient have entered into a Pain Management Treatment Agreement; and
 - Document the foregoing in the patient's record.
- The Board will hold a Special Board meeting on August 13, 2014, to take final action on 244 CMR 4.28. Once finalized, the new regulation governing the prescribing of hydrocodone-only extended release medications will reside at 244 CMR 4.07(3).

As a reminder, the Board's [Advisory Ruling 0901: *Advisory Ruling on the Management of Pain*](#) specifies that, in addition to acquiring and maintaining the knowledge, skills and abilities necessary to practice in accordance with accepted standards of care for pain management, the APRN with prescriptive authority is required under M.G.L. Chapter 94C, Section 18(e) to complete appropriate education in the following concepts prior to initial Board authorization to practice in the advanced role, and subsequently, during each renewal period: effective pain management; identification of patients at high risk for substance abuse; counseling patients about the side effects and addictive nature of controlled substances; and proper storage and disposal of prescription medications. M.G.L. Chapter 94C, Section 18(e) does not specify a minimum number of contact hours to comply with this education requirement. Related continuing education information is available through the Massachusetts Online Prescription Monitoring Program web page at www.mass.gov/dph/dcp/onlinepmp or at <https://www.scopeofpain.com>. Please note that an APRN attests to complying with relevant laws and regulations including mandatory continuing education requirements when signing the nurse's license renewal application.

All APRNs are accountable for practicing in accordance with the amended regulations and attest to doing so when renewing their APRN authorization. Visit the Board's website at www.mass.gov/dph/boards/rn to access 244 CMR 4.00 or for additional information including the answers to frequently asked questions. Applications for authorization to practice as a CNS are available by contacting Professional Credential Services at 877-887-9727 or by visiting www.pcsdq.com.

Nursing Board Elects Fiscal Year 2015 Officers

At their June 2014 meeting, Board members re-elected Chairperson, Sandra Kelly, RN/NP, and Vice-Chairperson, Katherine Gehly, RN/NP, as the Board's Fiscal Year 2015 officers.



A certified Adult Nurse Practitioner in the Hematology/Oncology, Comprehensive Breast Center and Radiation Oncology at the Hallmark Health Cancer Center, Ms. Kelly (*Right*) holds one of the BORN's two Advanced Practice RN seats.

Ms. Gehly (*Left*), who holds the BORN's Associate Degree educator seat, is the Assistant Division Dean for Nursing at Middlesex Community College as well as a certified Pediatric Nurse Practitioner.

For a list of the Board's Fiscal Year 2015 meeting dates, visit our website at www.mass.gov/dph/boards/rn, click on "About the Board of Registration in Nursing" and then click on the link to the [BORN calendar](#). Please note that minutes of the Board's regularly scheduled monthly meetings are available on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

Governor Appoints New Nursing Board Members

Governor Patrick recently appointed three new members to the Massachusetts Board of Registration in Nursing. The Board is pleased to welcome Anthony J. Alley, BSN, RN, (RN/Direct Care), Patient Care Director, Center for Orthopedics and Sports Medicine, Medical Surgical, Orthopedic and Pediatric Nursing, Hallmark Health System; Susan Taylor, MSN, RN (Educator/Hospital-based Diploma Program), Dean, Brockton Hospital School of Nursing; and Cheryl Urena, LPN (LPN/Long-term Care), Staff Development Coordinator, Rosewood Nursing and Rehabilitation Center.

The composition of the 17-member Board is established at M.G.L., Chapter 13, §13, and includes a total of nine Registered Nurses, four Licensed Practical Nurses, one physician, one pharmacist and two public members. Currently, there are four vacant seats: Licensed Practical Nurses (2); physician (1) and public member (1).

Appointments to the Board are made by the Governor for a three year term; members may serve no more than two consecutive terms or until a successor is appointed. Qualified nurse members must hold a current Massachusetts nursing license; possess at least eight years of nursing practice experience in the ten years immediately preceding appointment; and be employed in nursing in the Commonwealth. All members must be a Massachusetts resident, and are subject to the State Conflict of Interest and Ethics Law in accordance with M.G.L. Part IV, Title I, c. 268A.

If you are interested in being appointed to the Board, please send a letter of intent and current resume to James Lavery, Director, Division of Health Professions Licensure, 239 Causeway Street, Boston, MA 02114 with a copy to Rula Harb, Executive Director, Board of Registration in Nursing, 239 Causeway Street, Boston, MA 02114.

Board and Staff Extend Their Appreciation to Outgoing Members

During Fiscal Year 2014, members and staff of the Massachusetts Board of Registration in Nursing extended their sincere thanks and appreciation to outgoing members, Cathleen Lundeen, RN (RN/Direct Care), and Mary Jean Roy, MS, RN (Educator/Hospital-based RN Diploma Program), for their service and exceptional volunteer commitment to the Board and its public protection mission.

Board Membership in Statewide Initiatives Promoting Safety, Workforce Planning

The Board of Registration in Nursing is proud to continue to be an active member of the following statewide initiatives promoting patient safety, and nursing workforce planning:

- Massachusetts Coalition for the Prevention of Medical Errors
- Nursing & Allied Health Initiative Advisory Committee, Massachusetts Department of Higher Education (DHE)
- DHE Nurse of the Future Competencies for Education and Practice Workgroup
- DHE Centralized Clinical Placement Task Force
- The Massachusetts Action Coalition
- Eastern Massachusetts Long-term Care Nursing Group, Massachusetts Senior Care Association

Massachusetts Coalition
for the
Prevention of Medical Errors



MASSACHUSETTS
SENIOR CARE
ASSOCIATION

Massachusetts Department of Higher Education

BORN Executive Director Participates in 2013 ICN Global Nursing Leadership Institute

BORN Executive Director, Rula Harb, MS, RN, participated in the 2013 Global Nursing Leadership Institute hosted by the International Council of Nurses (ICN) last September in Geneva, Switzerland. Ms. Harb was among 27 participants from 24 countries who attended the advanced leadership program for senior and executive nurses and midwives from around the globe. The theme of the 2013 program was global health in the context of health system redesign.



The ICN is a federation of over 130 nursing associations and agencies representing more than 16 million nurses worldwide. It works to ensure quality nursing care, sound global health policies, the advancement of nursing knowledge and a competent, respected nursing workforce.

Entry-Level Nursing Education

Board-Approved Nursing Education Programs

M.G.L. Chapter 112, §81A and §81C, authorize the Board of Registration in Nursing to establish regulations governing the approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

As of July 1, 2014, the Board approved the operation of a total of 75 Registered Nurse and Practical Nurse education programs:

- 27 Practical Nurse Programs
- 20 Registered Nurse – Associate Degree Programs
- 20 RN – Baccalaureate Degree Programs
- 1 RN - Hospital-based Diploma Program
- 7 RN – Entry level Graduate Degree Programs

Increase in Graduates from Basic Baccalaureate Degree Programs

The total number of graduates from Board-approved Registered Nurse and Practical Nurse education programs increased in 2013 compared to 2009. Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased 26% from 1,422 in 2009 to 1,787 in 2013.

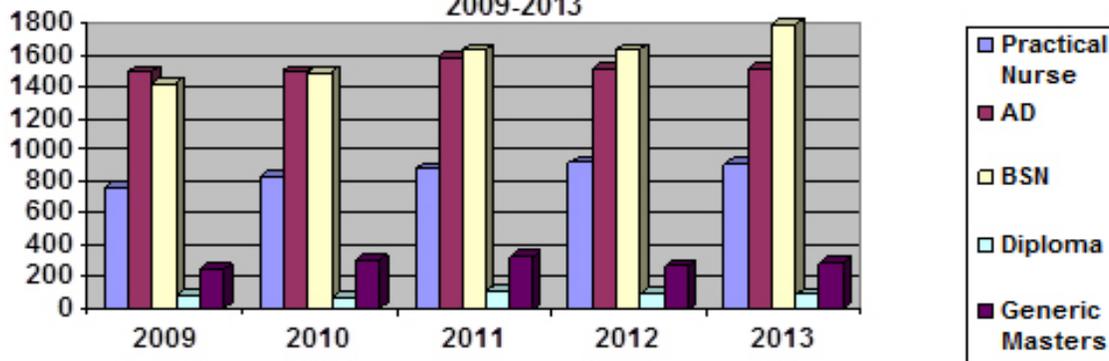
2013 NCLEX® Performance of Massachusetts Graduates

The 2013 pass rate of first-time writers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) who graduated from Board-approved Registered Nurse education programs was 82.82%. The performance of all U.S.-educated Registered Nurse program graduates during the same period was 83.04%.

The pass rate for graduates of BORN-approved Practical Nurse education programs who wrote the National Council Licensure Examinations for Practical Nurses (NCLEX-PN) for the first time during 2013 was 90.07% compared to 84.63% for all U.S.-educated Practical Nurse program graduates during the same period.

The NCLEX-RN and NCLEX-PN are valid and reliable assessments of the competencies needed to perform safely and effectively as a newly licensed, entry-level Registered Nurse or Licensed Practical Nurse. The NCLEX exams are administered Monday through Friday using computer adaptive testing (CAT) which merges computer technology with the latest measurement theory to increase the efficiency of the exam process. The NCLEX has been administered using CAT since 1994 when it replaced the pencil-and-paper version of what many nurses refer to as “Boards.”

Number of Graduates from MA Nursing Education Programs: 2009-2013



(Source: MA BORN)

Entry-Level Nursing Education
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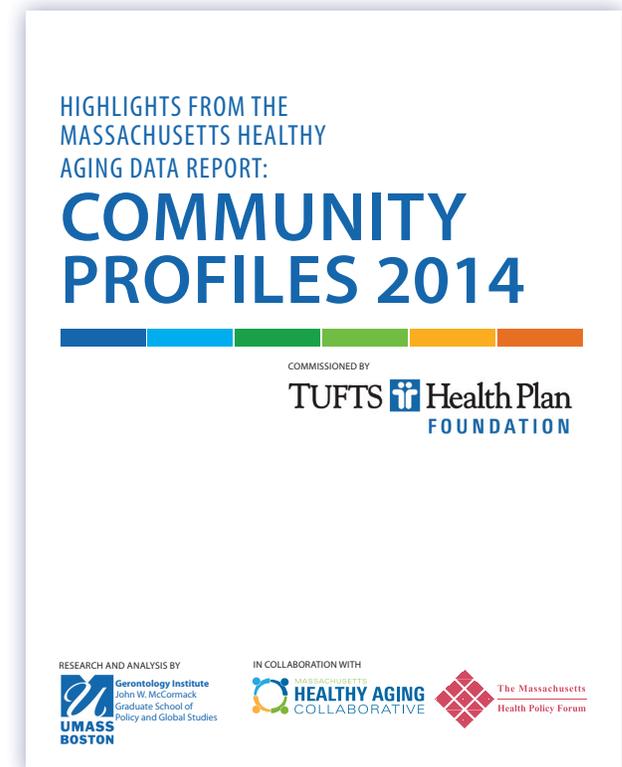
Fiscal Year 2014 BORN Actions Related to Nursing Education Program Approval

- The BORN has granted the Mildred Elley School, Pittsfield, Initial Approval status to operate a Practical Nurse Program. Initial Approval status means a parent institution with Pre-requisite Approval to operate an entry-level nursing education program has provided satisfactory evidence to the BORN of its ability to achieve compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval. Initial Approval status is required for the admission of students and remains in effect until the BORN evaluates the program's ability to achieve Full Approval status following the publication of the National Council Licensure Examination® results for the program's first graduating class.
- The BORN accepted the post-site survey reports submitted by the Practical Nurse Program faculties of Bristol-Plymouth Regional Technical School, Diman Regional School of Practical Nursing and Southeastern Technical Institute, finding full regulatory compliance in each.
- The BORN has waived its on-site survey of the BORN-approved nursing education programs at Quincy College (Practical Nurse Program) and Salem State University (Baccalaureate Degree and Direct-Entry Masters Programs). This action was taken in accordance with regulation, 244 CMR 6.06(2), based on documentary evidence related to each program's continued full accreditation status by a BORN-recognized accrediting agency in nursing. The Quincy College Practical Nurse Program is accredited by the Accreditation Commission for Education in Nursing while the Salem State University pre-licensure Registered Nurse programs hold accreditation by the Commission on Collegiate Nursing Education.

MA Healthy Aging Data Report: 2014 Community Profiles

Faculty of Board-approved nursing education programs may find the recently released *Massachusetts Healthy Aging Data Report: 2014 Community Profiles of interest* when evaluating their curricula under regulation 244 CMR 6.04(4) (b) 3.

This regulation requires the inclusion of nursing content that is relevant to national and local health care needs. The report, created by researchers at the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts/Boston and commissioned by the Tufts Health Plan Foundation, provides a profile of 100 healthy aging indicators for every city and town in the Commonwealth and is available at http://www.tuftshealthplanfoundation.org/pdf/healthy_aging_data_report_highlights.pdf.



Nursing Practice Updates

During Calendar Year 2013, the Board of Registration in Nursing responded to 1718 inquiries from nurses, employers and health care organizations related to standards of nursing practice, advanced nursing practice, continuing education, statutes and regulations governing nursing, and trends in health care delivery.

BORN Issues Revised Advisory Rulings

The following Advisory Rulings have been updated by the Board of Registration in Nursing since July 2013:

- 9901: *Registered Nurses as First Assistants at Surgery*
- 9902: *Advanced Practice Registered Nurses as First Assist at Surgical Procedures (formerly, Nurse Midwife as First Assist at Surgical Procedures)*
- 9101: *Administration of Medications for Sedation/Analgesia*
- 9401: *Nursing Practice Related to Medication Administration*
- 1301: *Cosmetic and Dermatologic Procedures (incorporates guidance previously found in Advisory Rulings 0101: Medical Aesthetic Procedures and 0001: Non-Ablative and Non-Laser Sources Device Use which were rescinded)*

These and all other Advisory Rulings are based on a systematic review of numerous sources of information and evidence-based standards of practice by the BORN's Nursing Practice Advisory Panel. In each advisory, the BORN affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. The BORN's [Advisory Rulings on Nursing Practice](#) can be found in the Nursing Practice section of the BORN's website.

Nurse Administration of Paralytic Medications

Members of the Board of Registration in Nursing voted at their April 9, 2014 meeting to take the following actions based on the evidence-based recommendations of its Nursing Practice Advisory Panel:

1. Find that the registered nurse caring for a non-mechanically ventilated patient may administer medications capable of producing neuromuscular blockade when in the presence of and pursuant to the orders of a licensed physician or CRNA. The nurse must acquire and maintain the necessary knowledge, skills, and abilities; demonstrating competency in the procedure. The nurse in the management role must ensure the development and implementation of relevant organizational protocols that ensure safe nursing practice; and
2. Find that the registered nurse caring for a mechanically ventilated patient may administer medications capable of producing neuromuscular blockade pursuant to the orders of a licensed physician or CRNA. The nurse must acquire and maintain the necessary knowledge, skills, and abilities; demonstrating competency in the procedure. The nurse in the management role must ensure the development and implementation of relevant organizational protocols that ensure safe nursing practice.

Information for Nurses Regarding Mandatory Abuse Reporting

Easy to access information is now available on the Board of Registration in Nursing's website related to mandatory abuse reporting. The [Mandatory Abuse Reporting](#) webpage provides statutory and regulatory citations, explanations for how to report abuse of a patient, child, elder or disabled person and links to relevant websites.

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Nursing Practice Updates
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Patient Safety Resource

The Care Transitions Education Project (CTEP), developed with support from Partners Investing in Nursing's Future, a collaborative of the Robert Wood Johnson Foundation and the Northwest Health Foundation, provides an interactive educational experience to improve patient-centered care transitions. Information regarding the CTEP, designed to prepare nurses from all care settings and roles with competencies necessary to achieve common patient centered goals including reducing avoidable hospital readmissions, is available at www.maseniorcarefoundation.org/initiatives/care-transitions.aspx.



Robert Wood Johnson Foundation

**NORTHWEST HEALTH
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PARTNERS INVESTING IN NURSING'S

future

Patient Safety Culture & Complaint Resolution

The Board of Registration in Nursing (BORN) has long supported a patient safety culture that balances individual accountability and system-related factors in its evaluation of “complaints”—reports alleging a nurse has engaged in conduct related to nursing practice that violates any law or regulation related to that practice—filed with the BORN regarding an individual nurse’s practice.

To that end, the BORN considers substantial evidence regarding: the nature and related circumstances of the nurse’s conduct, applicable remedial activities successfully completed by the nurse, employment performance evaluations of the nurse prior to and following the error, any acknowledgment by the nurse of the practice error and its significance, prior repeated or continuing practice-related issues, associated practice environment or systems-related factors and whether there is a need, in the public’s interest, for an official record of the nurse’s practice-related error. Based on its evaluation, the BORN may dismiss a complaint or, under the terms of an agreement with the nurse, impose discipline in the form of a reprimand or probation. Least frequently, the Board may enter into an agreement with the nurse for a suspension, surrender or revocation of the nurse’s license to practice nursing. For detailed information regarding the BORN’s complaint resolution process, visit [244 CMR 7.00: Action on Complaints](#).

During Calendar Year 2013, the BORN opened a total of 245 complaints and closed 256 of which 121 (47.2%) were resolved through disciplinary action. The top five (5) allegation types presented in investigated complaints were:

1. Alleged drug violations, substance abuse, practicing while impaired (54.4%, up from 41% in CY 2012)
2. Alleged general practice standard violations (12.9%)
3. Disciplinary action taken in another jurisdiction (11.5%, down from 13% in CY 2012)
4. Alleged patient abuse (8.7%, up from 7% in CY 2012)
5. Criminal activity/conviction (4.6%)

(Source: BORN CY 2012 and 2013 Annual Reports)

Substance Abuse Rehabilitation Program

The Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to substance abuse among licensed nurses. Established at M.G.L. Chapter 112, §80F, it is a five-year abstinence-based program to assist nurses whose competency has been impaired by the use of, or dependence on, alcohol and/or other drugs to return to nursing practice.

SARP is designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice while monitoring and supporting participants' ongoing recovery and their return to safe nursing practice. Nurses requesting admission to the SARP should contact the SARP Coordinators, Dawn Marie DeVaux, MSN, RN, at 617-973-0867 or Valerie Iyawe, MBA, RN, at 617-973-0904.

New Colleagues Welcomed as We Say Farewell to Others

The Board of Registration in Nursing recently welcomed the following new staff members: Nursing Education Coordinators, Kathleen Ashe, MSN, RN, and Sarah Varghese, MS, RN; SARP Coordinator, Dawn Marie DeVaux, MSN, RN; and Licensing Coordinator, Kevin Keenan.

Ms. Ashe is a Registered Nurse with over 30 years of nursing experience including 17 years as a nurse educator and program administrator. She holds a BSN from the University of Massachusetts/Amherst and an MSN in Nursing Education from St. Joseph's College of Maine, and most recently, served as the Director of the Practical Nurse Program at Blackstone Valley Regional Vocational Technical High School, Milford. A Registered Nurse with 23 years of nursing experience, Ms. Varghese brings a broad background in nursing service and administration in the long-term care setting to her role, having most recently served as a Nurse Manager at the Massachusetts Hospital School, Canton. She is a graduate of the Framingham Union Hospital School of Nursing and the Master of Science degree program at Regis College.

Ms. DeVaux has 25 years of nursing experience including several years in psychiatric/mental

health nursing and addiction recovery. Prior to her appointment to the Board's staff, she was a staff nurse on an inpatient psychiatric unit at the Massachusetts General Hospital. Ms. DeVaux holds a Master of Science degree from Salem State University.

A former Army officer, Mr. Keenan brings his experience in operations and training to his new role as the Board's new Licensing Coordinator. He holds a B.A. degree from the College of Holy Cross in Worcester.

The Board has also welcomed Olajumoke Atueyi, JD, who joins Mary Strachan, JD, as Board Counsel along with Investigators, Philip Beattie and Carey Lambert, RN. Appointed to the Office of Public Protection, Division of Health Professions Licensure (DHPL), Mr. Beattie has been an Investigator for the Commonwealth for almost twenty years starting with the Attorney General's Office in 1995. Before joining the DHPL, he was the Chief of Investigations, Manager of the Consumer Protection Unit, and Outreach Coordinator for the Board of Registration in Medicine, where he worked from 2005 to 2013. He is a graduate of the University of Massachusetts,

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New Colleagues Welcomed as We Say Farewell to Others
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Amherst. Mr. Lambert brings 20 years of nursing experience in a variety of inpatient and outpatient settings. Prior to his DHPL appointment, Mr. Lambert was a Community Health Nurse and Technology Trainer/Nurse Educator for Angels at Home Healthcare. He holds an Associate Degree in Nursing from Greenfield Community College and a Baccalaureate Degree in Nursing from the University of Massachusetts/Amherst.

During Fiscal Year 2014, the Board and its staff also extended our appreciation to the following staff members as they departed for new opportunities: Administrative Assistant Supervisor, Michael Bearse; Investigator, Ischelle Herbu, RN; MPRS Coordinator, Curtis Jackson; SARP Coordinator, Douglas McLellan, M.Ed, RN; Nursing Education Coordinator, Judith M. Pelletier, MS, RN; and Investigator, Ellen Sandler, RN.

Nurse Licensure by the Numbers

During Calendar Year 2013:

- 20,511 Licensed Practical Nurses (LPN), 114,905 Registered Nurses (RN) and 10,586 Advanced Practice RN (APRN) maintained current licensure or APRN authorization
- Of the 10,586 currently authorized APRN, 1,290 were Nurse Anesthetists, 501 were Nurse Midwives, 7,886 Nurse Practitioners and 909 Psychiatric Clinical Nurse Specialists
- 9,630 new RN and LPN licenses, and APRN authorizations were issued of which:
 - 4,748 were licensed by exam (3,758 RN and 990 LPN)
 - 4,061 were licensed by reciprocity (3,840 RN and 211 LPN) and
 - 831 authorized as APRNs including 122 Nurse Anesthetists, 24 Nurse Midwives, 676 Nurse Practitioners and 9 Psychiatric Clinical Nurse Specialists

Source: BORN CY 2013 Annual Report and MLO database

Division of Health Professions Licensure News

The BORN is one of nine boards including Community Health Workers, Dentistry, Genetic Counselors, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants and Respiratory Care that comprise the Division of Health Professions Licensure (DHPL) in the Bureau of Health Care Safety and Quality, MA Department of Public Health. The DHPL's [2013 Annual Report](#) highlights statistics and many of the initiatives undertaken by each of these boards in fulfilling its mandate to protect the health, safety, and welfare of the citizens of the Commonwealth.

Commonwealth of Massachusetts Division of Health Professions Licensure



Fiscal Year 2013 ANNUAL REPORT

Commonwealth of Massachusetts
Deval L. Patrick, Governor

Executive Office of Health and Human Services
John W. Polanowicz, Secretary

Department of Public Health
Cheryl Bartlett, RN, Commissioner



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Division Of Health Professions Licensure News
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M.G.L. c. 66, §10(d)—Protected Nurse Licensure Information

The DHPL is mandated at M.G.L. Chapter 66, §10(a) to respond to a public records request with the non-exempt information in its licensure records (e.g., licensee name, license number, and license status). Certain information, including dates of birth and social security numbers, are kept confidential and are exempt from disclosure for **all** individuals.

However, the DHPL and the Board of Registration in Nursing would like to take this opportunity to remind nurses that, in accordance with M.G.L. c. 66, §10(d), certain information associated with a nursing license that would normally be publicly available will be restricted upon written request of an individual who is a victim of domestic violence, a victim of an adjudicated crime, or a person providing or training in family planning services. This information includes the licensee's home address, telephone number, place of employment, and place of education listed in DHPL records.

Once restricted, applicable information will not be disclosed under §10(d) in response to a public records request, whether that request is made in writing, in person or by telephone. The restricted information will not be publicly available on the DHPL's Check-a-License online feature or on NURSYS.com. For additional information and to download the Disclosure Form, consult the Board's [Information Confidentiality Form](#) webpage.

Online Nursing License Renewal

The Division of Health Professions Licensure (DHPL) continues to encourage Massachusetts nurses to renew their nursing license 24/7 using a secure internet connection (please note that the Google Chrome and Macintosh Safari browsers are not supported and will not operate on this website). The online feature permits payments to

be made by VISA or MasterCard, or by electronic check. In addition, the renewed status of a nurse's license will immediately appear in the "Check-A-License" section of the Board of Registration in Nursing's website. The DHPL considers this information to constitute primary source verification.

When renewing online, nurses will also complete the biennial Massachusetts Nurse Workforce Survey. A collaborative effort of the Board of Registration in Nursing, the Department of Public Health's Health Care Workforce Center (Workforce Center), the Department of Higher Education and the Massachusetts nursing community, the survey is designed to create an accurate picture of the Commonwealth's nurse workforce which is vital to the implementation of relevant, evidence-based health care policy making. In addition to analyzing the nurse workforce data, the Workforce Center publishes biennial Nurse Workforce Data Series reports; links to the HCWC reports are made available on the Board's [home page](#) as they become available.

The majority of Massachusetts nurses elected to renew online during the 2012 Registered Nurse (92%) and 2013 Licensed Practical Nurse (86%) renewal cycles. However, nurses who do not wish to renew online can email the DHPL at renew.bymail@state.ma.us or write to the Board of Registration in Nursing at 239 Causeway Street, Boston, MA 02114, and request to receive the renewal application by U.S. Mail. Nurses who submit a written request for a renewal application form should include their full name, license type (i.e. Licensed Practical Nurse, Registered Nurse or Advanced Practice Registered Nurse) and license number. The license renewal will arrive at the nurse's address of record within seven to ten days.

News from the National Council of State Boards of Nursing

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization comprised of all boards of nursing in the United States, the District of Columbia and four U.S. territories, American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 international associate members. The mission of NCSBN is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NCLEX-CAT Turns 20

The National Council of State Boards of Nursing marked the 20th anniversary of the NCLEX® administered via computerized adaptive testing (CAT) on April 1, 2014. In 1994, the NCSBN was the first organization to implement this technology for nationwide licensure examinations. Since that time, more than 4.3 million candidates for nurse licensure have written the exam.

New NCLEX-PN® Test Plan Effective April 1, 2014

The 2014 NCLEX-PN Test Plan went into effect April 1, 2014. The NCLEX-PN Test Plan is reviewed every three years by NCSBN. Changes are based upon empirical data collected from several sources, including newly licensed nurses, the expert opinion of the boards of nursing and the NCLEX Examination Committee.

A number of changes/clarifications in the new test plan were made based on the results from the 2012 Practical Nurse Practice Analysis: Linking the NCLEX-PN Examination to Practice, a survey of 12,000 newly licensed LPN/LVNs, recommendations of the NCSBN Examination Committee and Member Board feedback. Detailed information describing the specific changes to the NCLEX-PN test plan including the changes in the percentage of test items in each test plan category is available at <https://www.ncsbn.org/4701.htm>.

NCLEX-PN Passing Standard Increased April 1, 2014

The National Council of State Boards of Nursing (NCSBN) has raised the NCLEX-PN passing standard. Effective with the implementation of the 2014 NCLEX-PN Test Plan on April 1, 2014, the passing standard has increased from -0.27 logits to -0.21 logits (a logit is a unit of measure to report relative differences between candidate eligibility estimates and test question difficulties).



The NCSBN Board of Directors (BOD) took this action during its December 2013 meeting when it determined that safe and effective entry-level practice of Licensed Practical/Vocational Nurses requires a greater level of knowledge, skills and abilities than was required in 2010 when NCSBN implemented the last passing standard. In their evaluation, the BOD used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. These sources included the results from a criterion-referenced standard-setting workshop involving 13 subject matter experts; a historical record of the NCLEX-PN passing standard and candidate performance; the educational readiness of high school graduates who expressed an interest in nursing; and the results from annual national surveys of nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

The passing standard, evaluated every three years to ensure that new LPN/LVNs possess the competency necessary for entry-level practice, will remain in effect through March 2017.

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Enhanced NCLEX Security Screening

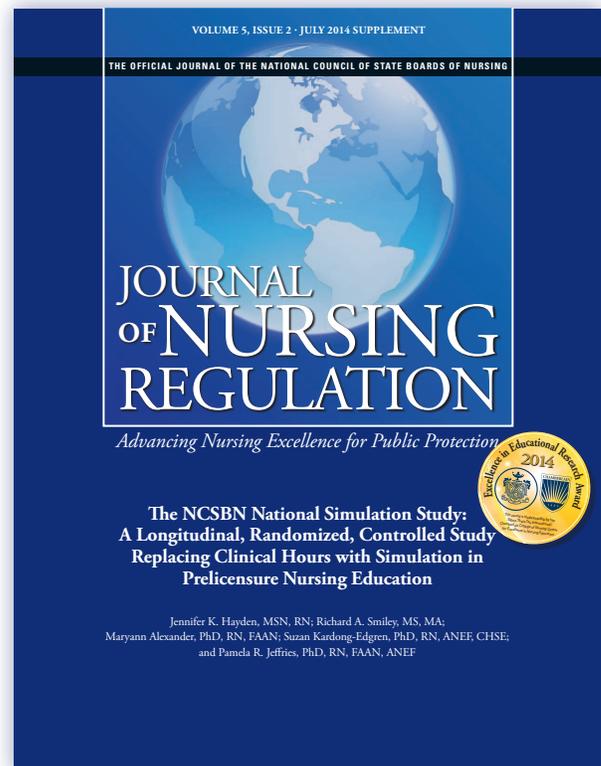
In its ongoing effort to ensure a high level of security for the NCLEX examinations, the NCSBN captures a series of biometrics from each NCLEX candidate on admission to a test center. These security measures include a digital signature, palm vein scan and a photograph. Enhancements to palm vein technology now allow NCSBN the ability to compare a candidate's palm vein biometric against all NCLEX palm vein records, enabling NCSBN to maintain a "no test" list of individuals identified by boards of nursing as well as to identify potential proxy test takers. Because the palm vein scan has proven to be accurate, tamper-proof and non-intrusive, the NCSBN discontinued the use of the fingerprint biometric in October 2013.

Tri-Regulator Collaborative Issues Position Statements

Leadership of the three organizations that comprise the Tri-Regulator Collaborative - the National Council of State Boards of Nursing, the Federation of State Medical Boards and the National Association of Boards of Pharmacy - met this spring, issuing two position statements: Inter-professional-based Patient Care and Practice Location for Consumer Protection. The position statement on inter-professional, team-based patient care affirms that all members of a health care team must place the best interests of the patient first and endorse "a team-based approach to patient care that utilizes the education, training, expertise and abilities of individual team members in order to deliver health care that is efficient, inter-professional, cost-effective and evidence-based." The practice location for consumer protection position statement asserts that, under a consumer protection model, health care practice occurs where the recipient of health care services is located. The Tri-Regulator Collaborative members represent the state boards that together regulate the practice of five million nurses, physicians and pharmacists.

NCSBN to Publish Report on National Simulation Study in August 2014

A full report of NCSBN's National Simulation Study will be published in a special August 2014 supplement of the *Journal of Nursing Regulation*. The report will cover the results of the multi-site, randomized study of simulation during clinical education, and the results of the follow-up study of how well the students were prepared for clinical practice. The purpose of this longitudinal investigation was to explore the role and outcomes of simulation use among prelicensure nursing programs throughout the U.S.



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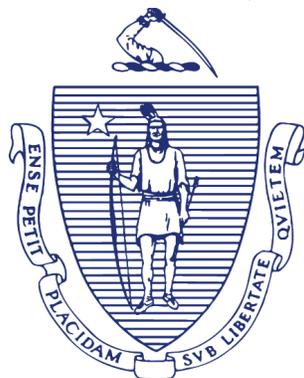
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Protection

Philip Beattie, Compliance Officer

Carey Lambert, RN, Compliance Officer

Mary Matthews, RN, Compliance Officer

Maryann Sheckman, RN, Compliance Officer



BORN Quick Links

Questions About...	BORN Web Page (CTRL + click to follow link)	Telephone/Email
<ul style="list-style-type: none"> Scheduled Board meetings and agenda List of Board members Emergency and holiday closure 	About the Board...	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Board address and telephone numbers Directions to Board office List of Board staff members Board email address 	Contact Us	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Nursing laws and regulations 	Statutes, Rules & Regulations	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> BORN-approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education programs 	RN and LPN education programs	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Records custodian, closed LPN education programs 	Closed LPN program, records custodian	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> NCLEX pass rates by RN & LPN education program 	NCLEX pass rates	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> License applications and forms 	Advanced Practice Licensure by exam (NCLEX) Licensure by reciprocity	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) nursebyexam@pcshq.com nursebyreciprocity@pcshq.com
<ul style="list-style-type: none"> License renewal 	Online license renewal	617-973-0900 or 800-414-0168 renew.bymail@state.ma.us
<ul style="list-style-type: none"> License fees Good moral character licensure requirement Important information for new nurse licensees Verification of nurse licensure Imposter alerts 	Licensing	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Name or address change form Duplicate license request form 	Name, address, duplicate	617-973-0900 or 800-414-0168

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Got Questions?
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Questions About...	BORN Web Page (CTRL + click to follow link)	Telephone/Email
<ul style="list-style-type: none"> License information confidentiality form 	Information confidentiality	617-973-0921
<ul style="list-style-type: none"> Online license verification 	Check-A-License	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Online alerts 	Alerts	
<ul style="list-style-type: none"> Practice Scope: decision making guidelines 	Decision making guidelines	Laurie.Talarico@MassMail.state.ma.us
<ul style="list-style-type: none"> Advisory rulings 	Advisory rulings	Laurie.Talarico@MassMail.state.ma.us
<ul style="list-style-type: none"> Preparing for APRN practice Guidelines and prescriptive authority Guideline audit tool FAQ's 	Advanced practice	Laurie.Talarico@MassMail.state.ma.us
<ul style="list-style-type: none"> Continuing Education including FAQ's 	Continuing education	617-973-0900 or 800-414-0168 Laurie.Talarico@MassMail.state.ma.us
<ul style="list-style-type: none"> Substance Abuse Rehabilitation Program 	SARP	617-973-0904 or 617-973-0931 Valerie.lyawe@MassMail.state.ma.us Dawn.Devaux@MassMail.state.ma.us
<ul style="list-style-type: none"> Filing a complaint information Disciplinary action list 	Complaint resolution	617-973-0865

Contacting the Board

www.mass.gov/dph/boards/rn
nursing.admin@state.ma.us

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