

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING**

250 Washington Street, Room 3C
Boston, MA 02108

And Via Zoom

Wednesday, February 9, 2022 9:00 am | 2 hours 30 minutes | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/88963820248>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 457182

Minutes of the Regularly Scheduled Board Meeting

Wednesday, February 9, 2022

Board Members Present In Room 3C

None

Board Members Not Present

Board Members Present Via Audio Or Video

L. Kelly, DNP, Chairperson

L. Keough, CNP, Vice Chairperson

A. Alley, RN

K.A. Barnes, JD, RPh (Left at 12:30 p.m.)

(Arrived at 1:08 p.m.)

K. Crowley, DNP

D. Drew, MBA, Public Member

J. Kaneb, MBA, Public Member

C. LaBelle, RN (Arrived at 9:14 a.m.)

D. Nikitas, RN

V. Percy, MSN (Left at 4:30 p.m.)

(She Did Not Return)

E. Pusey-Reid, DNP

A. Sprague, RN

L. Wu, RN (Arrived at 9:07 a.m.)

(Left at 4:55 p.m.) (She Did Not Return)

Staff Present In Room 3C

P. Scott, Licensing Coordinator

S. Gaun, Office Support Specialist I

Staff Not Present

Staff Present Via Audio Or Video

C. MacDonald, RN, DNP, Acting Executive Director

H. Cambra, RN, JD, Acting Deputy Executive Director

L. Hillson, RN, MSN, PhD, Assistant Director for
Policy and Research
O. Atueyi, JD, Board Counsel
M. Jardonnet, JD, Board Counsel
S. Waite, RN, DNP, Nursing Education Coordinator
H. Caines Robson, RN, MSN, Nursing Education
Coordinator
P. McNamee, RN, MS, Nursing Practice Coordinator
C. DeSpirito, RN, JD, Complaint Resolution Coordinator
M. Waksmonski, RN, MSN, SARP Coordinator
K. Jones, Probation Compliance Officer
L. Ferguson, Paralegal
R. Dumas, Office Support Specialist I

TOPIC:

Call to Order & Determination of Quorum

DISCUSSION:

L. Kelly confirmed by roll call that a quorum of the Board members was present and announced that the meeting was being recorded.

ACTION:

At 9:03 a.m., L. Kelly, Chairperson, called the February 9, 2022 Regularly Scheduled Board Meeting to order.

TOPIC:

Approval of Agenda

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, D. Nikitas, V. Percy, E. Pusey-Reid and A. Sprague unanimously in favor to approve the Agenda as presented.

TOPIC:

Approval of Board Minutes for the January 12, 2022 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

L. Wu arrived at 9:07 a.m. There was no discussion.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley in abstention, and K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague, and L. Wu all in favor to accept the Minutes of the January 12, 2022 Regularly Scheduled Board Meeting as presented.

TOPIC:

Reports, Announcements and Administrative Matters
Announcements

DISCUSSION:

C. MacDonald stated D. Drew and E. Pusey-Reid will be leaving the Board, this will be their last Board Meeting, and thanked them for their dedication, service, discussions, and all that they offered to the Board. C. MacDonald stated they were much appreciated and will be missed by the Board. L. Kelly thanked them for everything that they did for the Board, their contributions, and their perspectives which helped move the Board. J. Kaneb and K. Crowley stated they agreed with L. Kelly.

C. MacDonald stated there will be a sign up sheet for the 2022 Complaint Committee Meetings which the Board Members will need to sign up for them and the sign up sheet will be going around via e-mail.

ACTION:

So noted.

TOPIC: SARP

Activity Report

DISCUSSION:

M. Waksmonski was available for questions.

ACTION:

So noted.

TOPIC: Probation

Staff Action Report

DISCUSSION:

L. Kelly stated incorrectly that the Board Members received the Probation Staff Report. There was not a Probation Staff Action Report.

ACTION:

So noted.

TOPIC: Probation

Request for Termination of Probation/Stayed Probation

DISCUSSION:

None.

ACTION:

None.

TOPIC: Probation

DISCUSSION:

C. LaBelle arrived at 9:14 a.m. K. Jones summarized her previously distributed memorandum and attached exhibits to the Board. The Licensee was not present. L. Kelly stated that K. Jones had not heard from the Licensee. D. Drew stated that based on the lack of communication, she was leaning towards IMMEDIATELY SUSPENDING the Licensee's RN License. L. Kelly stated she agreed with D. Drew and for the reasons the Licensee is on PROBATION and the Licensee had not contacted K. Jones after being notified.

ACTION:

Motion by D. Drew, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to find the Licensee violated the CONSENT AGREEMENT FOR PROBATION for no less than one (1) year, effective 9/21/2021, and IMMEDIATELY SUSPEND the Licensee's RN License.

TOPIC: Probation

Request for Notice of Violation and Further Discipline, L. Michaud, NUR-2020-0060, RN159765

DISCUSSION:

RECUSAL: K.A. Barnes recused herself from the matter and stayed in the Regular Session during the deliberation and vote. K. Jones summarized her previously distributed memorandum and attached exhibits to the Board. Per L. Kelly's instructions, P. Scott muted F. Michaud. D. Drew asked the Licensee to explain why she did not comply with the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021 and why she did not communicate with K. Jones. L. Kelly asked the Licensee if she received the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021, signed it, and understood it because all of the information was included in the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021. D. Drew asked the Licensee if she was or was not searching for a nursing position. D. Drew asked K. Jones a clarifying question if it stated in the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021 that the Licensee had to actively search for a nursing position. In response to D. Drew, K. Jones stated it does and she sent the Copy of the Work Search Activity Log to the Licensee which had her Telephone Number and E-Mail Address on it. K. Jones stated the Licensee was required to send to her the Completed Work Search Activity Log every month. D. Drew stated her concerns and recommendations. L. Kelly stated she agreed with D. Drew.

The Licensee was present via video. F. Michaud, the Licensee's spouse, was present via video. F. Michaud thanked the Board members for allowing him to speak before they conducted their deliberation. F. Michaud stated this matter was very important to him and the Licensee. F. Michaud stated the Licensee was unfairly fired from her job a year ago and her Employer treated her very badly. In response to D. Drew, the Licensee stated the reasons she did not comply with the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021, the Licensee never heard from K. Jones until the last couple of months, she communicated with A. Pettigrew, Compliance Officer, she called B. Oldmixon, former Board Counsel,

multiple times and was informed that B. Oldmixon was in another position, she called the new contact person several times and did not hear back from that person, she thought she had to contact K. Jones only when she was searching for nursing positions, she was receiving unemployment benefits, she was offered a nursing position, she stated the Supervisor at the Employer would need to sign certain forms, and she never heard back from the Supervisor at the Employer. In response to L. Kelly, the Licensee stated she was sure she read it at the time and her spouse read it more thoroughly than she did because she was overwhelmed.

In response to D. Drew, the Licensee stated she has not decided if she will go back to nursing, and the whole situation has frazzled her beyond compare.

After the Motion, the Licensee asked if there was any chance for a second chance, or is this forever, and what if she did decide to go back to work, is that possible. In response to the Licensee, C. MacDonald stated K. Jones will follow up with the Licensee and will provide the Licensee with all of the information that she needs.

ACTION:

Motion by D. Drew, seconded by A. Alley, and voted by roll call with A. Alley, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to find the Licensee violated the CONSENT AGREEMENT FOR SURRENDER FOLLOWED BY PROBATION for no less than two (2) years, effective 1/29/2021, and IMMEDIATELY SUSPEND the Licensee's RN License.

TOPIC: Practice Coordinator Staff Report

DISCUSSION:

P. McNamee summarized her previously distributed memorandum and attached exhibits to the Board. L. Kelly asked P. McNamee about the increased questions regarding Scope of Practice. In response to L. Kelly, P. McNamee stated she saw a big change in the number of inquiries regarding the Licensed Practical Nurse (LPN) Scope of Practice and she wondered if a number of LPNs have been hired in acute care settings as opposed to nursing home settings, she saw questions about their ability to take triage, take calls on the night shift without an RN on the premises, and those are two (2) examples that immediately came to her mind. In response to P. McNamee, L. Keough stated that P. McNamee was 100% accurate and she has seen it in practice as well.

A. Alley stated this is an increase in practice that will be seen across the State and that they were going by the 80 By 20 Rule and looking for Bachelor of Science Degree in Nursing Rates and preparing Novice Nurses, but with the shortages that they are seeing in the acute care settings, LPNs are "back on the table", they will be "brought back to the bedside", and they will have to be very careful about how the LPNs are monitored, be clear about what their Scope of Practice is, and communication will need to be sent to the acute care settings.

In response to A. Alley, P. McNamee stated she can do that and she already isolated out the comparison in 244 CMR 3.00 and she can continue to make sure she has a "crosswalk" between the two (2) Practice Scopes. P. McNamee stated she is getting a lot of inquiries from Nurse Practitioners (CNPs), and what type of settings and practice specialty areas may they practice in. P. McNamee stated there is a lot of information coming out of the National Council of State Boards of Nursing (NCSBN) regarding Population Bedside relating to Nurse Practitioners. P. McNamee stated she is seeing Second Certifications

which is the appropriate way to expand Scope of Practice, particularly Family Nurse Practitioners obtaining Psychiatric Mental Health Nurse Practitioners Certification. P. McNamee stated she is being very consistent in referring Nurse Practitioners to Standards of Conduct which is 244 CMR 9.04 (1) which clearly states academic preparation and certification to reflect Population Bedside. P. McNamee stated she believed that Frequently Asked Questions (FAQs) related to Advanced Practice Registered Nurse (APRN) and identified this as one (1) of the answers that needs to go on the Board of Registration in Nursing (BORN) Website.

In response to P. McNamee, D. Drew asked the Board members several clarifying questions. In response to D. Drew, A. Alley stated that LPNs have not worked at the bedside in awhile. In response to A. Alley, L. Keough stated that hospitals have shortages in Registered Nurses (RNs).

In response to several Board Members, L. Kelly stated the regulations and the Scope of Practice are both 100% clear for LPNs. L. Kelly stated there is an algorithm on the BORN Website and there are tools to help and people can reach out to P. McNamee with any clarification questions. In response to L. Kelly, C. MacDonald thanked the Board members for their comments. D. Drew thanked the Board members for giving her better insight and for the specific information they provided.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Report, Staff Action Report

DISCUSSION:

H. Caines Robson was available for questions.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Report, Annual Report to the Board

DISCUSSION:

H. Caines Robson was available for questions.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Report, 2022 Site Survey Schedule

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked H. Caines Robson if there was any key to the color coding of the document and the identification of things that were overdue. In response to K. Crowley, H. Caines Robson apologized and stated there was not a key that was submitted, she would add a key, and explained that there are a

number of Nursing Education Programs listed on the document that qualified for Waivers, and would not result in Site Surveys. However, if the Waivers are not granted, they will return to Site Surveys. H. Caines Robson stated there are a number of Sites Surveys that are overdue, and the Nursing Education Staff are dealing with the back-up from 2020 when the Nursing Education Staff were unable to do Site Surveys at all. H. Caines Robson stated the Nursing Education Staff's hope is to catch up on everything in 2022 and to be on track by the end of 2022.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Quinsigamond Community College Associate Degree Nursing Program

DISCUSSION:

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. In response to P. Creelman, L. Kelly stated that the program needs to understand what needs to be done if the CoronaVirus Pandemic happens again in the future and the program cannot be caught off-guard. K. Crowley asked P. Creelman about synchronous versus asynchronous education. The program completion rate was increased to meet the Board's requirement, however, the Accreditation Commission for Education in Nursing (ACEN), who is the program's accreditation agency, required the program to start counting the number of students from the first day of the first nursing course, so the program does not have the ability to change to the add / drop date. In response to P. Creelman, J. Kaneb stated she was glad to hear there was a good focus on the program completion rate because it was trending down before the Coronavirus Pandemic, and the program did a strong assessment.

P. Creelman, Chairperson of the Associate Degree in Nursing Program, was present via video.

P. Creelman stated the program was challenged during 2020 in a community college setting, the program serves a population which does not have the resources that some of the other levels of education have, so when the Coronavirus Pandemic hit, many of the program's students had to withdraw they had children, they were single parents, and they did not have the resources they needed to continue, it was too challenging to them. P. Creelman stated that surely had a bearing on the program's completion rate, the program did a thorough investigation of all of the program outcomes, including program completion, every year and the program staff looked at the data which showed what led to the numbers, and worked together with the faculty and talked about if they were happy with the numbers, and if they were not happy, then what could they do to improve the numbers. P. Creelman stated she included a lot of information in the Program Change Report so the Board members could get a better understanding of what the process was at the College to address program outcomes and to improve upon them.

P. Creelman stated the program staff saw a difference in the students because the students' children were back in school and the students did not have to be at home with them. P. Creelman stated that regarding the program completion rate, the program staff believed this was a temporary change that directly related to the Coronavirus Pandemic. P. Creelman stated the second thing the program staff learned in the evaluation was the program staff set an expected level of achievement for all of the program outcomes and that is the guide by which the program staff measure their numbers, the program staff had been using a 60% program completion rate, but in 2021, the program staff changed it to 70% because it wanted to be consistent with the Board's expectations. P. Creelman stated the interesting thing the program staff learned in 2022 was the program staff defined the ELA of 70% from the first day of enrollment in the

NUR Nursing Course, and the program staff learned that it was penalizing itself for students who may have come in for 1, 2 or 3 days and recognized that maybe the program was not what they wanted to get involved with, if the program started with 50 students it could be down to 46 students by the end of the add / drop period.

P. Creelman stated the program staff looked at the program completion rate and revised the way it looked at that to stop those numbers at the end of the add / drop period and put in place some changes which will improve those numbers. To address the Change Report for Distance Learning, P. Creelman explained that the program capacity holds 50 students, but the College identified a maximum room capacity that did not support the 50 students. P. Creelman stated the continuation of the remote education was synchronous remote live, face-to-face, Zoom classes which were offered to the students, and all laboratory and clinical classes were face-to-face, and the plan is to return to full face-to-face for the Summer 2022.

ACTION:

Motion by L. Kelly, seconded by E. Pusey-Reid, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to:

1. Accept the Program's 244 CMR 6.07 (3) Program Change Reports for program completion rate that details a comprehensive plan to address the identified reasons for the current completion rate and Program Change report for Distance Education < 50%.
2. Find the Program is in compliance with 244 CMR 6.05 (3)(b).
3. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Lawrence Memorial and Regis College Associate Degree Nursing Program

DISCUSSION:

RECUSAL: A. Alley recused himself from the matter and remained in the Regular Meeting Session during the deliberation and vote. H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. D. Drew asked N. Bittner about what was the cause for the drop of 7% of the Pass Rate in 2021 regarding the regulatory requirements. L. Kelly thanked N. Bittner for her comprehensive response.

N. Bittner, Vice President for Education, was present via video. N. Bittner thanked H. Caines Robson for her thorough review, and the program has struggled. In response to D. Drew, N. Bittner stated this was the first time since the 1924 that the program completion rate was below 80%, the Pass Rate for the December 2020 Graduating Students was lower than expected, the program staff had all of the data going back four (4) years, the program staff identified three (3) major unique things about the students, the students would sit for the NCLEX Exam after their Graduate Date a minimum of 90 Days from 2017 Data to 2020 Data, the number of days increased to 228 Days in 2021, 98% of the students work and over 50% of them work full-time, the program was face-to-face except for Spring 2020, the students had full clinical experiences, and the program wants to go back to live NCLEX Reviews.

ACTION:

February 9, 2022 Regular Session Board Meeting Minutes
(to be Approved 03/09/2022)

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague, and L. Wu unanimously in favor to:

1. Accept the staff compliance report finding:
 - a. written evidence of the program's accreditation.
 - b. the written findings and recommendations of the Board-recognized accrediting agency in nursing based on its review of the program.
 - c. the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), (1)(f), (1)(g), (1)(h), (2)(a), (2)(b), (3)(a)1, (3)(a)2, (3)(a)3, (3)(b), (4)a, (4)b, (5)(a), (5)(b), (5)(d), (5)(e) and (5)(f).
2. Continue Full Approval status at this time.
3. Find the Program qualifies for a Waiver of 244 CMR 6.06 (2)(a) Site Survey of Nursing Education Programs.

TOPIC: Education

244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Northern Essex Community College Associate Degree Nursing Program

DISCUSSION:

RECUSAL: A. Alley recused himself from the matter and remained in the Zoom Regular Session during the deliberation and vote. H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

D. Drew asked K. Fisher if she is the program administrator for both the Associate Degree Nursing Program (ADN) and the Practical Nursing Program (PN). L. Kelly stated the program had its last Site Survey in 1993 and was requesting a Waiver. D. Drew stated her concerns and felt the Waiver should be DENIED and the program should have a full Site Survey. L. Kelly stated she agreed with D. Drew. L. Keough asked H. Caines Robson about when the Board members should expect a Site Survey to be completed. In response to L. Keough, H. Caines Robson stated she hoped the Nursing Education Staff could be caught up with all of the Site Surveys which are on schedule before the end of 2022. In response to H. Caines Robson, E. Pusey-Reid stated the program needs to prepare for the Site Survey. In response to E. Pusey-Reid, D. Drew asked H. Caines Robson if the program administrator does not meet the Board requirements. In response to D. Drew, H. Caines Robson stated the Board Education Staff is working to establish guidelines and get it to the Board for review. In response to H. Caines Robson, D. Drew stated her concerns and asked if the Board members should determine the program is not in compliance regarding the program administrator.

In response to D. Drew, C. MacDonald stated the program will need to come into compliance with all of the regulations, including the program administrator requirement, and the Board staff has worked diligently on trying to establish one (1) program administrator policy for all of the Nursing Education Programs. In response to C. MacDonald, D. Drew stated her concerns regarding the program administrator requirement issue. In response to D. Drew, C. MacDonald stated at this time, the program is not in compliance with the program administrator regulation and the Nursing Education Staff will work with the program to get it into compliance.

K. Fisher, Assistant Dean of Nursing and Health Professions, was present via video. K. Fisher thanked the Board Education Staff for the thorough review, the program staff put together the best information that it could during the CoronaVirus Pandemic, and the program staff was dedicated to keeping the students on track. In response to D. Drew, K. Fisher stated she is the program administrator for the ADN and PN programs since August 2020 and she has level coordinators, sub-administrators and a clinical coordinator who help her.

After the Motion, K. Crowley asked H. Caines Robson when the program administrator guidelines will be available for the Board members. In response to K. Crowley, H. Caines Robson stated the Nursing Education Staff is actively working on it, they will prioritize this, it is affecting a number of Nursing Education Programs, and they will hopefully have it by April 2020 or so. K. Crowley thanked H. Caines Robson for prioritizing this.

ACTION:

Motion by D. Drew, seconded by K. Crowley, and voted by roll call with K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(d), (1)(f), (2)(a), (2)(b)1, (2)(b)2, (2)(b)3, (2)(b)4, (2)(b)5, (2)(c), (3)(a)1, (3)(a)3, (3)(b), (4)(a), (4)(b)1, (4)(b)2, (4)(b)3, (4)(b)4, (4)(b)5, (5)(a), (5)(b), (5)(c), (5)(d) and (5)(e), and noncompliance with 244 CMR 6.04 (1)(c), (1)(e), 1(g), (1)(h), (3)(a)2 and (5)(f).
2. Continue Full Approval at this time.
3. Find the Program Administrator is not appointed to the role on a full-time basis and is not in compliance.
4. Deny the Program's Request for the Waiver of 244 CMR 6.06 (2)(a) Site Survey of Nursing Education Programs. The Full Site Survey will be conducted.
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - A. Due by May 9, 2022:
 1. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 11 Board required policies and all Board required outcomes [ref 244 CMR 6.04 (1)(e)];
 2. written policy for maintenance and retirement of student, graduate and faculty records and evidence of an internal audit to ensure compliance with that policy [ref 244 CMR 6.04 (1)(g)];
 3. evidence of publication of current approval status in its official publications [ref 244 CMR 6.04 (1)(h)];
 4. revised published policies for the 11 Board required policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data

- by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(a)2];
5. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care and safety and evaluation of student achievement of nursing competencies [ref 244 CMR 6.04 (5)(f)].

B. Due by August 9, 2022:

1. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(e)].
6. Failure to provide evidence to the Board by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08 (1)].

TOPIC: Education

244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Northern Essex Community College Practical Nursing Program

DISCUSSION:

RECUSAL: A. Alley recused himself from the matter and remained in the Zoom Regular Session during the deliberation and vote. H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. L. Kelly stated her concerns. D. Drew asked H. Caines Robson a question about Page 12 under the Summary of Findings in the ACEN Site Survey Waiver Report regarding "Areas Needing Development". D. Drew stated that H. Caines Robson did not have the last bullet point about the written agreements but in the Table on Page 11 of the ACEN Site Survey Waiver Report, Item F "developing written agreements with cooperating agencies utilized as clinical learning sites" is marked as "not met". D. Drew asked H. Caines Robson to clarify if the area was not met and if the bullet point was left out as a typographical error. In response to D. Drew, H. Caines Robson stated that is correct, it was a typographical error, the bullet point was left out, and the area was not met.

Kelly Fisher, Assistant Dean of Nursing and Health Professions, was present via video. K. Fisher did not make a statement.

ACTION:

Motion by D. Drew, seconded by K. Crowley, and voted by roll call with K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(d), (1)(f), (2)(a), (2)(b)1, (2)(b)2, (2)(b)3, (2)(b)4, (2)(b)5, (2)(c), (3)(a)1, (3)(a)3, (3)(b), (4)(a), (4)(b)1, (4)(b)2, (4)(b)3, (4)(b)4, (4)(b)5 (5)(a), (5)(b), (5)(c), (5)(d) and (5)(e), and noncompliance with 244 CMR 6.04 (1)(c), (1)(e), 1(g), (1)(h), (3)(a)2 and (5)(f).
2. Continue Full Approval at this time.
3. Find the Program administrator is not appointed to the role on a full-time basis

[ref 244 CMR 6.04 (1)(c)].

4. Deny the Program's Request for the Waiver of 244 CMR 6.06 (2)(a) Site Survey of Nursing Education Programs. The Full Site Survey will be conducted.
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - A. Due by May 9, 2022:
 1. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 11 Board required policies and all Board required outcomes. [ref 244 CMR 6.04 (1)(e)];
 2. written policy for maintenance and retirement of student, graduate and faculty records that meets the Board requirements and evidence of an internal audit to ensure compliance with that policy [ref 244 CMR 6.04 (1)(g)];
 3. evidence of publication of current approval status in its official publications [ref 244 CMR 6.04 (1)(h)];
 4. revised published policies to ensure that all of the 11 Board required policies are included and have with non-discriminatory criteria [ref 244 CMR 6.04 (3)(a)2];
 5. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care and safety and evaluation of student achievement of nursing competencies [ref 244 CMR 6.04 (5)(f)].
 - B. Due by August 9, 2022:
 1. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(e)].
6. Failure to provide evidence to the Board by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08 (1)].

TOPIC: Education

244 CMR 6.08 (1)(a) The Board's Receipt of Information Documenting a Violation of 244 CMR 6.00, Massachusetts College of Pharmacy and Health Sciences Boston Baccalaureate Degree Nursing Program

DISCUSSION:

RECUSAL: K.A. Barnes recused herself from the matter and remained in the Zoom Regular Session during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly stated the program was not following its own policies. L. Kelly asked T. Gravel about the program's response to the 7/6/2021 Complaint Letter which was lengthy but did not address all of the Board's concerns. L. Kelly asked T. Gravel what the program has done during the past three (3) years to address the Board's concerns which are significant. D. Drew stated the Last Site Survey was in September

2021, the program was not in compliance with a plethora of regulations, the regulations were well established, she was having difficulty seeing the program's progress, and she has seen other Nursing Education Programs correct their deficiencies quickly.

K. Crowley stated she agreed with D. Drew, the program came out of the Approval With Warning Status in 2017, the NCLEX Pass Rates were trending down, the Nurse Administrator is different than the Nurse Administrator / Program Director, the Current Program Administrator's 15-to-22 credit teaching workload on a separate contract does not meet the Board's requirements, the clinical student-to-faculty ratio was not appropriate and they were other issues she was concerned about.

L. Kelly stated she agreed with D. Drew and K. Crowley. L. Keough stated she also agreed with D. Drew and K. Crowley, she appreciated from the program the ideology of the problems, the regulations did not change, and the Board members need to think about how to move forward.

D. Drew stated that based on the preponderance of the information the Board members have, she was leaning towards an Approval With Warning Status but she was willing to listen to mitigating circumstances from other Board members. E. Pusey-Reid asked H. Caines Robson after the 2021 Site Survey Visit, did the Board Education Staff receive from the program the corrections to some of the regulatory issues. In response to E. Pusey-Reid, S. Waite stated the program did not receive the Compliance Report as it was going to the Board members first, per process. S. Waite stated that per the Site Survey process, the Board Education Staff did have a recap with the program at the end of the 2021 Site Survey Visit. K. Crowley asked if there had been any communication from the program after the September 2021 Site Survey. In response to K. Crowley, S. Waite stated that Board Education Staff received from the program the Notification from the Commission on Collegiate Nursing Education (CCNE) with the Full Accreditation, and the 2021 Annual Report from the Boston and Worcester Campuses.

L. Kelly stated there are many concerns with Board members around all of the deficiencies and non-compliance, all of them were significant, and she was also leaning toward an Approval With Warning Status. J. Kaneb stated she has so many categories of concerns. L. Kelly asked D. McManus if she had anything to add. L. Kelly asked T. Fazio if he had anything to add. In response to T. Fazio, D. Drew asked T. Fazio that he wanted the Board to review the program's documentation, but the Site Survey was completed in September 2021, and if there are mitigating circumstances, and the program is out of compliance.

T. Gravel, Dean and Chief Nurse Administrator for the MCPHS University School of Nursing, was present via video. D. McManus, Associate Dean and BSN Program Administrator for the Boston Campus, was present via video. G. McGinty, Interim Associate Dean and BSN Program Administrator for the Worcester Campus, was present via video. T. Fazio, Outside Attorney for the MCPHS University who works at a law firm, was present via video.

T. Gravel stated the program staff was advised of the complaint in July 2021, the complaint was submitted by a former employee and BSN Program Administrator who is no longer with the MCPHS University due to unrelated issues. T. Gravel stated the program staff had plans to correct all of the issues that S. Waite identified. T. Gravel stated she assumed the role as Interim Dean at the Start of 2020, and at the time, the committee maintained detailed minutes. T. Gravel stated the program resurrected and revised the Systematic Evaluation Plan, including the data points and outcomes that drive ongoing programmatic changes. T. Gravel stated the Board's regulations were reviewed by the committee regularly.

T. Gravel stated that all students must successfully complete the curriculum level prior to advancing, and the BSN Program Administrators do not have a teaching load. T. Gravel stated the BSN Programs on the Boston, Worcester and Manchester, NH Campuses have received 10-Year CCNE Re-Accreditations following a Virtual Site Visit in March 2021.

In response to L. Kelly, T. Gravel stated when the program received the 7/6/2021 Complaint Letter at the time of the Site Survey, the program had not received the result of the CCNE Virtual Site Visit in March 2021. T. Gravel stated the program has not received the results of the CCNE Virtual Site Visit in October 2021 which stated the positive outcome. T. Gravel agreed there were challenges with the program but they were tied with the former leadership and the former BSN Program Administrator who were overseeing the Boston Campus. T. Gravel stated the previous issues were corrected, and the program is now on a path to make sure it is in compliance with all of the Board's regulations.

In response to L. Kelly, D. McManus stated that in the 2021 Board Report, there were different reportings for Accelerated BSN and for the Post Baccalaureate, and if the Board members wanted the admission and enrollment reporting separated and they were reported on Pages 3 and 4 of the 2021 Board Report.

In response to L. Kelly, T. Fazio stated he encouraged the Board members to read the program's responses, the attachments, and his letters which addressed the issues. T. Fazio stated this revolved around a lack of communication, the inability to discuss the matters ahead of time and see actual findings and work towards an understanding. T. Fazio stated the MCPHS University took this matter extremely seriously, and worked to get the opportunity to explain in detail the timeline which they put the pieces together. T. Fazio thanked the Board for considering what the program has put into its report and its responses.

In response to D. Drew, T. Fazio stated the program is not out of compliance with major issues, the program is working on minor issues, the program was not out of compliance at the time of the Site Survey Visit in September 2021, and that was attempted to be explained, the program staff did not get the full and fair opportunity to explain that, and the letters and the submissions that the program staff put forth did fully explain that. T. Fazio stated the program staff has not been able to see the report that was submitted, but judging by what S. Waite stated, and what the Board members are considering, the program staff very much disagrees with that conclusion and it is entirely wrong, and the program is in full compliance.

ACTION:

Motion by D. Drew, seconded by L. Kelly, and voted by roll call with A. Alley, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague, and L. Wu unanimously in favor to:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(f), (1)(h), (2)(a), (2)(c), (4)(a), (4)(b)(1), (4)(b)(3), (4)(b)(4), (5)(a), (5)(c), (5)(d), (5)(e), and (5)(f) and noncompliance (1)(b), (1)(c), (1)(d), (1)(e), (1)(g), (2)(b)(2), (3)(a)(1), (3)(a)(2), (3)(a)(3), (3)(b)(2), (4)(b)(2), (4)(b)(5) and (5)(b).
2. Find the Program Administrator's role is not in compliance [ref 244 CMR 6.04 (1)(c)].
3. Based on a preponderance of the evidence, the Program warrants the Approval With Warning Status.

4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

A. Due by May 11, 2022:

1. a comprehensive analysis of three years of confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
 - a. admission criteria including, but not limited to overall GPA, TEAS scores, [ref 244 CMR 6.04 (3)(a)2];
 - b. progression criteria including, but not limited to, nursing course GPA, number of times repeating nursing courses, science course GPA and number of times repeating science courses [ref 244 CMR 6.04 (3)(a)(2)];
 - c. length of time in Program and NCLEX first time pass and fail status;
2. provide a job description for the Program Administrator detailing assigned duties related to the administration of the Program [ref 244 CMR (1)(c)];
3. provide a detail description of contracted teaching loads for Program Administrator
4. including, for each course taught, course schedule, number of credits, number of
5. students enrolled, and modality of teaching. For clinical course, include the agency
6. assigned and number of days/hours. Include any required office hours for courses
7. assigned [ref 244 CMR (1)(c)];
8. job description for the full-time position: NCLEX coach including description of duties, responsibilities, qualifications and required skills [244 CMR 6.04 (2)(b)(2)];
9. table that identifies methods to evaluate student achievement of Program competencies [ref 244 CMR 6.04 (3)(b)]
10. matrix demonstrating progression of leveled course objectives to program objectives throughout the program [ref 244 CMR 6.04 (4)(b)(2) and (4)(b)(5)];
11. revised clinical evaluation tool that includes objective evaluation methods with clear measurement methods [ref 244 CMR 6.04 (3)(a)(3) and (4)(b)(5)];
12. table demonstrating correlation of nursing course and clinical objectives [ref 244 CMR 6.04 (4)(b)(2)];
13. evidence that the selection of clinical learning experiences are be based on an evaluation of:
 - a. the appropriateness of the experience in meeting identified course objectives and curriculum outcomes;
 - b. the knowledge and skill level of the student, the acuity of the client population, and the experience of the clinical staff with students;
 - c. the availability of support resources [ref 244 CMR 6.04 (5)(b)].
14. revision and implementation of policies including but not limited to admission, progression, withdraw, and transfer policies based on results of comprehensive Program data analysis [ref 244 CMR 6.04 (1)(d)];
15. evaluation methods (e.g., course exams, student assignments, clinical evaluations) demonstrate progressive student achievement of student and course learning outcomes based on curriculum framework [ref 244 CMR 6.04 (4)(b)(5)];

B. Due by August 10, 2022:

1. revised published policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(d) and (3)(a)2];

2. demonstrated faculty role in the development and implementation of policies based on results of comprehensive Program data analysis [ref 244 CMR 6.04 (1)(d)];
3. a revised systematic evaluation plan that includes definitions, expected levels of achievement (achievable and measurable), a calendar of outlining schedule of evaluation of components along with evidence of faculty participation in the development process [ref 244 CMR 6.04 (1)(e)];
4. demonstrated consistent student participation in the governance of the parent institution and the program [ref 244 CMR 6.04 (1)(b)];
5. demonstrated role of the student the development and evaluation of the program [ref 244 CMR 6.04 (3)(a)3];
6. table with clinical placements for Summer 2022 and Fall 2022 that includes Faculty, student and clock/credit hours for assigned clinical courses.

C. Due by September 14, 2022:

1. fully implemented a data-driven, faculty-operated systematic evaluation plan [ref: 244 CMR 6.04 (1)(e)];
2. evidence of proficient TEAS scores being required for admission to the program [ref 244 CMR 6.04 (1)(d)];
3. revised published admission policy to require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent.
 - a. Evidence of an internal audit to demonstrate that a final official transcript demonstrating satisfactory evidence of secondary school graduation, or its equivalent.
4. evidence of ongoing evaluation of compliance to the Program's specific written policy for the maintenance and retirement of school, faculty, student and graduate records [ref 244 CMR 6.04 (1)(g)].

5. The Program, placed on Approval with Warning Status, must as specified at 244 CMR 6.08 (2):

- A. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
- B. inform all program graduates that they remain eligible to write the NCLEX.

TOPIC: Education

244 CMR 6.08 (1)(a) The Board's Receipt of Information Documenting a Violation of 244 CMR 6.00, Massachusetts College of Pharmacy and Health Sciences Worcester Baccalaureate Degree Nursing Program

DISCUSSION:

RECUSAL: K.A. Barnes recused herself from the matter and remained in the Zoom Regular Session during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly stated her concerns. K. Crowley asked T. Gravel about the program administrator position. K. Crowley asked T. Gravel about the admissions policy. L. Keough asked S. Waite if the Systematic Evaluation Plan was for both the Boston Campus and the Worcester Campus. In response to L. Keough, S. Waite stated "Yes". K. Crowley asked S. Waite if the same things were happening on the Boston Campus and the Worcester Campus regarding the Complaint. In response to K. Crowley, S. Waite stated

there were different things happening on each Campus based on documents the Board Education Staff received.

L. Kelly asked D. McGinty if she approved the Agenda which was sent to her on 9/17/2021 and if the number of students was appropriate. In response to L. Kelly, S. Waite stated the Board Education Staff's procedures regarding their 244 CMR 6.04 Site Surveys. S. Waite stated that during the Site Survey Visit, the Board Education Staff found out that the program administrator was teaching courses outside of her Program Administrator role that is full time. S. Waite stated that regarding the Shared Governance, the Surveyors stated they were willing to speak with additional students. S. Waite clarified that she requested documents from the program staff for the Years 2019 To 2021. S. Waite clarified that the Site Survey Visits for the Boston Campus and the Worcester Campus were conducted together virtually due to the Coronavirus Pandemic.

L. Keough asked T. Gravel if the CCNE Accreditations were approved for the Boston, Worcester and Manchester, NH Campuses together and all three Campuses were under one program. D. Drew stated her concerns.

In response to T. Fazio, L. Kelly stated she appreciated T. Fazio's discussion, the Board members are looking at the totality of the compliance issues, and not one incident, based on all of the documentation the Board members received and read, and she did not agree with T. Fazio's position. In response to T. Fazio, C. MacDonald stated she wanted to address the unsubstantiated allegations that T. Fazio just made against the Board Education Staff which she felt were very unfair, inappropriate and incorrect on many levels. C. MacDonald asked T. Fazio when the students in question with the grade change issue that was an error that was corrected, did the students have an additional course offered for them that was not in their curriculum. C. MacDonald asked T. Gravel and D. McGinty if there was a course offered to a group of students that was not approved in the curriculum because the students did not meet the progression policy to advance to the next semester. C. MacDonald stated she 100% supports S. Waite and asked S. Waite if she wanted to refute anything that T. Fazio stated.

In response to T. Fazio, S. Waite stated she was not the only Board Education Staff at the Site Survey. S. Waite stated that as per the process, the Board sees the Compliance Report before the Board Meeting, and the program will receive report after the Board Meeting. S. Waite stated she has never stated to a faculty member that she needed to obtain a lawyer. S. Waite stated that per the process, the Board Education Staff let the program staff speak at the Recap, and the program staff did not ask any questions, which was surprising. S. Waite stated she never threatened the faculty, the faculty chose to speak with her, and at no time did she threaten them. In response to S. Waite, H. Caines Robson stated she was with S. Waite at the Site Survey and Recap, and what T. Fazio stated is untrue.

Several Board members discussed their concerns, the totality of the noncompliance issues, and the Board's options. C. MacDonald stated the Boston Campus and the Worcester Campus share a curriculum, policies and operations. C. MacDonald stated that if there are changes that will need to be made, the changes will apply to both the Boston Campus and the Worcester Campus.

T. Gravel, Dean and Chief Nurse Administrator for the MCPHS University School of Nursing, was present via video. D. McManus, Associate Dean and BSN Program Administrator for the Boston Campus, was present via video. G. McGinty, Interim Associate Dean and BSN Program Administrator for the Worcester Campus, was present via video. T. Fazio, Outside Attorney for the MCPHS University who works at a law firm, was present via video.

In response to K. Crowley, T. Gravel stated the program administrator at the Worcester Campus is different than the program administrator at the Boston Campus, and that she was the program administrator at the Worcester Campus prior to D. McGinty. In response to K. Crowley, T. Gravel stated the admissions policy is across the Boston and Worcester Campuses. In response to K. Crowley, T. Gravel stated there were not certain faculty members on the Worcester Campus which were on the Boston Campus.

In response to K. Crowley and S. Waite, D. McGinty stated the Site Survey Visits for the Boston Campus and the Worcester Campus were conducted together at the same time, the policies are listed in different places in the Student and Faculty Handbooks, the program staff are revising the handbooks, students are getting their clinical experiences as stated and approved by the Board, when the Site Survey was completed, the Board Education Staff were looking at 2017, 2018 and 2019 Timeline and not the Current Timeline the Board is speaking to, the program staff never received any type of formal report, the Surveyors ended the Exit Interview one (1) day early, the Surveyors did not have a full summation of their findings at that Exit Interview, the Surveyors had not even reviewed all of the materials at the time of the Exit Interview, so for the program staff to be able to respond and show correction, the program staff did not know what those items were. D. McGinty stated the Surveyors did not look at the appropriate student population regarding the Shared Governance. In response to L. Kelly, D. McGinty stated "yes" to the Agenda and the number of students.

In response to L. Keough, T. Gravel stated the CCNE Accreditations were for the Boston, Worcester and Manchester, NH Campuses together as one (1) School under the national accreditation process.

T. Fazio stated the grading issue which was presented in the Complaint was 100% disproved. T. Fazio stated the only issue was an administrative error that was immediately corrected and raised all the way to the Provost level for review of the process, and that has not been fully realized by the people making decisions about Warning Statuses, that is 100% incontrovertible, that it is a non-issue administrative piece, and that should not be part of any discussion.

T. Fazio stated that respectively, S. Waite's Report is clearly wrong, it is erroneous, it is not taking into account actual facts that the program staff submitted. T. Fazio stated that the materials the program staff and he submitted in subsequent documents that they put forth explain clearly and convincingly all of the issues that were raised, and many of which they were not allowed to talk about during the Exit Interview. T. Fazio stated that S. Waite went behind the interview process and contacted one (1) of the professors threatening her and T. Gravel with allegations that were untrue, and they might need to get lawyers. T. Fazio stated they are here now because the Board members are not getting all of the information, that is the program staff's perspective, and he hopes that the Board members have all of those documents and they need to review the documents thoroughly.

In response to C. MacDonald, T. Fazio stated the MCPHS University does not answer "Yes" and "No" questions and that it gives explanations. In response to C. MacDonald, T. Gravel responded "yes" to the additional course offered for those students. In response to C. MacDonald, D. McGinty stated the course was offered to the students which was not offered in the curriculum.

ACTION:

Motion by D. Drew, seconded by L. Kelly, and voted by roll call with K. Crowley and L. Wu in opposition, and A. Alley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy,

E. Pusey-Reid and A. Sprague all in favor to:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(f), (1)(h), (2)(a), (2)(c), (4)(a), (4)(b)1, (4)(b)3, (4)(b)4, (5)(a), (5)(c), (5)(d), (5)(e), and (5)(f) and noncompliance (1)(b), (1)(c), (1)(d), (1)(e), (1)(g), (2)(b)2, (3)(a)1, (3)(a)2, 3(a)3, (3)(b)2, (4)(b)2, (4)(b)5 and (5)(b).
2. Find the Program Administrator's role is not in compliance [ref 244 CMR 6.04 (1)(c)].
3. Based on a preponderance of the evidence, the Program warrants Approval With Warning Status.
4. Direct the Program to provide to the Board the following to demonstrate correction of the regulatory deficiencies:

A. Due by May 11, 2022:

1. a comprehensive analysis of three years of confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
 - a. admission criteria including, but not limited to overall GPA, TEAS scores [ref 244 CMR 6.04 (3)(a)2];
 - b. progression criteria including, but not limited to, nursing course GPA, number of times repeating nursing courses, science course GPA and number of times repeating science courses [ref 244 CMR 6.04 (3)(a)2];
 - c. length of time in Program and NCLEX first time pass and fail status.
2. provide a job description for the Program Administrator detailing assigned duties related to the administration of the Program.[ref 244 CMR (1)(c)];
3. provide a detail description of contracted teaching loads for Program Administrator including, for each course taught, number of credits, course schedule , number of students enrolled, and modality of teaching. For clinical course, include the agency assigned and number of days/hours. Include any required office hours for courses assigned [ref 244 CMR (1)(c)];
4. table that identifies methods to evaluate student achievement of Program competencies [ref 244 CMR 6.04 (3)(b)];
5. Matrix demonstrating progression of leveled course objectives to program objectives throughout the program [ref 244 CMR 6.04 (4)(b)2, (4)(b)5];
6. revised clinical evaluation tool that includes objective evaluation methods with clear measurement methods [ref 244 CMR 6.04 (3)(a)3, (4)(b)5];
7. table demonstrating correlation of nursing course and clinical objectives [ref 244 CMR 6.04 (4)(b)2];
8. evidence that the selection of clinical learning experiences are be based on an evaluation of:
 - a. the appropriateness of the experience in meeting identified course objectives and curriculum outcomes;
 - b. the knowledge and skill level of the student, the acuity of the client population, and the experience of the clinical staff with students; and
 - c. the availability of support resources [ref 244 CMR 6.04 (5)(b)].
9. revision and implementation of policies including but not limited to admission,

progression, withdraw, and transfer policies based on results of comprehensive Program data analysis [ref 244 CMR 6.04 (1)(d)];

10. evaluation methods (e.g., course exams, student assignments, clinical evaluations) demonstrate progressive student achievement of student and course learning outcomes based on curriculum framework [ref: 244 CMR 6.04 (4)(b)5].

B. Due by August 10, 2022:

1. revised published policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(d) and (3)(a)2];
2. demonstrated faculty role in the development and implementation of policies based on results of comprehensive Program data analysis [ref 244 CMR 6.04 (1)(d)];
3. a revised systematic evaluation plan that includes definitions, expected levels of achievement (achievable and measurable), a calendar of outlining schedule of evaluation of components along with evidence of faculty participation in the development process [ref: 244 CMR 6.04 (1)(e)];
4. demonstrated consistent student participation in the governance of the parent institution and the program [ref 244 CMR 6.04 (1)(b)];
5. demonstrated role of the student the development and evaluation of the program [ref 244 CMR 6.04 (3)(a)3].
6. table with clinical placements for Summer 2022 and Fall 2022 that includes Faculty, student and clock/credit hours for assigned clinical courses.

C. Due by September 14, 2022:

1. fully implemented a data-driven, faculty-operated systematic evaluation plan [ref: 244 CMR 6.04 (1)(e)];
 2. evidence of proficient TEAS scores being required for admission to the program [ref 244 CMR 6.04 (1)(d)];
 3. revised published admission policy to require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent.
 - a. Evidence of an internal audit to demonstrate that a final official transcript demonstrating satisfactory evidence of secondary school graduation, or its equivalent.
 4. evidence of ongoing evaluation of compliance to the Program's specific written policy for the maintenance and retirement of school, faculty, student and graduate records [ref CMR 6.04 (1)(g)].
5. The Program, placed on Approval with Warning Status, must as specified at 244 CMR 6.08 (2):
- A. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s);
 - B. inform all program graduates that they remain eligible to write the NCLEX.

TOPIC: Education

244 CMR 6.08 (1)(h) NCLEX Exam, Pass Rate Less Than 80% For First Time Writers

DISCUSSION:

J. Kaneb asked S. Waite about the RN and LPN Pass Rates had downturns, and was this related due to the Corona Virus Pandemic. In response to J. Kaneb, S. Waite stated that one (1) program had low pass rates two (2) years in a row, this has been a national trend for NCLEX Exam in 2021, the Board Education Staff will continue to watch this, clinical placements may be related to the outcomes.

K. Crowley asked S. Waite about two (2) Institutions that were outlined in the Document. In response to K. Crowley, S. Waite stated the two (2) Institutions were directed to submit reports by April 2021.

ACTION:

So noted.

TOPIC: Requests for License Reinstatement

Nedra Friedman, NUR-2018-0027, PCNS/RN127969

DISCUSSION:

L. Ferguson summarized her previously distributed memorandum and attached exhibits to the Board. D. Drew asked the Board members a clarifying question regarding the probation term. In response to D. Drew, O. Atueyi stated the Board can reinstate the Licensee's PCNS and RN Licenses, the Licensee has to renew her Massachusetts Controlled Substances Registration (MCSR) License, and the probation terms would have to include the Licensee getting her Licenses renewed within a certain time period. In response to O. Atueyi, L. Ferguson stated she asked the MCSR Supervisor about the Licensee's MCSR License, but she had not heard back from the MCSR Supervisor.

Several Board members and staff discussed the matter, the MCSR License issue, the Licensee's practice would be monitored, the probation terms specified in the Licensee's CONSENT AGREEMENT FOR SUSPENSION for one (1) day followed by PROBATION for no less than one (1) year effective 10/14/2020, which stated that the Licensee has to be supervised by a qualified APRN or a physician, the Licensee's prescriptive practice and nursing practice will be monitored, and the Board's options.

The Licensee was present via video. The Licensee did not make a statement.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to reinstate the Licensee's RN License and APRN Authorization, the Licensee will need to obtain the MCSR License, there will be monitored practice and prescriptive practice, and strike the time period regarding the MCSR.

TOPIC: Strategic Development, Planning and Evaluation

Presentation/Report, Massachusetts Department of Children and Families Licensure Requirement Follow Up Report

DISCUSSION:

H. Cambra summarized her previously distributed memorandum and attached exhibits to the Board. J. Kaneb thanked H. Cambra for following up on this issue, the Massachusetts Department of Children and Families (DCF) requirements were not added to other Boards' responsibilities. L. Kelly stated the survey was interesting and asked H. Cambra and L. Hillson when the mandate was sent out. In response to L. Kelly, H. Cambra stated the Board Staff started the process in January 2021. L. Kelly asked

H. Cambra about the Board taking on the responsibility and other Boards not taking it on. In response to L. Kelly, H. Cambra stated it was difficult to ascertain from the research that she did that DCF requirements were tied to Health Facility Licensure. C. LaBelle stated it does not make sense that Nursing Board was singled out and not other Health Profession Licensing Boards. H. Cambra stated there are avenues she can reach out to engage with those people if the Board members want her to do so.

K. Crowley asked H. Cambra if this directive by the Secretary of the Executive Office of Health and Human Services (EOHHS) was directed to the Nursing Board only or to other Health Profession Licensing Boards. In response to K. Crowley, H. Cambra stated she was not directly involved in the process when the directive was given, and she got involved later, and it was directed to the Nursing Board. L. Hillson stated she will work with H. Cambra more about why it was directed to the Nursing Board. D. Drew stated that since this is a directive and not a regulation, the Board should DEFER from continuing with the DCF requirements and reviews until the Board received further information. In response to D. Drew, C. MacDonald stated that the DCF requirements are part of the Good Moral Character (GMC) Evaluation which is a requirement for licensure. O. Atueyi stated that Board staff has to follow directives from the Secretary of the EOHHS. C. LaBelle stated the directive should apply to all of the Boards, and not just the Nursing Board. J. Kaneb stated she agreed with C. LaBelle. D. Drew stated the Board members need to have a strong position on this matter. O. Atueyi stated that she was not involved in the discussion about the directive. She stated that the former chief board counsel was involved in the process.

Several Board members and staff discussed the matter and the Board's options. K. Crowley stated that if the Board members look at the DCF Cases over 50% of them were applicants who were in minority races and nationalities, and she felt that the DCF requirement should be removed from the GMC Evaluation. L. Kelly stated the Board members should be more information.

A. Sprague asked a clarifying question about the DCF process. In response to A. Sprague, H. Cambra stated that every applicant who applies for LPN and RN Licensure are run through the DCF Database, and the Board staff are notified only if the DCF findings are supported. L. Wu stated she does not mind the DCF Cases being part of the GMC Evaluation and stated her reasons. D. Drew stated her concerns. C. MacDonald stated the Board staff understands the Board members' position which was made very clear and the Board staff will work on them and will report back to the Board members.

ACTION:

So noted.

TOPIC: Strategic Development, Planning and Evaluation

Topics for Next Agenda

DISCUSSION:

None.

ACTION:

None.

Break from 12:51 p.m. to 1:08 p.m.

TOPIC:

G.L. c. 112, s. 65C Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to convene the G.L. c. 112, s. 65C Session at 1:08 p.m.

G.L. c. 112, s. 65C Session 1:08 p.m. to 2:23 p.m.

TOPIC:

Adjudicatory Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague and L. Wu unanimously in favor to convene the Adjudicatory Session at 2:23 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Adjudicatory Session 2:23 p.m. to 3:11 p.m.

Break from 3:11 p.m. to 3:30 p.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, E. Pusey-Reid, A. Sprague, and L. Wu unanimously in favor to convene the Executive Session at 3:30 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

TOPIC:

Adjournment

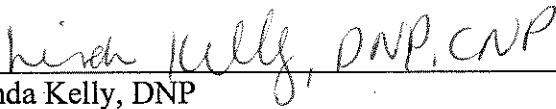
DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with K.A. Barnes, K. Crowley, D. Drew, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, E. Pusey-Reid and A. Sprague unanimously in favor to adjourn the meeting at 5:50 p.m.

Minutes of the Board's February 9, 2022, Regularly Scheduled Meeting were approved by the Board on March 9, 2022.



Linda Kelly, DNP

Chairperson

Board of Registration in Nursing

Agenda with exhibits list attached.

**COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Nursing**

Notice of the Regularly Scheduled Meeting

Regular Session

250 Washington Street
Conference Room 3C
Boston, Massachusetts 02108

And Via Zoom

Wednesday, February 9, 2022 9:00 am | 2 hours 30 minutes | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/88963820248>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 457182

Wednesday, February 9, 2022

PRELIMINARY AGENDA AS OF 1/28/22 9:30am

Estimated Time	Item #	Item	Exhibit	Presented by
9:00 a.m.	I.	CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF AGENDA	Agenda	
	III.	APPROVAL OF MINUTES A. Draft Minutes for the January 12, 2022 Meeting of the <i>Board of Registration in Nursing, Regular Session Via WebEx</i>	Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Announcements	Oral/Memo	CM
	V.	SARP A. SARP Activity Report	Report	MW

COMMONWEALTH OF MASSACHUSETTS
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	VI.	PROBATION A. Probation Staff Action Report B. Termination of Probation/Stayed Probation - NONE C. Request for Notice of Violation and Further Discipline, in the Matter of: 1. J. Ahearn, NUR-2019-0227, RN271349 2. L. Michaud, NUR-200-0060, RN159765	Report None Memo Memo	KJ KJ KJ
	VII.	PRACTICE A. Practice Coordinator Staff Report	Report	PM
	VIII.	EDUCATION A. Nursing Education Staff Report 1. Staff Action Report 2. Annual Report to the Board 3. 2022 Site Survey Schedule B. 244 CMR 6.05 (3)(b) Annual Reports 1. Quinsigamond Community College Associate Degree Nursing Program C. 244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey 1. Lawrence Memorial And Regis College Associate Degree Nursing Program 2. Northern Essex Community College Associate Degree Nursing Program 3. Northern Essex Community College Practical Nursing Program D. 244 CMR 6.08 (1)(a) The Board's Receipt of Information Documenting a Violation of 244 CMR 6.00 1. Massachusetts College of Pharmacy and Health Sciences Boston Baccalaureate Degree Nursing Program 2. Massachusetts College of Pharmacy and Health Sciences Worcester Baccalaureate Degree Nursing Program E. 244 CMR 6.08 (1)(h) NCLEX Exam 1. Pass Rate Less Than 80% For First Time Writers	Report Report Report Report Report Report Report Report Report Memo	HCR HCR HCR SW HCR HCR HCR SW SW SW
	IX.	REQUESTS FOR LICENSE REINSTATEMENT A. Request for License Reinstatement 1. Nedra Friedman, NUR-2018-0027, PCNS/RN/127969	Memo	LF
	X.	STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION A. Presentation/Report 1. Massachusetts Department of Children and Families Licensure Requirement Follow Up Report B. Topics for Next Agenda	Report	HC

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Nursing

<>		LUNCH BREAK	
	XI.	M.G.L. c. 112, § 65C SESSION	CLOSED SESSION
	XII.	M.G.L. c. 30A, § 18 ADJUDICATORY SESSION	CLOSED SESSION
	XIII.	EXECUTIVE SESSION The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. <ol style="list-style-type: none"> 1. Specifically, the Board will discuss and evaluate the Good Moral Character and Massachusetts Department of Children and Families Cases as required for registration for pending applicants. 2. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change. 3. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their compliance with the term of monitored licensed practice or participation in the Board's Substance Abuse Rehabilitation Program. 4. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the January 12, 2022 meeting. 	CLOSED SESSION
5:00 p.m.	XIV.	ADJOURNMENT	

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Kevin Lovaincy at kevin.p.lovaincy@mass.gov in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.