Welcome Spring 2018!! It’s been a bit of a long winter….but here we are welcoming warmer weather and sunshine. Over the winter I found myself looking back over the many accomplishments of our Board and Board Staff……and am amazed!

As we work as a Board and Board staff to fulfill our mission to protect the public, I am cognizant of the fact that these accomplishments were – and are — made possible through the hard work and commitment of Board committees. All committee meetings are open to the public. Each committee is comprised of Board members, supported by staff, who put a significant amount of time and energy into addressing each of the committee charges. The accomplishments are many; and I would like to highlight at least a few of them.

With the enhanced Nurses Licensure Compact (eNLC) sweeping across the country, the Nurse Practice Committee (NPC), in collaboration with the NCSBN, developed and conducted a survey of MN nurses to learn MN nurses knowledge of the eNLC. NCSBN analyzed the responses and presented a report which showed significant knowledge of, and support for, the compact among the state’s nurses. Over 80% of the nearly 21,000 respondents favor Minnesota enacting the compact.

The Discipline Resources Committee, as the Criminal Background Check Program was implemented, developed guidelines for review of criminal history for nurse licensure applicants and re-registrants. This required a significant amount of collaboration with the other health-related licensing boards and the Bureau of Criminal Apprehension. As of January 1, 2018, all sixteen boards are conducting CBCs for applicants for licensure.

The Education Committee, works diligently addressing accreditation of nursing programs in the state, as well as monitoring on-going compliance of programs with requisite program approval rules. In addition, this past year the Board co-sponsored a state-wide Best Practices Simulation Conference.

There is great interest in finding the sources of, and working to understand practice breakdowns. This past year the Data Resources Committee worked with NCSBN to define metrics for reporting discipline data to be synthesized through the Taxonomy of Error Root Cause Analysis and Practice-Responsibility (TERCAP) with the goal of painting a picture or drawing a road map to breakdown sources and possible correction.

I am also very fortunate to have an outstanding Executive Committee who are active in not only identifying, but tracking the progress of our annual Strategic Initiatives. Without Board members and staff willing to put in many hours beyond the Board Meetings, we could not accomplish what we do in to consistently strive to fulfill the Board’s mission and vision.

Of course, this is just a snapshot of all that the Board and committees do. I wish there were time and space to share all. Thank you Board members and staff for truly making a difference – It is an honor to serve with you.
Annual Nursing Education Program Report

In April, the Board accepted the 2017 Annual Nursing Education Program Report, which highlights changes in the 89 nursing programs approved by the Board. The report discusses program outcomes, and provides demographic data about the impact of graduates on the nursing workforce.

All programs are engaged in seeking accreditation as needed, given the requirement that all programs are required to achieve candidacy for accreditation by early summer, 2018. Since this requirement was established in 2011, the percentage of accredited programs has increased from 48% to 52%. The table below shows 26.9% of practical nursing programs hold accreditation by a national nursing accrediting body. Of the professional nursing programs, 53.6% of associate degree nursing programs, 95% of baccalaureate nursing programs, and 100% of entry level master of nursing programs have achieved accreditation.

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In 2017, 3,532 students graduated from 51 professional nursing programs, and 1,180 students from 26 practical nursing programs. This year, the Board approved 12 advanced practice registered (APRN) nursing programs, joining for the first time other states that require approval of APRN programs. These programs reported a total of 2,108 nurses who completed preparation for licensure as an APRN. The number of graduates from practical nursing programs was the lowest number since 2003. This decrease is of concern, recognizing the potential impact on workforce needs.

The report identified that a large number of nurses continue to pursue further academic education in nursing. Data submitted by approved programs, plus data collected from the Minnesota Department of Health voluntary survey completed by nurses at the time of registration renewal, demonstrated that 54.6% of practical nurses complete a professional nursing degree, and over 48% of those initially granted an associate degree earn a baccalaureate degree.

There are 1,494 faculty teaching in practical and professional nursing programs, with 374 teaching in advanced practice programs.

The ethnic diversity of Minnesota candidates for licensure as a practical or professional nurse continues to increase. From 2012 – 2017, the ethnic diversity of practical nursing candidates increased from 13.9% to 23.4%, and that of professional nursing candidates from 11.4% - 15.1%. From 2012-2017, the percentage of males graduating from practical and professional nursing programs rose slightly when compared to the existing workforce.

A more detailed description of this information, the number of graduates and first-time NCLEX success rates for all programs, as well as the full report can be accessed at [https://mn.gov/boards/nursing/resources/reports/](https://mn.gov/boards/nursing/resources/reports/) (Cont. on page 2)
Ethnic diversity in Underserved/Underrepresented candidates for licensure exam vs. minority ethnicity of the Minnesota workforce.

Male nurses licensed by exam vs. males in the Minnesota workforce.
Journal of Nursing Regulation Article Review: Exploring the differences between regulatory bodies, professional associations, trade unions: an integrative review.

In some jurisdictions, such as Canada, Spain, and Portugal, the roles of regulatory and professional association are served by the same associations. In other countries, these roles as well as trade unions are held by one association. In the United States, the three functions are served by separate bodies. The purpose of this integrative review was to examine the interactions and differences between regulatory bodies, professional associations, and trade unions.

There were no time limits or language exclusionary criteria, and there was a scarcity of literature found. Nine articles from the years 1994-2015 were included in the review and thematic analysis was performed using NIVIVO 11 Plus. Sixteen themes that were associated characteristics emerged for the three organization types and three were discussed in depth in the article.

The first theme of primary purpose was stated by all three types of organizations as acting in the public interest. Benton et al. stated the way the organizations do so are different. Regulatory bodies focus on public protection through establishment and enforcement of minimum standards. Professional associations promote public interest by promoting increasing standards of practice, and the promotion of advancing credentials, and trade unions focus on staff and environmental safety concerns to create an overall positive practice environment which ultimately will benefit the public.

The second theme is cultural alignment, which reflects the changing needs from the profession by those it serves. This may be exemplified by the regulatory body expanding a scope of practice to meet the needs of a changing society. A professional association may advocate for the change in scope of practice and adjust its standards to meet the societal change. Finally, a trade union may advocate for more training and increased salaries for its members for the change or expansion in scope of practice.

The third theme is the scope and source of power. Regulatory bodies have a narrow scope of power focused on protection of the public and more broadly over the profession. The trade union also has a narrow scope focused on the nurse with some overlap on the profession. And the professional association has a more broad scope focused both on the public, the profession and the trade union.

The authors identified the diversity of the professions studied in the articles included in the review. It was also noted that this integrative review described the similarities and differences broadly and a more precise view may reveal additional similarities and differences.

This review is important for several reasons. It highlights the lack of literature in this area, and identifies the differences and similarities which may assist clearly defining the separation of interests for each body.


New Enhanced Nurse Licensure Compact Implemented

In 2015, a new enhanced nurse licensure compact (eNLC) was adopted by the NCSBN. The eNLC has now been adopted by 26 states and was implemented on January 19, 2018. This eNLC allows RNs and LPNs to have one multistate license, with the authority to practice in person or via telehealth in both their home state and other eNLC states. All applicants for the multistate license are required to meet the same licensing requirements, which requires the applicant to submit to federal and state criminal background checks, have no conviction of a felony offense, and hold or be eligible for active, unencumbered license. Almost all current NLC states have enacted the eNLC and others plan for legislative action. The Board will continue to provide educational outreach to fully inform nurses, other health care providers and leaders, legislators and the public about the eNLC. For up to date information about the eNLC access through this link: https://www.nursecompact.com/
Measuring Clinical Judgment: Developing the Next Generation NCLEX®

In an ongoing cycle, the National Council of State Boards of Nursing (NCSBN) conducts a practice analysis to determine whether changes need to be integrated into the licensing examination. This work is key to assuring that the licensing examinations are comprehensive, valid, reliable, and reflect current entry-level practice. Analysis of the data from recent practice analyses demonstrated the importance of clinical judgment in delivering safe and effective patient care. The elements of critical judgment have been articulated by nurse educators and researchers, and are frequently integrated into clinical evaluation tools used in nursing education programs.

Recognizing critical judgment as key to the delivery of safe and effective patient care, NSCBN initiated a special research section between June and September 2017 in the NCLEX-RN® examination that presented new types of questions with the potential to expand and/or enhance the measurement of entry-level nursing competence, including clinical judgment. Those taking the examination had the option to voluntarily respond to new forms of questions, such as extended multiple-response items, extended drop and drag items, CLOZE items (e.g. fill-in-the-blanks), and dynamic exhibit items. Responses to the items being researched did not impact the success or failure of these graduates on the licensing exam, but were presented so that the functionality of these types of questions could be assessed. The results of this, and potentially additional phases of research, will inform whether the items will help measure this important nursing skill. At this time, a study to assess similar potential changes for the NCLEX-PN® has not been initiated however, depending on the data analysis and conclusions reached, this may be initiated in the future.

In order to have a licensing examination that is psychometrically sound and legally defensible, any change is only made after thorough research, study and consideration of the findings. As such, a change is not imminent. Ongoing and updated information can be found on the NCSBN website at: https://www.ncsbn.org/11435.htm

Attention APRNs who Order Prenatal Screening: Be Aware of the Prenatal Trisomy Diagnosis Awareness Act

In August 2015, the Prenatal Trisomy Awareness Act (Minn. Stat. sec 145.471) went into effect. This law requires health care providers who order prenatal screening to provide expectant parents with helpful and accurate information if a screening test result is positive for trisomy 13, trisomy 18, or Down syndrome (trisomy 21).

The Minnesota Department of Health has the required information for each of these conditions available on its website, Diseases and Conditions Identified in Children (http://www.health.state.mn.us/divs/cfh/topic/diseasesconds/index.cfm).

When available, links are included to other resources that may be used to meet the law’s requirements. Information must be provided in a written format. Hard copy, electronic or an alternative format is acceptable.

Since prenatal screening tests have different sensitivities, health care providers will need to clarify with the parent that screening is a first step and that a positive screen is not a diagnosis.
Update on Medical Cannabis

The Minnesota Department of Health (MDH) will add autism spectrum disorders and obstructive sleep apnea as new qualifying conditions for the state’s medical cannabis program. Patients certified to have autism or obstructive sleep apnea will be eligible to enroll in the program on July 1, 2018 and receive medical cannabis from the state’s two medical cannabis manufacturers beginning Aug. 1, 2018.

The Health department used a formal petitioning process to solicit public input on potential qualifying conditions. The process included submission of petitions, public comments, a citizens’ review panel and a set of research summaries for each condition prepared by MDH. Petitioners put forward a total of 10 conditions for consideration this year. There were also petitions to add cannabis delivery methods including infused edibles and vaporizing or smoking cannabis flowers. These requests were not approved.

Autism
Autism spectrum disorder is characterized by sustained social impairments in communication and interactions, and repetitive behaviors, interests or activities. Patients certified for the program because of autism must meet the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders – 5th edition) for autism. The department’s autism research brief found a growing body of research indicating that the human body’s endocannabinoid system may play a role in autism symptoms. In support of adding autism, the review panel report noted the lack of effective drug treatments, the potentially severe side effects of current drug treatments and anecdotal evidence of Minnesota children with autism already receiving benefits from medical cannabis taken for other qualifying conditions.

Sleep apnea
Obstructive sleep apnea is a sleep disorder involving repeated episodes of reduced airflow caused by a complete or partial collapse of the upper airway during sleep. Patients certified for the program because of obstructive sleep apnea must meet published diagnostic criteria for the condition, including interpretation of a formal sleep study. Over time, sleep apnea can result in long-term health effects such as hypertension, cardiovascular problems, reduced cognitive function, decreased mood and quality of life, impaired performance at work and while driving, and even premature death. The review panel and the health department’s research brief identified some scientific evidence of effectiveness of cannabis treatments. Continuous positive airway pressure (CPAP) is a very effective treatment already in use, but people with the condition often struggle to stick with that therapy.

Under current state rules, patients need advance certification from a Minnesota health care provider. More information on the program’s certification process is available from the Office of Medical Cannabis.

The list of current qualifying conditions includes:

- Cancer associated with severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting
- Glaucoma
- HIV/AIDS
- Tourette’s syndrome
- Amyotrophic lateral sclerosis (ALS)
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Inflammatory bowel disease, including Crohn’s disease
- Terminal illness, with a probable life expectancy of less than one year
- Intractable pain
- Post-traumatic stress disorder
- Autism Spectrum Disorder (Effective July 1, 2018)
- Obstructive Sleep Apnea (Effective July 1, 2018)
Minnesota Department of the Health Opioid Dashboard

In September 2017, the Minnesota Department of Health Data-Driven Prevention Initiative launched the Opioid Dashboard. The Centers for Disease Control and Prevention funded this online resource to function as a one-stop shop for all statewide data related to opioid use, misuse and overdose death prevention. Data includes:

- total opioid overdose deaths,
- nonfatal hospital-treated opioid overdoses,
- prescription opioid misuse,
- opioid prescribing practices by providers,
- opioid prescriptions distributed; and
- hospitalization rates of substance use disorder and co-occurring diagnoses.

Dashboard users may expand sections to view additional indicators, narrative and special topics, data analysis with trends and comparisons when available, strengths and limitations of the data source(s), resources and downloadable graphs, and prevention and promising practices.

http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/index.html

Nurse Volunteers in a Disaster

In 2017, a record number of weather disasters occurred in the United States. The U.S. was impacted by 16 separate billion-dollar disaster events, including: three tropical cyclones, eight severe storms, two inland floods, a crop freeze, drought, and wildfire (Smith, 2018). Numerous other disasters, both weather-related and man-made, occurred in the United States affecting thousands of people.

In the aftermath of a disaster, an increased number of people require medical and nursing care due to injuries or illnesses resulting from the disaster or from exacerbations of existing medical conditions as a result of the disaster.

Nurses learning of a disaster situation frequently want to volunteer to assist those affected by the situation during their time of need. One of the largest disaster relief organizations in the United States that utilizes volunteer nurses is the American Red Cross, with services provided in all fifty states and in the United States territories.

Volunteering as nurse with the American Red Cross:

The American Red Cross is a national disaster relief organization that utilizes nurses to provide assistance to individuals affected by both small and large disasters. The mission statement states: “the American Red Cross prevents and alleviates suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.” The American Red Cross recruits and trains registered nurses, licensed practical nurses, emergency medical technicians, paramedics, doctors of medicine, and doctors of osteopathy to be members of the Disaster Health Services volunteer teams. Disaster Health Services volunteers assist individuals impacted by a disaster with the replacement of medications and medical equipment destroyed or damaged in a disaster. The Disaster Health Services volunteers assist clients staying in a Red Cross shelter after a disaster has displaced them from their homes by performing first aid, performing client health assessments, assisting clients in meeting their immediate health-related needs, and assisting clients to locate community resources for their longer-term health-related needs. The Disaster Health Services volunteers also provide support to disaster clients who have been hospitalized as a result of the disaster and provide support to families experiencing the death of a loved one due to the disaster. The American Red Cross website provides information on how to volunteer as a nurse: www.redcross.org/about-us/our-work/nursing-health.

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Understanding a nurse’s authority to practice nursing during a disaster:

Nurses that plan to work as a volunteer during a disaster should understand the basis of their authority to practice in the specific geographical location of the disaster situation. A summary of guidelines related to practicing nursing in Minnesota during a disaster or other emergency situation follows:

If you are a nurse licensed in another state and do not have a nursing license issued by the Minnesota Board of Nursing:

If it is a legally declared emergency, you may practice in Minnesota without a Minnesota nursing license. Minnesota Statutes section 12.42 includes the following statement: “During a declared emergency, a person who holds a license, certificate or other permit issued by the a state of the United States, the District of Columbia, or a province of Canada evidencing the meeting of qualifications for professional, mechanical, or other skills, may render aid involving those skills in this state when such aid is requested by the governor to meet the needs of the emergency. This license, certificate, or other permit of the person, while rendering aid, has the same force and effect as if issued in this state, subject to such limitations and conditions as the governor may prescribe.”

If you have been licensed as a nurse but do not have a current license or current registration in Minnesota or another state:

There is a provision in the Nurse Practice Act, Minnesota Statutes section 148.271, clause (1) that exempts a nurse from the requirement of a Minnesota nursing license when furnishing “nursing assistance in an emergency” and under other certain circumstances set forth in Minnesota Rules Part 6305.0300, subpart 1, (A), (2), including “disaster relief during a period not to exceed seven days.”

In addition, the Good Samaritan Law, Minnesota Statutes section 604A.01 includes the following statement: “A person at the scene of an emergency who knows that another person is exposed to or has suffered grave physical harm shall, to that extent that the person can do so without danger or peril to self or others, give reasonable assistance to the exposed person. Reasonable assistance may include obtaining or attempting to obtain aid from law enforcement or other medical personnel.” This law further provides for immunity from liability.

Other Minnesota laws nurses should be aware of regarding practicing nursing during emergency situations:

The Emergency Health Powers Act and Minnesota Statutes chapters 12, 13, and 144, specify the powers and duties of the governor and the commissioner of health during public health emergencies. The governor is authorized to declare a national security or peacetime emergency due to a public health emergency, and the legislature is given oversight over peacetime emergencies declared due to public health emergencies.

Additional resources regarding practicing nursing when a disaster or emergency occurs:

The Minnesota Department of Health, Office of Emergency Preparedness website: [http://www.health.state.mn.us/macros/topics/emergency.html](http://www.health.state.mn.us/macros/topics/emergency.html)

The Minnesota Department of Health, Behavioral Medical Reserve Corp Factsheet: [http://www.health.state.mn.us/oep/responsesystems/bhmrc.html](http://www.health.state.mn.us/oep/responsesystems/bhmrc.html)

The website for Minnesota Responds, a preparedness partnership that integrates and engages local, regional and statewide volunteer programs to improve preparedness response and recovery capabilities: [http://www.mnresponds.org](http://www.mnresponds.org)

(Cont. on page 9)
**Minnesota Board of Nursing Members**

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<thead>
<tr>
<th>Board Member Name</th>
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<tr>
<td>Joann Brown</td>
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<td>Pa Chua Vang</td>
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<td>Rui Jorge Pina</td>
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<tr>
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A summary of steps to take if you are licensed as a nurse in Minnesota and plan to practice as a nurse volunteer in another state in which you do not hold a license:

Determine if the specific state has statutes that authorize an individual nurse licensed in Minnesota to practice during a disaster or large-scale emergency situation without applying and being issued a nursing license by that state’s nursing board.

Ways to obtain this information include: researching specific state statutes, reviewing information posted on the specific state’s Board of Nursing website, calling the specific state Board of Nursing staff to discuss authority to practice as a volunteer, and obtaining information from the disaster relief organization that is sending you to the specific state as a nurse volunteer.

Be prepared to show your volunteer supervisor your nursing licensure information posted on the Minnesota Board of Nursing website for confirmation that you hold a license in the state of Minnesota.