



Massachusetts Board of Registration in Nursing

Board News...

JULY 2010

VOLUME 5, NUMBER 1

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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/NP
Chairperson
Katherine Gehly, RN *Vice-Chairperson*
Jennifer Dubose, LPN
Karen Harwood-Green, RN
Joan Killion, LPN
Catherine Lundeen, RN
Paulette Remijan, RN/NP
E. Richard Rothmund,
Public Member
Mary Jean Roy, RN
Catherine Simonian, RPH
Robert Smith, LPN
Cilorene Weekes-Cabey,
RN

1910 – 2010: A Century of Commitment to Public Safety. With the enactment of chapter 449 in 1910, the Massachusetts legislature established a five-member Board of Registration in Nursing (Board) and authorized it to make rules and regulations to protect the “sick in the commonwealth” from unsafe or incompetent Registered Nurse care. In its report to the legislature seven years later, the Board noted that “many people estimate the nurse by her agreeable manner and never consider the possibility of danger existing in defective observation and recording of the progress of a disease, and the failure to observe surgical asepsis.” At that time, graduation from an approved nursing school was not a prerequisite to nurse licensure causing the Board to affirm in its 1917 report that the “future standing” of Massachusetts nursing school graduates and the schools from which they graduated depended on the establishment of “standards of instruction and training.” The Board concluded that “illness is a great emergency...and should bring forth the best effort of the human mind and the most effective routine care to prevent unnecessary distress and danger...State registration should be developed so as to secure to the people the greatest possible safety.”

Over the last 100 years, a variety of societal and economic influences as well as historical events have shaped not only the Board and its regulation of nursing practice and education but also the legislature’s enactment of chapter 112, section 80B, which long ago replaced chapter 449. Central to the Board’s authority, chapter 112, section 80B, now reflects the continuum of science-based care that Licensed Practical Nurses, Registered Nurses and Advanced Practice Nurses are educated to provide to individuals, families and communities. The Board’s mission, however, has remained the same since 1910: to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.

Board Plans Educational Event for Nurses to Celebrate Its Centennial.

To celebrate its centennial, the Board is planning a day-long educational event and celebration on October 29, 2010 at the Hoagland-Pincus Conference Center, University of Massachusetts, in Shrewsbury.

Presentations by noted guest speakers are planned on topics related to innovations in nursing practice and public policy. In addition, the Board has issued a call for poster presentations describing the history of nursing, specialization, advanced nursing practice and a look into the future. Four contact hours will be awarded.

The Board will be honored to count you among its guests. Save the date and plan to attend this celebration of 100 years of public service. Visit the Board’s website soon for registration information.

MARN Honors Board As Its 2010 President’s Award Recipient. In recognition of the Board’s 100th anniversary, the Board was honored by the Massachusetts Association of Registered Nurses with its 2010 President’s

Award during MARN's Annual Spring Convention on April 16, 2010. In presenting the award to Board Chairperson, Janet Rico, MS, APRN, and Executive Director, Rula Harb, MS, RN, MARN President, Toni Abraham, MSN, APRN-BC, noted the Board's contributions to nursing practice in the Commonwealth.

Board Members Elect Fiscal Year 2011 Officers. At their June 2010 meeting, Board members elected their Fiscal Year 2011 officers: Chairperson, Sandra Kelly, RN/NP, and Vice-Chairperson, Katherine Gehly, RN. An experienced advanced practice RN, Ms. Kelly was appointed in 2008 by Governor Patrick to one of the Board's two Advanced Practice seats. She is a member of the Advanced Practice nursing staff at the Dana Farber Cancer Institute.

Governor Patrick first appointed Ms. Gehly to the Board's Associate Degree educator seat in 2008; he then reappointed her in 2010 to serve another term. An experienced nurse educator and clinician, Ms. Gehly is the Assistant Division Dean for Nursing, Middlesex Community College.

For a list of the Board's Fiscal Year 2011 meeting dates, visit our website at www.mass.gov/dph/boards/rn, click on "About the Board of Registration in Nursing" then click on the link to the Board calendar.

Vacancies Due To Board Member Departures

The Board extends its sincere thanks to the following departing members for their many years of service and their invaluable contributions to the mission of the Board: Janet Rico, RN/NP (Baccalaureate and higher degree nursing educator); Donna Lampman, RN (LPN educator); and Maureen Butts, LPN (LPN/long-term care).

If you are interested in applying for a gubernatorial appointment to one of these seats, visit the Board Appointment page, Division of Health Professions Licensure website, at www.mass.gov/dph/boards.

Cilorene Weekes-Cabey To Serve on Medical Board's New Quality and Patient Safety Committee

Board member, Cilorene Weekes-Cabey, RN, will represent the Board as a member of the recently convened Quality and Patient Safety (QPS) Committee (formerly the Patient Care Assessment Committee) at the Board of Registration in Medicine. A mandate of the Medical Malpractice Reform Act of 1986, the QPS Committee provides feedback and direction to hospital-based quality and patient safety programs including quality assurance, risk management and credentialing.

New Staff Appointments

Board Appoints Caron Robertson Deputy Executive Director

The Board has appointed Caron Roberson, MSN, RN, to the position of Deputy Executive Director. An experienced clinician, educator and nurse executive, Ms. Robertson is highly regarded as a manager, communicator and collaborative group facilitator. She is a graduate of the baccalaureate nursing program at Fitchburg State College and the graduate nursing program at Anna Maria College where she earned dual degrees in nursing management and patient education. Prior to joining the Board's staff in February, Ms. Robertson was the Director, Professional Advancement and Magnet Coordinator at Norwood Hospital.

As Deputy Executive Director, Ms. Robertson will assist the Board's Executive Director in making policy recommendations to the Board, managing all Board

office business including oversight of administrative staff who support the Board's licensure activities and overseeing the complaint resolution and substance abuse rehabilitation programs.

David Ring Appointed MPRS Coordinator

David Ring joined the Division of Health Professions Licensure (DHPL) staff in May as Coordinator of the Massachusetts Professionals Recovery System (MPRS). In this role, Mr. Ring will also provide support to the Board's SARP. An experienced human services provider, Mr. Ring received his baccalaureate degree in Sociology and Social Policy from Trinity College at the University of Dublin, and his master of education degree in Counseling Psychology and Addictions from Cambridge College. Most recently, Mr. Ring was the Director of Client Services, Gay Men's Domestic Violence Project where he supervised a team of staff, interns and volunteers providing services to survivors of domestic violence including emergency shelter, advocacy, counseling and the operation of a 24-hour hotline

The MPRS is a public-private partnership between the DHPL and various professional associations, designed to protect public safety by monitoring the substance abuse recovery of non-nurse licensed health care professionals through a confidential and non-disciplinary framework.

New Nurse Investigators Appointed: Ellen Sandler and Ischelle Herbu

Two Registered Nurses as Nurse Investigators at the DHPL. Ischelle Herbu, RN, BSN, JD, brings 17 years of nursing expertise to her new role. Ms. Herbu, who holds a baccalaureate degree from the University of North Florida, was a staff nurse at the Department of Mental Health, Westborough State Hospital, Westborough, MA, prior to her DHPL appointment.

Before her appointment, Ellen Sandler, RN, MPH, had been a Policy Analyst for 19 years at the MA Division of Health Care Finance. She holds an Associate Degree in Nursing and a BA in Political Science, both from Northeastern University, as well as an MPH from Boston University.

Ms. Herbu and Ms. Sandler join three other Nurse Investigators in evaluating complaints in which nursing practice breakdown or other misconduct is alleged to have occurred to determine if there has been any violation of the laws, regulations or standards of safe nursing practice. Each Nurse Investigator interviews parties to the complaint including the nurse alleged to have violated a legal or practice standard, the complainant and witnesses; gathers and analyzes a variety of related documents including witness statement and clinical records and investigation reports from other regulatory agencies such as the Division of Health Care Quality or the Department of Mental Health. The Nurse Investigators then provide a written summary and present their investigative conclusions to the Board for review and action at regularly scheduled meetings.

Proposed Revisions to Board's Advanced Practice Nursing Regulations.

Consistent with chapter 112, section 80B, final action by the Board on its proposed revisions at 244 CMR 4.00 is currently pending further review and agreement by the MA Board of Registration in Medicine (BORIM) on the sections on prescriptive practice including physician supervision and collaborative guidelines. Additionally, chapter 112, section 80E, specifies that the Board and the BORIM will jointly promulgate regulations related to prescriptive practice guidelines and physician supervision following consultation with the Board of Registration in Pharmacy. As the consultation process moves forward, information will be posted on the Board's website.

Reminders for Advanced Practice Registered Nurses (APRNs):

- In order to maintain advanced practice nursing authorization and to practice in the APRN role, an APRN must hold current professional advanced practice certification and provide documentation satisfactory to the Board of such current certification with each RN license renewal.
- APRNs who no longer want to maintain their advanced practice authorization must notify the Board in writing. RNs who voluntarily relinquish their APRN authorization are prohibited from engaging in advanced practice nursing. To qualify for authorization again in the future, the RN must demonstrate compliance with the regulatory criteria for APRN authorization in effect at that time. This is important information for those Nurse Practitioners and Psychiatric Nurse Mental Health Clinical Specialists who were authorized by the Board before April 15, 1993, on the basis of equivalent competency including successful completion of a specialty education program beyond basic nursing education and five years of clinical nursing practice in the specialty area. Currently, the Board's regulations require graduation from a Board-recognized nationally accredited graduate Nurse Practitioner or Psychiatric Clinical Specialist program that is a minimum of one academic year in length and current certification by a Board-recognized national certification organization as a Nurse Practitioner or Psychiatric Clinical Specialist.
- The Board has published a model curriculum on its website for use by Massachusetts' APRN faculty in preparing students for APRN authorization and practice.

Web Enhancements Made to Board Website

Communication with licensed nurses, employers, other regulatory agencies, professional organizations and the public is an important Board priority. The Board's website is a recognized source to up-to-date information about nurse licensure and advanced practice nursing authorization, basic and continuing education, nursing practice and the National Council Licensure Examination. The Board recently made numerous web enhancements to encourage greater use of its website at www.mass.gov/dph/boards/rn. The Board's home page now includes subcategories that will direct the viewer to specific information contained within each linked section.

NURSING PRACTICE: Recent Board Actions

Assessment of Child Abuse and Neglect

Effective January 1, 2010, state law now requires a mandated reporter who is professionally licensed to complete training in the recognition and reporting of suspected child abuse or neglect. As a result, the Board has received a significant number of inquiries from individual nurses and professional organizations regarding the implication of this new law on the renewal of a nurse's license and the contact hours required for continued licensure. In response, the Board communicated the following information to the Department of Child and Family Services (DCFS) last fall:

- all basic RN and LPN education programs include assessment of child abuse and neglect in their curriculum;
- Board regulation, 244 CMR 9.03(6)(a) 17 specifically affirms the licensed nurse's obligation to report child abuse, referencing Massachusetts General Law chapter 119, section 51A; and
- at the time of license renewal, licensed nurses attest that they have complied with the mandatory reporting laws including the obligation to report the abuse and neglect of children in compliance with MGL c. 119, s. 51A.

In its communication with the DCFS prior to the enactment of this statutory amendment, the Board also requested clarification from the DCFS regarding its expectations for this new requirement. The Board has not yet received

additional guidance from the DCFS. Therefore, there are no changes at this time in the Board's license renewal process or in the continuing education requirements.

Board Provides Feedback At Request of Medical Board

The Board recently provided written feedback to the MA Board of Registration in Medicine (BORIM) in response to the BORIM's proposed revisions to its Prescriptive Practice Policy and Guidelines. In submitting its comments to the BORIM, the Board recommended alternative terms to more accurately reflect current advanced practice nursing.

Opinion Issued On Nursing Care Provided in Nurse's Own Residence

At its January 2010 meeting, the Board considered an inquiry regarding the provision of nursing care by a licensed nurse in the nurse's own residence. Based on its regulations, the Board opined that regardless of the nurse's practice setting, licensed nurses are required to: engage in the safe and competent practice of nursing consistent with accepted standards of practice [ref: 244 CMR 9.03(5) and (12)]; safeguard a patient's dignity, right to privacy [244 CMR 9.03(17)]; establish and observe professional boundaries as well as not initiate a nurse/patient relationship that is likely to adversely affect the nurse's professional judgment [244 CMR 9.03(24) and (25)]; and maintain the security of controlled substances that are under his or her responsibility and control [244 CMR 9.03(35)]. The Board also noted that licensed nurses, including those in independent practice, must be familiar and comply with all laws and regulations applicable to the nurse's practice setting [244 CMR 9.03(6)].

Medical Orders for Life Sustaining Treatment Demonstration Program

Also at its January 2010 meeting, the Board issued a statement in support of the use of Medical Orders for Life Sustaining Treatment (MOLST) forms as an appropriate way to meet the standard of care when assisting patients to communicate their preferences regarding end-of-life directives. In its statement, the Board emphasized that, in order to minimize disparity, a properly executed MOLST form must be: honored by clinicians; and considered portable across all treatment settings and acceptable as medical orders when signed by a physician, a nurse practitioner or a physician assistant.

Board Response to Executive Office of Elder Affairs Regarding Teaching Epinephrine Administration to Unlicensed Persons

During its December 2009 meeting, the Board responded to an inquiry from the Clinical Unit, Office of Long Term Care, Executive Office of Elder Affairs (EOEA) in which the EOEA sought to determine whether a licensed nurse could train an unlicensed person (UP) to perform epinephrine administration using an auto-injector in "medically oriented community programs." The Board responded that nurses can teach a UP, who through the UP's employment, encounters persons who may require emergent epinephrine administration from a pre-measured device designed for self-administration, to administer epinephrine. The nurse trainer would not be accountable or responsible for the administration of epinephrine by the UP once the UP has been trained in appropriate setting. The Board further determined that a nurse's training of the UP in this circumstance does not constitute delegation since the UP would not be functioning in an assistive role to the nurse.

In taking this action, the Board also affirmed that the nurse in a management role in this specific setting must establish defined, consistent and proven methods of teaching the UP as well as protocols that include a method by which:

- the individual who requires the emergent care agrees to performance of

- the activity by a UP;
- an order from a duly authorized prescriber for specific and conditional administration of epinephrine is obtained;
 - the proper storage and handling of epinephrine is maintained;
 - the UP is evaluated for initial and continued competence;
 - the UP is trained to recognize the symptoms of a severe allergic reaction;
 - the UP is trained in a defined, consistent and proven method for the safe administration of epinephrine with a pre-filled, automatic injection device intended for self-administration; and
 - emergency medical services and other appropriate persons are notified following epinephrine administration.

Response to Inquiries Regarding Deep Sedation and Fractional Lasers

In response to inquiries it has received regarding the administration of medications intended for deep sedation, the Board, at its April 2010 meeting, determined that: the Registered Nurse (RN) who is duly trained and qualified may receive, accept and transcribe orders from duly authorized prescribers for medications capable of producing deep sedation; it is within the scope of practice for a Registered Nurse (RN) to administer medications intended for deep sedation when ordered by a duly authorized prescriber for the deep sedation of an intubated patient; and the RN must insure that there are institution policies that include protocols for RNs who administer appropriately prescribed medications intended to produce deep sedation in a non-intubated patient and require the RN to do so in the presence of a provider trained in anesthesia or expert in airway management whose sole responsibility is to manage the patient's airway.

The Board responded to a recent inquiry regarding the use of fractional lasers by nurses, noting that the Board's Advisory Ruling 0001: Non-Ablative and Non-Laser Light Sources Device Use permits the use of non-ablative lasers and devices that use a light source by nurses and prohibits the use of a CO2 laser device by nurses.

PICC Line Advisory Ruling

The Board was asked recently whether a Registered Nurse could verify PICC line placement by radiograph. Based on its review of current evidence-based practice standards and nationally recognized position statements, the Board found that the RN verification of PICC line placement is a developing area of practice, and professional organizations and health care facilities have differing opinions at this time. As a result, the Board deferred an opinion until there is greater consensus in the nursing community. A copy of the Board's current PICC Line Advisory Ruling is available in the Nursing Practice section of the Board's website.

Revised Medication Order Advisory Ruling Issued

The Board has revised its advisory ruling on the verification of medication orders. Last revised in July 2002, Advisory Ruling 9324 was updated last December in response to a number of inquiries which the Board has received from licensed nurses. The most recent revisions to the advisory ruling specify the role and responsibility of the licensed nurse who, as a function of the nurse's employment or practice setting, receive, accept and transcribe orders from duly authorized prescribers by a variety of methods and in a variety of situations.

The updated advisory was based on a systematic review of numerous sources of information and evidence-based standards of practice. The Board affirmed that the 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. This and all other Board advisories can be found on Nursing Practice section of the Board's website at www.mass.gov/dph/boards/rn.

Board Reconvenes Nursing Practice Advisory Panel

To assist the Board in carrying out its public protection mission, the Board has reconvened its Nursing Practice Advisory Panel to provide clinically expert, evidence-based consultation to the Board in diverse areas of nursing practice primarily related to the scope and current standards of care. Newly appointed NPAP members include: Lisa Arello, RN/NP; Elizabeth Barnhart, RN/NP; Lena Deter, RN; Michele Fernald, RN; Barbara Files, RN/NP; Carol Gawrys, RN; Shirley Gillies, RN/NP; Diane Hanley, RN; Brenda Jaeger, RN; Jeffrey Alan Joyce, RN/NA; Susan Keuker, RN; Linda Anne L'Abbe, RN/NM; Elizabeth Maffie, RN/NP; Georgianna Marks, RN/PC; Donna Marsden, RN; Ann Marie Oliveira, LPN; Margaret Reeve Panahi, RN/NP; Susan Petrosino, RN/NP; Pamela Jean Plucinski, RN/PC; Traci Powers, RN; Patricia Rosier, RN; and Amy Smith, RN/NM.

Board Notes Findings of MA Pain Initiative Survey Published

During their May, 2010, meeting, Board members noted that the MA Pain Initiative (MPI) has published data from its February survey of 600 Massachusetts residents. The MPI reported that one in four adults in Massachusetts experienced serious chronic pain, and there are significant disparities in serious chronic pain experienced by Massachusetts' minorities and the poor. A copy of the Board's Pain Management Advisory Ruling is available on-line in the Nursing Practice section of the Board's website.

ENTRY-LEVEL NURSING EDUCATION: Recent Board Actions

Two New RN Programs Approved

The Board recently granted approval to two Massachusetts colleges:

- Bay State College has been granted Pre-requisite Approval in the establishment of its Associate Degree RN nursing education program. Pre-requisite Approval indicates a parent institution provided satisfactory evidence to the Board of its potential to comply with the Board's standards for the operation of a basic nursing education program at 244 CMR 6.04 which are designed to insure that graduates possess the competencies necessary for entry-level nursing practice. In order to proceed with the admission of students, an institution must be granted Initial Approval status by the Board.
- Westfield State College was granted Initial Approval in its establishment of an entry-level Baccalaureate Degree nursing education program. Initial Approval signifies an institution provided satisfactory evidence to the Board of its ability to achieve compliance with the Board's standards at 244 CMR 6.04. Initial Approval is the prerequisite for the admission of students and remains in effect through the Board's determination of the program's ability to achieve Full Approval status.

Anna Maria College Notifies Board of Closure of AD Nursing Program

As required by Board regulation, Anna Maria College has notified the Board of its intention to close the College's Associate Degree Nursing Program with the graduation of the Class of 2012.

Survey Findings Available

Findings from two surveys of administrators at Board-approved nursing education programs are now available in the Nursing Education section of the

Board's website. The Board's Spring 2008 Nursing Faculty Vacancy Study, a biennial survey, makes available data that may be used by nursing program faculty and healthcare providers statewide, as well as legislators, regulators, and post secondary and higher education administrators in the planning for the Commonwealth's current and future nursing education program needs.

The Board's annual survey to collect data related to the pool of qualified students entering Board-approved nursing education programs in the fall 2009 is also available on-line. Data are reported by program type (Registered Nurse and Practical Nurse) as well as by RN degree type (hospital based diploma and associate degree, and baccalaureate and higher degree), and can be sorted by publicly funded institutions.

SUBSTANCE ABUSE REHABILITATION PROGRAM.

The Substance Abuse and Rehabilitation Program (SARP) was developed over 20 years ago to assist nurses whose competency has been impaired because of substance abuse disorders. A voluntary alternative to traditional disciplinary action, SARP is available to nurses who admit to having a substance problem. Nurses requesting admission to the SARP should contact Douglas McLellan, the SARP Admissions Coordinator at: 617-973-0931.

We need more volunteers to join SARP's Substance Abuse Rehabilitation and Evaluation Committees (SAREC). Volunteers are a key part of SARP. Each committee consists of 9 volunteers, appointed by the Board, who are knowledgeable in the field of substance abuse and/or mental health. There are four SAREC that meet once a month in Boston, Plymouth, Holyoke and Tewksbury. Each SAREC is comprised of two RNs, two LPNs, one nurse employed as a nursing service administrator, one RN or LPN that has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three representatives of the public.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable rehabilitation program for nurses in recovery. The SAREC, with the assistance of the SARP Coordinators, assess, plan, implement, and evaluate the contracts of licensees participating in SARP. The SAREC's also meet with nurses requesting admission to SARP and forward on to the Board their recommendations. The goal of the SAREC is to monitor the nurse while he/she actively engages in rehabilitation and the return to safe nursing practice.

Interested nurses and members of the public, who are experience in the field of substance abuse and/or mental health disorders, are invited to serve as a SAREC member. Membership is voluntary with a commitment to attend one meeting monthly. The Board presently has openings in the Boston and Plymouth SAREC's. Those interested in becoming a SAREC member are encouraged to contact Doug McLellan, SARP Coordinator, at 617-973-0931 or Valerie Iyawe at 617-973-0904 or at Website: www.mass.gov/dph. Blog: <http://publichealth.blog.state.ma.us>.

Community Outreach

SARP Coordinators are available to provide presentations to healthcare facilities and nursing schools to inform professionals who are working in the field and nursing students about the SARP.

BRN/CHPR Patient Safety Initiative Phase I. The Board and its research partner, the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School, have completed the first year of Phase I of its patient safety initiative to promote safe medication administration by nurses

who practice in MA nursing homes. With financial support from the National Council of State Boards of Nursing, the Board and CHPR have established a strategic alliance of 14 state public protection agencies, the Centers for Medicare and Medicaid Services and provider organizations to cultivate a patient safety culture among MA nursing homes to support the recognition and voluntary reporting of medication errors by nurses. A unique feature in the formation of the strategic alliance is the application of an evidence-based collaboration theory to facilitate and evaluate collaborative relationships.

Data based on a 40.2% response rate from the strategic alliance's Fall 2009 survey of randomly selected nurses to anonymously determine their perceptions of the barriers to medication error reporting and the patient safety culture in MA nursing homes were reported to the Board at its January 2010 meeting. The first statewide assessment of its kind, the data is available on the Board's website at www.mass.gov/dph/boards/rn.

DIVISION OF HEALTH PROFESSIONS LICENSURE NEWS

The Board is one of eight boards including 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.

Alice Bonner, PhD, RN, New Director, DPH Bureau of Health Care Safety and Quality.

Alice Bonner, PhD, RN, was appointed last October to the position of Director, Bureau of Health Care Safety and Quality at the Department of Public Health. An experienced clinician, educator and researcher, Dr. Bonner is a recognized expert in long-term care.

Prior to joining the DPH staff, she was the Executive Director of the MA Senior Care Foundation. A certified Gerontological Nurse Practitioner for the past 19 years, Dr. Bonner has maintained a geriatric clinical practice in central Massachusetts. Her research interests include the falls prevention, medication safety and collaborative practice models. Dr. Bonner earned a BA from Cornell University, a BSN from Columbia University, an MSN from the University of Massachusetts/Lowell and a PhD from the University of Massachusetts/Worcester.

On-line Nurse Renewal Now Available. The DHPL has implemented its new on-line licensing system. Nurses licensed by the Board are now able to renew their nursing license 24/7 using a secure internet connection using a credit card or electronic check. The Board encourages nurses to use this new on-line feature since the renewed status of a license will immediately appear in the "Check-A-License" section of the Board's website.

Workforce Survey To Address Need for Data. RNs who renew their nursing license on-line will complete a short (5 to 7 minutes) survey designed to collect nurse workforce data. To assist you in completing both the on-line license renewal process as well as the survey, please note:

- the on-line license renewal and survey functions are only supported at this time by Internet Explorer Versions 6.0 or higher and Netscape versions 5.0 or higher. They are **NOT** supported by Safari or Google Chrome. If you use either of these internet browsers, you will **NOT** be able to renew on-line. Confirm that you have the correct Internet browser before you login;
- read all instructions carefully. In some instances, you are required to place five

“0’s” when a response is not applicable;

- only answer “Other” when you can not find your choice among the list of options;
- double check that you have responded to all questions before clicking “Submit”. If you submit your survey but did not respond to a question with an asterisk*, a message in red text will appear at the beginning of the survey directing you to review your responses. The survey function will not identify which question you did not answer. You will need to review all questions to identify the question you skipped. You will not be able to proceed with the on-line license renewal process if survey questions with an asterisk* are unanswered; and
- if you choose not to participate in this survey, you will need to complete your license renewal process by mail.

LPNs who renew on-line beginning in October 2010 for the 2011 – 2013 renewal cycle will also complete the survey.

NEWS FROM THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

NCLEX-RN® Passing Standard Increased. The NCLEX-RN passing standard was raised on April 1, 2010. In taking this action, the National Council of State Boards of Nursing, Inc. (NCSBN) Board of Directors determined that safe and effective entry-level RN practice required a greater level of competence than was required in 2007, when NCSBN implemented the previous standard. The NCSBN Board of Directors relied on a variety of information sources including findings of a criterion-referenced standard setting procedure performed by an expert panel of nine nurses. The panel's findings supported the creation of a higher passing standard. The NCSBN Board of Directors also considered the results of national surveys of nursing professionals including nursing educators, directors of nursing in acute and long-term care settings.