

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

239 Causeway Street, Room 417A
Boston, MA 02114

**Minutes of the Regularly Scheduled Board Meeting
Wednesday, March 13, 2019**

Board Members Present

B. Levin, RN, Chairperson
L. Keough, CNP, Vice Chairperson
A. Alley, RN (Arrived at 9:14 a.m.)
K. Crowley, DNP
G. Cutillo, LPN
D. Drew, MBA, Public Member
J. Fantes, MD
L. Kelly, CNP
M. Keohane, RN
C. LaBelle, RN (Left at 4:00 p.m.)
D. Nikitas, RN
E. Pusey-Reid, DNP
L. Wu, RN

Staff Present

L. Silva, RN, DNP, Executive Director
C. MacDonald, RN, DNP, Deputy Executive Director
O. Atueyi, JD, Board Counsel
B. Oldmixon, JD, Board Counsel
H. Cambra, RN, JD, Interim SARP Coordinator
A. Fein, RN, JD, Complaint Resolution Coordinator
M. Gilmore, RN, SARP Coordinator
S. Hall, SARP Monitoring Coordinator
A. MacDonald, RN, DNP, Nursing Education Coordinator
F. Medaglia, RN/CNP, PhD, Assistant Director for Policy and Research
J. Lavery, BHPL Bureau Director
S. Gaun, Office Support Specialist I
K. Jones, Probation Compliance Officer
L. Ferguson, Paralegal
A. Pettigrew, RN, Compliance Officer
E. Sandler, RN, Compliance Officer
C. Andfield, Office Support Specialist I
L. Harrison, Temporary Education Administrative Assistant
G. Rivera, Temporary SARP Administrative Assistant

Board Members Not Present

K.A. Barnes, JD, RPh
G. Gravlin, EdD

Staff Not Present

L. Talarico, RN/CNP, Nursing Practice Coordinator
M. Campbell, RN, JD, Nursing Investigations Supervisor
M. Matthews, Compliance Officer
S. Muise, Compliance Officer
J. Scranton, Compliance Officer
L. Woodward, Compliance Officer

TOPIC:

March 13, 2019 Regular Session Board Meeting Minutes
(to be Approved 04/10/2019)

Call to Order & Determination of Quorum

DISCUSSION:

B. Levin confirmed by roll call that a quorum of the Board members were present and announced that the meeting was being recorded.

ACTION:

At 9:03 a.m., B. Levin, Chairperson, called the March 13, 2019 Regularly Scheduled Board Meeting to order.

TOPIC:

Approval of Agenda

DISCUSSION:

A. MacDonald deferred Agenda Item VIII.F.1. 244 CMR 6.05 (3)(b) Continuation of Full Approval based on 2018 Annual Reports, Annual Report Data Summary and Agenda Item VIII.H. 2019 Q1 NCLEX Statistics, Explanation of NCLEX Data Reports, 2019 Q1 MA Graduates Regardless of State of Licensure, and 2019 Q1 MA Licensure Candidates Regardless of State of Education.

H. Cambra deferred Agenda Item V.B. SARP, Appointment of New SAREC Member: J. Mungai, LPN.

A. Fein stated that regarding Agenda Item X.B.1: Request to Approve Revision to Discipline Policy 07-01: Board Delegated Authority Related to the Standard Conditions of a Probation Agreement or Order (DP 07-01), the content of the proposed policy revision distributed to the Board was correct, but this requested revision is to DHPL Policy 15-01 (nka BHPL Policy 15-01), not DP-07-01 as is incorrectly listed as the title of Agenda Item X.B.1. Consequently, she requested that the title of Agenda Item X.B.1 be corrected to state, "Request to Approve Further Revisions to DHPL Policy 15-01 (nka BHPL Policy): Delegation of Authority for Staff Actions Relative to Licensure Conditions". A. Fein also correspondingly distributed a corrected memorandum that requested Board approval of a proposed Board of Nursing #2 Addendum to DHPL (nka BHPL) Policy 15-01, and which clarified and summarized the specific revisions being proposed.

ACTION:

Motion by L. Keough, seconded by L. Kelly, and voted unanimously to approve the Agenda as revised.

TOPIC:

Approval of Board Minutes for the February 13, 2019 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

None.

ACTION:

Motion by L. Keough, seconded by D. Drew, and voted, with L. Keough, C. LaBelle and L. Wu in abstention, and all other members present in favor, to accept the Minutes of the February 13, 2019 Regularly Scheduled Board Meeting as presented.

TOPIC:

Reports, Announcements and Administrative Matters

A. Announcements

DISCUSSION:

A. L. Silva stated that between February and March of each year, the staff compiles the Board member meeting attendance. L. Silva stated the staff is working on it and should have it to the Board members in April 2019.

ACTION:

So noted.

TOPIC: SARP

SARP Activity Report

DISCUSSION:

None.

ACTION:

None.

TOPIC: SARP

Appointment of New SAREC Member: J. Mungai, LPN

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Practice Coordinator Staff Report

DISCUSSION:

None.

ACTION:

None.

TOPIC: Education

Nursing Education Staff Report

DISCUSSION:

None.

ACTION:

None.

TOPIC: Education

244 CMR 6.04 (1)(c) & (1)(f) Administrative Changes

DISCUSSION:

None.

ACTION:

None.

TOPIC: Education

244 CMR 6.05, Quincy College, Associate Degree Nursing Program, Quincy, MA, Initial Approval Application

DISCUSSION:

RECUSAL: L. Keough recused herself from the matter and left the room during the deliberation and vote. A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. R. Mihal, program administrator, was present. In response to B. Levin, R. Mihal stated a total of 80 students will be admitted to the two (2) programs at the two (2) campuses: Quincy (40) and Plymouth (40). In response to B. Levin, R. Mihal stated the program has not started the admissions process until today. In response to B. Levin, R. Mihal stated there will not be any admissions for the Year 2020 and the following year the students will complete the program.

ACTION:

Motion by B. Levin, seconded by D. Drew, and voted unanimously to:

1. Find Quincy College has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04: Standards for Nursing Education Program Approval;
2. Grant Quincy College, Quincy, MA Initial Approval status in the further establishment of the Registered Nurse Associate Degree education program.

TOPIC: Education

244 CMR 6.05, Quincy College, Associate Degree Nursing Program, Plymouth, MA, Initial Approval Application

DISCUSSION:

RECUSAL: L. Keough recused herself from the matter and left the room during the deliberation and vote. A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. R. Mihal, program administrator, was present. There was no discussion.

ACTION:

Motion by B. Levin, seconded by L. Kelly, and voted unanimously to:

1. Find Quincy College has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04: Standards for Nursing Education Program Approval;
2. Grant Quincy College, Plymouth, MA Initial Approval status in the further establishment of the Registered Nurse Associate Degree education program.

TOPIC: Education

244 CMR 6.05, Quincy College, Practical Nursing Program, Quincy, MA, Initial Approval Application

DISCUSSION:

RECUSAL: L. Keough recused herself from the matter and left the room during the deliberation and vote. A MacDonald did not summarize her previously distributed memorandum and attached exhibits to the Board. R. Mihal, program administrator, was present. In response to B. Levin, R. Mihal stated there will be twenty (20) students in each of the programs at the Quincy and Plymouth campuses for a total of forty (40) students.

ACTION:

Motion by D. Drew, seconded by L. Kelly, and voted unanimously to approve the compliance report, and:

1. Find Quincy College has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04: Standards for Nursing Education Program Approval;
2. Grant Quincy College, Quincy, MA Initial Approval status in the further establishment of the Practical Nurse education program.

TOPIC: Education

244 CMR 6.05, Quincy College, Practical Nursing Program, Plymouth, MA, Initial Approval Application

DISCUSSION:

RECUSAL: L. Keough recused herself from the matter and left the room during the deliberation and vote. A MacDonald did not summarize her previously distributed memorandum and attached exhibits to the Board. R. Mihal, program administrator, was present. There was no discussion.

ACTION:

Motion by D. Drew, seconded by L. Kelly, and voted unanimously to approve the compliance report, and:

1. Find Quincy College has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04: Standards for Nursing Education Program Approval;
2. Grant Quincy College, Plymouth, MA Initial Approval status in the further establishment of the Practical Nurse education program.

TOPIC: Education

244 CMR 6.08 Site Surveys, Salem State University, Baccalaureate Degree RN Program Verification Site Survey

DISCUSSION:

A MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. Associate Dean Linda Fonteiro, program administrator, was present. In response to B. Levin, L. Fonteiro stated the program staff is committed to improving the program and will continue to work to address the deficiencies.

In response to E. Pusey-Reid, L. Fonteiro stated the program takes 90 to 100 freshmen in the Fall Semester and 6 transfer students in the Spring Semester. L. Fonteiro stated the program staff is improving its documentation of conversations and data in the meeting minutes. In response to L. Silva, A. MacDonald stated the systematic evaluation plan is due on 4/4/2019 and on 6/30/2019 the 11 program criteria will be published. B. Levin stated the program was put on warning status on 5/9/2018. D. Drew stated she would not remove the warning status until all of the requirements are met.

ACTION:

Motion by D. Drew, seconded by E. Pusey-Reid, and voted unanimously to:

1. Accept the compliance report finding that the Program has failed to demonstrate correction of the regulatory deficiencies at 244 CMR 6.04 (1)(d), (1)(e), (3)(a)2, or (3)(a)3 within the designated time period.
2. Determine based on preponderance of the evidence, the Program warrants Continue Approval with Warning Status;
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due by April 30, 2019:
 1. An updated systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, expected levels of achievement (achievable and measurable) across all criterion; data analysis; and review of all Board required outcomes, 11 Board required policies, and data from student evaluation of the Program [ref 244 CMR 6.04 (1)(d), (1)(e), (3)(a)3];
 - b. Due by June 30, 2019:
 1. the 11 required Board policies published with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies r [ref 244 CMR 6.04 (1)(d) & (3)(a)2];
 2. Submit the systematic evaluation plan with data and analysis on a quarterly basis to demonstrate that the results of the evaluation are being used for the development, maintenance, and revision of the program with the first report due by June 30, 2019 (then December 31, 2019, March 31, 2020, June 30, 2020) and the last due December 31, 2020 [ref: 244 CMR 6.04 (1)(e)].
4. Direct the Program to provide the following, also due no later than **June 30, 2019**, to enhance program effectiveness:
 - a. Revised published admission policy for the ABSN option to require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent.
 - b. Evidence of an internal audit to demonstrate that a final official transcript demonstrating satisfactory evidence of secondary school graduation, or its equivalent.

TOPIC: Education

244 CMR 6.08 Site Surveys, Roxbury Community College Associate Degree RN Program Verification Site Survey

DISCUSSION:

C. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. The 3/8/2019 Letter from V. Roberson, College President, to L. Silva was distributed to the Board members at the meeting. D. Chase, program administrator, and V. Roberson were present. C. MacDonald stated the program is on "good cause" with ACEN. In response to B. Levin, D. Chase stated she started in the position in 1/2/2019, she knew the program was on warning status, she has been attempting to fix the deficiencies, and she found there is a lack of congruency between things that were published and things that are in place. D. Chase stated the high turnover in the faculty has made it difficult to get things done. D. Chase stated the data analysis that is stated in the systematic evaluation plan has not been done.

In response to B. Levin, D. Chase stated the lab coordinator position that was originally posted in 2017 and which the program staff did not find any qualified candidates has not been posted. D. Chase stated it has been posted again and she will be interviewing qualified candidates soon. In response to L. Silva, V. Roberson stated regarding the inconsistencies, eight (8) of the nine (9) nurses on the program staff were hired in the last two (2) years, and she pledged that D. Chase will have the support that she needs in order for the program to be in full compliance. In response to C. MacDonald, D. Chase stated that E. Tobin of Bunker Hill Community College Nursing Program has accepted her as a mentee.

D. Chase stated there was pushback from students regarding the transition from a paper system to the automated program Castlebranch. D. Drew stated the program needs to stop having students until all of the programs have been implemented. In response to D. Drew, V. Roberson stated the school will be supporting additional time for professional development once the semester is over. V. Roberson stated that there were problems in the past finding qualified candidates to fill available positions.

E. Pusey-Reid stated that the Board is concerned regarding the major turnover of the program administrator. L. Keough stated that System Evaluation Plan is important. In response to L. Silva, D. Chase stated she has not presented anything yet and the some of the data is at the college-level.

In response to L. Silva, D. Chase stated she has not had to deal with freezing admissions. V. Roberson stated that D. Chase and K. Lundsten, Dean of Health & Human Services, are both qualified and the college is able to provide additional positions. V. Roberson stated the Dean of Admissions and her staff were also present. V. Roberson stated the college is committed to making sure there are qualified staff and resources for the program.

In response to K. Crowley regarding the admissions process as an issue, V. Roberson stated the program has been in flux and a number of staff people have changed. V. Roberson stated there was a mistake made in terms of what the criteria were, but that has been corrected.

B. Levin complimented D. Chase on her honesty and knowledge and stated she has done an amazing job. In response to B. Levin regarding who will be implementing the changes and L. Silva regarding what D. Chase needs to make the program better, D. Chase stated she had to look at the system analysis. In response to D. Drew, D. Chase stated she does not have a courseload.

ACTION:

Motion by B. Levin, seconded by L. Keough, and voted unanimously to accept the compliance report finding that the Program has failed to demonstrate correction of the regulatory deficiencies at 244 CMR 6.04 (1)(e), (2)(b), (3)(a)1, (4)(b)3, (4)(b)5, (5)(a) within the designated time period and current non-compliance with (3)(a)2.

Motion by B. Levin, seconded by L. Keough, and voted unanimously to:

1. Continue the approval with warning status,
2. Direct D. Chase to provide to the Board members (a) a list of a plan to include non-existent resources the program needs to be successful, (b) the position description, full-time or part-time, and the hours for the position that needs to be posted within two (2) weeks, (c) the plan to recruit, at which the Board will follow up a month after the plan has been submitted to seek progress, and then a month until the positions are posted,
3. Direct the program to (a) continue to freeze the admissions, (b) provide the verification of the documentation to the Board in the Summer 2019, (c) have the verification site survey in the Fall 2019, and (d) provide an update report to the Board at the April 2019 Board Meeting with a faculty retention plan included in the report.

TOPIC: Education

244 CMR 6.08 Site Surveys, Roxbury Community College Practical Nursing Program Verification Site Survey

DISCUSSION:

C MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. D. Chase, program administrator, and V. Roberson, College President, were present. In response to B. Levin, D. Chase stated she did not know what the capstone course plan looked like until after the fact. In response to B. Levin, D. Chase stated she can provide an updated plan allocation to A. MacDonald and C. MacDonald. In response to C. LaBelle, D. Chase stated the program is set up as a single-entry point, all of the students are admitted as nursing students, and at the midway point of the second semester, the students can choose to enter the PN program or the ADN program.

D. Chase stated the options provided to the students regarding the ADN and PN programs. D. Chase stated there are thirty-six (36) students in the second semester of the program.

ACTION:

Motion by B. Levin, seconded by L. Keough, and voted unanimously to accept the compliance report finding that the Program has failed to demonstrate correction of the regulatory deficiencies at 244 CMR 6.04 (1)(e), (3)(a)1, (4)(b)3, (4)(b)4, (4)(b)5, (5)(a) within the designated time period and current non-compliance with (3)(a)2.

Motion by B. Levin, seconded by L. Keough, and voted unanimously to:

1. Continue the approval with warning status,
2. Direct D. Chase to provide to the Board members (a) a list of a plan to include non-existent resources the program needs to be successful, (b) the position description, full-time or part-time, and the hours for the position that needs to be posted within two (2) weeks, (c) the plan to recruit, at which the Board will follow up a month after the plan has been submitted to seek progress, and then a month until the positions are posted,
3. Direct the program to (a) continue to freeze the admissions, (b) provide the verification of the

documentation to the Board in the Summer 2019, (c) have the verification site survey in the Fall 2019, and (d) provide an update report to the Board at the April 2019 Board Meeting with a faculty retention plan included in the report,

4. Direct the program to submit an updated document with the clinical hours for the PN Program to the Board.

Break from 10:15 a.m. to 10:29 a.m.

TOPIC: Education

244 CMR 6.08 Site Surveys, Berkshire Community College Associate Degree RN Program Verification Site Survey

DISCUSSION:

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. C. Martin, program administrator, and J. Burns, Vice President of Academic Affairs, Berkshire Community College, were present. In response to B. Levin, J. Burns stated Accreditation Commission for Education in Nursing (ACEN) recommended full accreditation status for the program to the commissioner which hopefully will happen at the end of this month. In response to L. Keough, C. Martin stated the program has a Revised Systematic Evaluation Plan (Revised SEP) which is submitted in January 2019. In response to E. Pusey-Reid, A. MacDonald stated there were updates to the Revised SEP.

In response to L. Kelly, J. Burns stated the program staff had workshops regarding the Revised SEP. C. Martin stated the program staff has worked on the revisions. In response to D. Drew, C. Martin stated the program uses the internal and external consultants.

ACTION:

Motion by D. Drew, seconded by L. Keough, and voted unanimously to:

1. Accept the compliance report finding that the Program has failed to demonstrate correction of the regulatory deficiencies at 244 CMR 6.04 (1)(d), (1)(e), (1)(g), (3)(a)(2), and (3)(a)(3) within the designated time period.
2. Determine based on preponderance of the evidence, the Program warrants Continue Approval with Warning Status;
3. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies with a verification site survey to be scheduled for Fall 2019:
 - A. Due by April 30, 2019:
 1. a revised systematic evaluation plan that includes, but not limited to, operational definitions, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; all Board required outcomes, and 11 Board required 11 policies [ref 244 CMR 6.04 (1)(e)];
 2. a written policy for the maintenance and retirement of school, faculty, student and graduate records which specifies contents of each file [ref 244 CMR 6.04 (1)(g)];

3. 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 for [ref 244 CMR 6.04 (1)(d) & (3)(a)2]:
 - o Admission
 - o Attendance
 - o Course Exemption
 - o Transfer
 - o Re-admission
 - o Students Rights and Grievances
4. Meeting minutes demonstrating that data from student evaluations is analyzed and used to make program decisions [ref 244 CMR 6.04 (3)(a)3]; and
5. Meeting minutes demonstrating that the student-faculty ratio in clinical practice was determined by the complexity of the educational experience, the student's level of knowledge and skill and patient needs [ref 244 CMR 6.04 (5)(b)].

B. Due by August 31, 2019:

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)];

Failure to correct these regulatory deficiencies 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 6.04 (1)(c) Quinsigamond Community College Practical Nursing Program Administrator

DISCUSSION:

A. MacDonald summarized her previously distributed memorandum and attached exhibits to the Board. M. Yoder, program administrator, and C.P. Schmohl, Dean for the School of Healthcare, were present. In response to B. Levin, M. Yoder read her statement in which she stated her job responsibilities, she teaches a total of 110 minutes a week which is one (1) course she has taught for 13 years, she sees the struggles the students encounter, and she has 30 years of administrative competence. In response to B. Levin, M. Yoder stated she teaches the course as part of her job.

C. MacDonald stated M. Yoder works 41.5 hours a week, and if M. Yoder is working 40 hours a week as the program administrator position and 1.5 hours a week teaching which is outside of her role as the program administrator, that is fine. L. Silva stated the program administrator has to work full-time and the teaching takes away from the component. M. Yoder stated she has a 41.5 hour work week and she probably works more than that as the program administrator. M. Yoder stated the Department of Employment considers 32 hours to be full-time. C. MacDonald stated it is not an issue if the teaching hours are outside of the role of the program administrator.

In response to D. Drew, A. MacDonald stated the Board needs to determine if M. Yoder meets the requirements based on the information the Board has. In response to C. MacDonald, C.P. Schmohl clarified that M. Yoder works 37.5 hours a week as the program administrator and her teaching is above the 37.5 hours a week. In response to L. Kelly, C. MacDonald stated the Board does not regulate contracts. A. MacDonald stated the Board staff did not request a union workload.

ACTION:

Motion by B. Levin, seconded by L. Keough, and voted unanimously to find the program administrator is in compliance with 244 CMR 6.04 (1)(c), and require the program to provide a letter to the Board within 30 days clarifying that M. Yoder is working full-time as the program administrator and her teaching is done outside of her role of the program administrator under a separate agreement or contract.

TOPIC: Education

244 CMR 6.05 (3)(b) Continuation of Full Approval based on 2018 Annual Reports, Annual Report Data Summary

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Education

244 CMR 6.05 (3)(b) Continuation of Full Approval based on 2018 Annual Reports, Student Numbers (admissions, graduates, and enrollments)

DISCUSSION:

A. MacDonald was available for questions.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 (3)(b) Continuation of Full Approval based on 2018 Annual Reports, Student Numbers 5-year variance

DISCUSSION:

A. MacDonald was available for questions.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.06 Site Survey Schedule

DISCUSSION:

A. MacDonald was available for questions.

ACTION:

So noted.

TOPIC: Education

2019 Q1 NCLEX Statistics

March 13, 2019 Regular Session Board Meeting Minutes
(to be Approved 04/10/2019)

1. Explanation of NCLEX Data Reports
2. 2019 Q1 MA Graduates Regardless of State of Licensure
3. 2019 Q1 MA Licensure Candidates Regardless of State of Education

DISCUSSION:

1. Deferred.
2. Deferred.
3. Deferred.

ACTION:

1. Deferred.
2. Deferred.
3. Deferred.

TOPIC: Requests for License Reinstatement

DISCUSSION:

None.

ACTION:

None.

TOPIC: Strategic Development, Planning and Evaluation

A. Presentation / Report

1. Massachusetts Coalition for the Prevention of Medical Errors:
 - a. December 2018 Coalition Meeting Minutes
 - b. January 2019 Coalition Report
 - c. February 2019 Coalition Report

B. Policies

1. Request to Approve Further Revisions to DHPL Policy 15-01 (nka BHPL Policy): Delegation of Authority for Staff Actions Relative to Licensure Conditions

C. Topics for Next Agenda

DISCUSSION:

- A. 1. a., b. and c. A. Fein and F. Medaglia were available for questions.
- B. A. Fein directed the Board members attention to, and summarized, her corrected memorandum with attachments on this matter that she distributed at the start of this session to the members for consideration. A. Fein reiterated that she was requesting Board members approve further revision to DHPL Policy 15-01" (nka BHPL): Delegation of Authority for Staff Actions Relative to Licensure Conditions that was adopted by the Board on 3/9/16, not Discipline Policy 07-01 that had been superseded entirely by DHPL Policy 15-01 upon the Board's adoption. She explained, however, that the proposed conditions to qualify for Probation staff action approval of an international travel request by a licensee on probation with the Board whose probation terms required toxicology testing remained the same as described in her original and corrected memorandum except for two modifications. The first modification required that such a Licensee had been fully compliant with all the terms of her/his probation since the effective date of licensee's probation. The second modification required that if the licensee was practicing nursing, all employer evaluations had provided acceptable feedback since the effective date of the probation. A. Fein also identified that this proposed Board of Nursing further

revision to DHPL Policy 15-01 would be titled "Board of Nursing #2 Addendum to DHPL Policy 15-01" and the prior revision that the Board had made to this DHPL Policy on 1/19/17 was now titled "Board of Nursing #1 Addendum to DHPL Policy 15-01".

C. None.

ACTION:

A. None.

B. Motion by B. Levin, seconded by L. Keough, and voted unanimously to approve A. Fein's proposed corrected revision to DHPL Policy 15-01 with the two modifications presented as discussed to be titled Board of Nursing #2 Addendum to the DHPL Policy 15-01: Board Delegated Authority on International Travel Requests.

C. None.

TOPIC: Probation
Staff Action Report

DISCUSSION:

K. Jones was available for questions.

ACTION:

So noted.

Break from 11:14 a.m. to 11:33 a.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by B. Levin, seconded by L. Keough, and voted unanimously to convene the Executive Session at 11:33 a.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

G.L. c. 30A, § 21 Executive Session 11:33 a.m. to 2:36 p.m.

TOPIC:

Adjudicatory Session

DISCUSSION:

None.

ACTION:

Motion by B. Levin, seconded by A. Alley, and voted unanimously to convene the Adjudicatory Session at 2:36 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Adjudicatory Session 2:36 p.m. to 2:45 p.m.

TOPIC:

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

DISCUSSION:

None.

ACTION:

Motion by B. Levin, seconded by A. Alley, and voted unanimously to convene the G.L. c. 112, s. 65C Session at 2:45 p.m.

G.L. c. 112, s. 65C Session 2:45 p.m. to 5:05 p.m.

TOPIC:

Adjournment

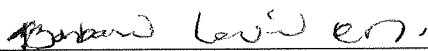
DISCUSSION:

None.

ACTION:

Motion by B. Levin, seconded by K. Crowley, and voted unanimously to adjourn the meeting at 5:05 p.m.

Minutes of the Board's March 13, 2019, Regularly Scheduled Meeting were approved by the Board on April 10, 2019.



Barbara Levin, RN
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

239 Causeway Street
Room 417
Boston, Massachusetts 02114

Wednesday, March 13, 2019

PRELIMINARY AGENDA AS OF 2/28/19 2:10pm

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 February 13, 2019 Meeting of the <i>Board of Registration in Nursing, Regular Session</i>	Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Announcements	Oral/Memo	LS
	V.	SARP A. SARP Activity Report: NONE B. Appointment of New SAREC Member: J. Mungai, LPN	None Memo	HC/MG
	VI.	PROBATION A. Probation Staff Action Report	Memo	KJ
	VII.	PRACTICE A. Practice Coordinator Staff Report: NONE	None	

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Nursing

	VIII.	EDUCATION A. Nursing Education Staff Report - NONE B. 244 CMR 6.04(1)(c) & (1)(f) Administrative Changes – NONE C. 244 CMR 244 CMR 6.05 1. Quincy College, Associate Degree Nursing Program, Quincy, MA, Initial Approval Application 2. Quincy College, Associate Degree Nursing Program, Plymouth, MA, Initial Approval Application 3. Quincy College, Practical Nursing Program, Quincy, MA, Initial Approval Application 4. Quincy College, Practical Nursing Program, Plymouth, MA, Initial Approval Application D. 244 CMR 6.08 Site Surveys 1. Salem State University, Baccalaureate Degree RN Program Verification Site Survey 2. Roxbury Community College Associate Degree RN Program Verification Site Survey 3. Roxbury Community College Practical Nursing Program Verification Site Survey 4. Berkshire Community College Associate Degree RN Program Verification Site Survey E. 244 CMR 6.04(1)(c) Quinsigamond Community College Practical Nursing Program Administrator F. 244 CMR 6.05(3)(b) Continuation of Full Approval based on 2018 Annual Reports 1. Annual Report Data Summary 2. Student Numbers (admissions, graduates, and enrollments) 3. Student Numbers 5-year variance G. 244 CMR 6.06 Site Survey Schedule H. 2019 Q1 NCLEX Statistics 1. Explanation of NCLEX Data Reports 2. 2019 Q1 MA Graduates Regardless of State of Licensure 3. 2019 Q1 MA Licensure Candidates Regardless of State of Education	None None Compliance Report Compliance Report Compliance Report Compliance Report Compliance Report Compliance Report Compliance Report Compliance Report Memo Reports Memo Reports	 AM AM AM AM AM AM AM AM AM AM
	IX.	REQUESTS FOR LICENSE REINSTATEMENT - NONE	None	

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	X.	STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION A. Presentation/Report 1. Massachusetts Coalition for the Prevention of Medical Errors: a. Dec 2018 Coalition Meeting Minutes b. Jan 2019 Coalition Report c. Feb 2019 Coalition Report B. Policies 1. Request to Approve Revision to Discipline Policy 07-01: Board Delegated Authority Related to the Standard Conditions of a Probation Agreement or Order C. Topics for Next Agenda	Minutes Report Report Proposed Revision	ASF/FM KJ/ASF
	XI.	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. 1. Specifically, the Board will discuss and evaluate the Good Moral Character 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 pending disciplinary complaints that involve patient records and treatment of patients. 4. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the February 13, 2019 meeting.	CLOSED SESSION	
<>		LUNCH BREAK		
	XII.	M.G.L. c. 112, § 65C SESSION	CLOSED SESSION	
	XIII.	M.G.L. c. 30A, § 18 ADJUDICATORY SESSION	CLOSED SESSION	
5:00 p.m.	XIV.	ADJOURNMENT		

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If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Beth Rabasco, Phone: 617-624-5291 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.