



Massachusetts Board of Registration in Nursing

Board News...

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

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A New Fiscal Year: A Time of Reflection and Opportunity. Members and staff of the Massachusetts Board of Registration in Nursing (Board) look forward to the opportunities and challenges in store during Fiscal Year 2010. As a public protection agency, the Board promotes patient safety through its regulation of over 132,000 LPNs, RNs and APRNs, and 71 entry-level LPN and RN education programs.

The regulatory principles adopted by the National Council of State Boards of Nursing during its 2007 Delegate Assembly provide a valuable framework in the Board's efforts to insure safe nursing practice. These principles include: nursing competence; shared accountability; strategic collaboration; evidence-based standards; assurance of due process rights; responsiveness to the health care environment that is timely and thoughtful; and fair and ethical practices and policies.

At this time of year, the Board also takes time to reflect on its major Calendar Year 2008 activities which included:

- Maintenance of current license records for more than 21,000 LPNs and 111,000 RNs;
- Issuance of over 1,250 *new* LPN licenses and 5,700 *new* RN licenses;
- Monitoring the operation of entry-level LPN and RN nursing education programs with a total annual enrollment of over 12,300 nursing students;
- Granting Prerequisite Approval in the establishment of two new LPN programs in the Commonwealth;
- Responding to 1386 practice-related inquiries related to scopes and standards of practice, advanced practice and continuing education;
- Conducting meetings with the Board of Medicine on physician supervision and prescriptive practice guidelines for Advanced Practice RNs;
- Active participation in a Legislative panel on the regulation of medical spas;
- Revision of its 1999 opinion on the use of the Vagal Nerve Stimulator;
- Issuance of a new advisory on the initiation and withholding of CPR in Massachusetts nursing homes;
- Monitoring 224 Substance Abuse Rehabilitation Program (SARP) participants, discharging 32 who successfully completed the SARP;
- Closure of 455 complaints against individual nurses, of which 161 cases were dismissed;
- Collaboration with other state agencies (e.g. MA Department of Education; MA Division of Primary Care and Health Access) and organizations (e.g. Boston Welcome Back Center; MA Senior Care Association) to address nurse workforce issues and promote safe nursing practice; and
- Active participation as an invited member of a variety of patient safety and nurse workforce efforts including: the MA Coalition for the Prevention of Medical Errors, where the Board's Executive Director served on its Board of Directors; the Department of Higher Education's initiatives to increase the number of graduates from Massachusetts nursing education programs; and the Long-term Care Nursing Shortage Workgroup, hosted by the MA Senior Care Association.

Board Members Elect Fiscal Year 2010 Officers. At their June, 2009, meeting, Board members elected Janet Sweeney Rico, RN/NP, as Board Chairperson, and Sandra Kelly, RN/NP, as Board Vice-Chairperson. An experienced nurse educator and clinician, Ms. Rico was appointed in 2004 by then Governor Romney to the Board's Baccalaureate and Higher Degree seat. She is a member of the Simmons College nursing faculty as well as a Nurse Practitioner at Boston Medical Center. Ms. Rico had previously served the Board as Vice-Chairperson and most recently, as Acting Chairperson.

Appointed by Governor Patrick in 2008, Ms. Kelly holds one of the Board's two Advanced Practice RN seats. Also an experienced nurse clinician, Ms. Kelly is a member of the Advanced Practice nursing staff at the Dana Farber Cancer Institute.

For a list of the Board's Fiscal Year 2010 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.

Board and UMMS CHPR Recipients of \$299,800 Grant Award

The Board and its research partner, the Center for Health Policy and Research at the University of Massachusetts Medical School, are the recipients of a \$299,800 grant award from the National Council of State Boards of Nursing to implement the first phase of an innovative patient safety initiative.

The prevention of medication administration errors has been linked to the detection and disclosure of such errors by nurses. However, the fear of "punishment" or disciplinary action by the Board is often cited by nurses as a barrier to error reporting. This initiative seeks to support medication error reporting by nurses who practice in MA nursing homes by dispelling this fear.

Building on the Accountability Project of the MA Coalition for the Prevention of Medical Errors, Phase I will result in the formation of a strategic alliance of state and federal regulatory agencies and nursing home industry stakeholders, and the development of a plan for an education-oriented, nursing home-based alternative to the Board's evaluation of certain types of medication administration errors and near misses. Several major activities are planned including:

- a survey of randomly selected nurses to anonymously determine their perceptions of the barriers to medication error reporting and the patient safety culture of their employer;
- development of a "culture of safety" curriculum for delivery to nursing leadership;
- implementation of a Nurse-Employer Safety Partnership (NESP) to which the Board will assign responsibility for conducting a root cause analysis and implementing a corrective action plan for practice remediation and systems change;
- creation of an NESP "Safety Culture Tool Kit for Reporting Medication Errors and Near Misses;" and
- creation of a multi-level learning network to share lessons learned.

This initiative differs from discipline alternatives established by other state nursing boards: the medication-related nursing errors that meet Board-approved criteria will not be reported to the Board, and the Board will not be a participant in the NESP.

Board Issues New Advisory Rulings. The Board has issued an advisory ruling on pain management. Issued in February 2009 in response to a request from the MA Pain Initiative, the advisory ruling is intended to guide the practice of LPNs, RNs and APRNs in promoting patient access to the appropriate, therapeutic and effective assessment, diagnosis and management of acute and chronic pain.

In June, the Board updated its March 2008 *Advisory Ruling on the Use of a Vagal Nerve Stimulator Magnet in the School Setting*. Now entitled *Advisory Ruling on the Use of a Vagal Nerve Stimulator*, the advisory ruling is no longer setting-specific.

Also in June, the Board updated its *Position Statement on the Role of Registered Nurses (RNs) in the Administration of IV Conscious Sedation During Short Term Therapeutic, Diagnostic or Surgical Procedures* to include other recognized routes of administration including the inhalation of nitrous oxide. This advisory ruling was originally issued in September 1991 and subsequently revised in 1994, 1996, 1999 and 2006.

Each advisory was based on a systematic review of numerous evidence-based standards of practice. In issuing the advisories, 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. In general, nursing competencies may be acquired through successful completion of basic, graduate or continuing education programs, as appropriate to the nurse's scope of practice.

Legal APRN Signature

A common inquiry to the Board relates to the signatures of Advanced Practice Registered Nurses (APRN). Board regulation, 244 CMR 9.03(44), requires the APRN to sign his or her name as it appears on APRN's license. The Board has long advised APRNs to sign all legal documentation with their name and credentials ***as they appear on their nursing license*** (i.e., RN/NP, RN/PC, RN/NA, RN/NM). While the Board understands the confusion that can be created by the awarding of APRN title/certifications by certifying organizations, such as the American Nurses Credentialing Center (ANCC), the Board's position remains unchanged.

Nurse's Role in Medication Destruction

The procedure for the destruction by a licensed nurse of medications that have been discontinued, expired, or for other reasons, are no longer needed, is determined by the location of the person for whom the medications were intended. Facility (i.e., hospital or long term care facility) policies describing the medication destruction process and nursing responsibilities are based on the statutes and regulations that govern the specific practice setting.

Medications prescribed to individuals who reside in non-facility settings are the property of that individual and will be destroyed in the manner that individual desires. For instance, home care and hospice providers who provide services to individuals in non-facility settings are required to discuss the policies and procedures for disposal of medications with the individual. The policies can ***not*** include procedures for removal of the substances from the home by staff and staff can ***not*** insist that the substances be destroyed.

The Office of National Drug Control Policy has issued *Federal Guidelines for the Proper Disposal of Prescription Drugs*. Suggestions include throwing the medications in the trash, mixing them with an undesirable substance, flushing

in the toilet and seeking community programs that allow the public to bring unused drugs to a central location for proper disposal.

ANCC Reverses Its Position on Contact Hours for CPR

The American Nurses Credentialing Center's Commission on Accreditation (COA) has reversed its policy on the awarding contact hours for certain cardiopulmonary resuscitation (CPR) courses. At its May 19, 2009, meeting, the COA determined that contact hours for BLS courses can *not* be awarded. In taking this action, the COA noted that BLS is a component of basic RN and LPN education and therefore it does not augment the nurse's basic competence, a requirement of continuing nursing education. The COA also determined that courses to renew ACLS and PALS are not eligible for contact hours since renewal of certification is intended to validate that the knowledge previously obtained has been retained. Initial ACLS and PALS courses remain eligible for the awarding of contact hours. The COA re-evaluated its previous policy at the request of the Massachusetts Board of Nursing. The new COA policy is now consistent with the Board's continuing education regulations at 244 CMR 5.00. The Board's continuing education regulations can be found on the Board's web site at www.mass.gov/dph/boards/rn.

Transporting Medications

The Board has received multiple complaints recently involving individual nurses transporting medication from one site to another. The allegation in the complaint is often related to "diversion" or "misappropriation" by the nurse. As a reminder, the Board's regulation at 244 CMR 9.03(46) requires the development and implementation of a practice infrastructure with specific policies and procedures, including documentation, when the activity of transporting medications is considered acceptable. Such policies and procedures must conform to the applicable statutes and regulations for the practice setting.

Graduate Nurse Status Eliminated

With nursing school graduations increasing, the Board wishes to remind nurses and their employers that the law permitting the employment of new graduates prior to their obtaining a Massachusetts nursing license was repealed in April 1994. It is no longer legal to hire anyone in a "graduate nurse" role.

Division of Health Professions Licensure News

On-line Nursing License Renewal Planned for Fall 2009. The Division of Health Professions Licensure (DHPL) is on track to implement its new on-line licensing system effective with the 2010-2012 RN renewal cycle beginning in the Fall 2009. Nurses licensed by the Board will be able to renew their nursing license 24/7 via a secure internet connection using a credit card or electronic check.

License Renewal Survey To Address Need for Nurse Workforce Data.

Beginning in Fall 2009, RNs who renew their nursing license on-line will complete a survey designed to collect nurse workforce data. The DHPL, in collaboration with the Board, the MA Department of Higher Education, the MA Division of Primary Care and Health Access and the University of Massachusetts Center for Health Policy and Research, will use the data to develop and implement workforce policies to better respond to imbalances in nurse supply and demand.

The survey instrument will be based on the national Minimum Nurse Supply Dataset, a standardized set of core items to align nurse workforce data collection across the country. Currently, 34 other states collect some portion of the Minimum Data Set (MDS). A similar survey is planned for the 2011-2013 LPN

renewal cycle beginning in the Fall 2010.

Nurse Licensure Fees Increase May 1, 2009. Effective May 1, 2009, license application and renewal fees assessed by the Board and seven (7) other boards of registration within the DHPL increased by approximately 50%. Without this additional revenue, the DHPL would face layoffs of 20% of its staff which would severely impact its ability to investigate and prosecute complaints against health care professions for drug diversion, substance abuse and incompetent care.

The new fees are consistent with those of comparable states. The DHPL's licensure fees were last increased in October 2003.

License Renewal Fees

License Type	Renewal Fee for License Expiring BEFORE 5/1/09	Renewal Fee for License Expiring ON or AFTER 5/1/09	Renewal Period
LPN	\$80	\$120	Birthday/odd year
RN	\$80	\$120	Birthday/even year
APRN	\$120	\$180	Birthday/even year

News from the National Council of State Boards of Nursing

Revisions to NCLEX-RN® Test Plan Approved. Revisions to the NCLEX-RN Test Plan were approved by the Delegate Assembly of the National Council of State Boards of Nursing (NCSBN) during its August 2009 meeting. Recommended by the NCSBN Examination Committee (EC), the revisions are based on findings from the 2008 RN Practice Analysis, Member Board feedback to the proposed changes including comments from the Board, and expert judgment. The new test plan will be effective in April 2010.

NCSBN Seeks Volunteers for NCLEX Development Panels. Over the last several years, hundreds of nurse educators, clinicians and managers who work with nurses in entry-level practice have volunteered their time and expertise in the development of the NCLEX-RN and NCLEX-PN® licensing examinations. These volunteers have participated in one of three types of NCLEX-related panels:

- Item Writing - Item writers create the items that are used for the NCLEX examination.
- Item Review - Item reviewers examine the items that are created by item writers.
- Panel of Judges - The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors.

If you are interested in participating in one of these panels, you can apply online at www.ncsbn.org, or call the NCSBN Item Development hotline at 312.525.3775 - leave your name and address and an application will be sent to you.