Minnesota Board of Nursing

For Your Information

Summer 2016 Volume 24, Issue 3

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President's Message: Deb Haagenson, RN

Minnesota convened the first state-based Tri-Regulator Symposium in June. Board members and staff from the Minnesota Boards of Medical Practice, Pharmacy and Nursing came together for an education opportunity around issues shared by healthcare regulators. This effort supports a belief that interprofessional collaboration among physicians, nurses, and pharmacists enhances patient safety and well-being. Collaboration among the Boards can have a similar effect on public protection.

Symposium attendees were welcomed by Humayun Chaudhry, DO, President and CEO, Federation of State Medical Board; Carmen Catizone, DPh, Executive Director, National Association of Boards of Pharmacy; and David Benton, PhD, CEO, National Council of State Boards of Nursing. These leaders brought national and international perspective to the regulation of healthcare professionals.

Featured speakers included Barbara Brandt, PhD, who is the Director for the University of Minnesota Center for Interprofessional Practice and Education. Dr. Brandt shared her work to reduce the silos in healthcare professional education. She noted common competency domains that should be included in the education of all healthcare professionals including values/ethics, roles/responsibilities, interprofessional communication, and teams/teamwork. She spoke about opportunities to change the education and the workplace environment to promote learning to deliver team-based care for our next generation of healthcare providers.

Doris Gunderson, MD was another featured speaker at the Symposium. Dr. Gunderson, who is the Medical Director for the Colorado Physician Health Program, shared experiences in Colorado with medical and recreational marijuana.

The Minnesota Tri-Regulator Symposium provided a unique and valuable opportunity to learn with regulator colleagues from medicine and pharmacy about issues that impact us all in the work we do to support public protection. I am grateful to the Executive Directors from the Minnesota Boards of Medical Practice (Ruth Martinez), Pharmacy (Cody Wiberg) and Nursing (Shirley Brekken) for their forward-thinking leadership in bringing this education together for Board members and staff.

On a different note, I want to formally acknowledge the work and effort of Board of Nursing members whose terms ended this year: Sue Sendelbach, APRN, Nataya Stroud RN, and Deb Meyer, LPN. I am grateful for their contributions and the thoughtful and thorough considerations they brought to their service. I want to extend my congratulations to Steven Strand, RN, who was re-appointed to the Board of Nursing. And I wish to welcome new Board member appointees, Sakeena Furtrell, APRN, Joann Brown, RN and Eric Thompson, LPN.

Thank you,

Deb Haagenson

Legislative Updates

The 2016 Legislature enacted amendments to the Nurse Practice Act regarding exemptions from licensure, MN Chapter 214 affecting the authority of the Board of Nursing and all health-related boards in temporary suspension matters, and Chapter 152 relating to the Prescription Monitoring Program.

The Nurse Practice Act (Minnesota Statutes sections 148.171 through 148.285) was amended to include an exemption to licensure for a professional nurse or advanced practice nurse who is licensed in another state, territory, or jurisdiction and who in Minnesota temporarily to:

- Provide continuing or in-service education,
- Serve as a guest lecturer,
- Present at a conference, or
- Teach didactic content via distance education to a student located in Minnesota who is enrolled in a formal, structured course of study, such as a course leading to a higher degree or certification in a nursing specialty.

Chapter 214 applies to all health-related licensing boards, including the Board of Nursing. The revisions clarify the temporary suspension provisions and authority of the health-related licensing boards and improve alignment with requirements of the Office of Administrative Hearings.

Chapter 152 relates to controlled substance drugs and includes laws regarding the Prescription Monitoring Program (PMP). The PMP is a tool to be used by prescribers and pharmacists to assist in managing their patients care. Pharmacies and prescribers who dispense from their office submit prescription data to the PMP system for all Scheduled controlled substances, butalbital and gabapentin dispensed in Minnesota. Minnesota licensed prescribers and pharmacists, and their delegated staff may be authorized to access information from the PMP database. The program was implemented to promote public health and welfare by detecting diversion, abuse and misuse of prescriptions for controlled substances as defined in Minnesota Statutes Section 152.126. Unless indicated otherwise, the changes to the PMP are effective August 1, 2016. Some highlights are:

- Prescribers will now have the ability to use the PMP when providing care for their current patient, without the patients consent, when the prescriber has reason to believe, based on clinically valid indications, that the patient is potentially abusing a controlled substance.
- A pharmacist can now access the PMP data if being consulted by a prescriber who is requesting the data in accordance with a prescribers permissible use.
- Personnel or designees of a health related licensing boards may access PMP data when assigned to conduct a bona fide investigation of a complaint that alleges that one of their licensees is impaired by the use of controlled substances or has attempted to fraudulently obtain controlled substances by doctor-shopping or passing forged prescriptions to obtain data from the PMP database.
- Health licensing boards that license prescribers may request data from the PMP when they are investigating a specific complaint alleging that a licensee is inappropriately prescribing a controlled substance, as defined in 152.126.

(Cont. on page 3)

(Cont. from page 2)

- Requires that by July 1, 2017, every prescriber licensed by a health related licensing board, practicing within the state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the DEA, must register and maintain a user account with the PMP.
- Removes a sunset clause and makes permanent the ability of the Board of Pharmacy to review the PMP data and provide information to prescribers and dispensers about individuals they are treating who may be doctor-shopping.

Forms of Disciplinary and Administrative Actions

The Board of Nursing is authorized to impose a number of disciplinary actions on a nurse's license when a violation of the Nurse Practice Act has been established by a preponderance of the evidence and the Board has concluded such an action is necessary to protect the public. Many of the disciplinary actions taken by the Board have been agreed to by the nurse.

The following are the most common disciplinary actions:

REPRIMAND: The nurse is censured or admonished for particular conduct. A reprimand may be combined with assessment of a **CIVIL PENALTY** (a monetary fine).

LIMITATIONS: The nurse's scope of practice is restricted in some manner. The limitation is in place until the nurse fulfills specified requirements and may be combined with conditions. Examples of limitations include being required to work under the direct supervision of a registered nurse or being prohibited from having access to controlled substances.

CONDITIONS: Retention of the nurse's license is contingent upon meeting specific requirements, such as taking courses or abstaining from alcohol or submitting reports from a nursing supervisor who is monitoring the individual's nursing practice. The Board may also require the nurse to complete specified evaluations.

SUSPENSION: The nurse remains licensed but does not have active registration and therefore is prohibited from practicing nursing for a definite or indefinite period of time. The nurse is also prohibited from using any title that implies licensure as a nurse or functioning in any position requiring a nursing license. Mechanisms for reinstatement are outlined in the disciplinary order. In some cases the suspension may be **STAYED** or put in abeyance upon compliance with stated requirements. If the Board finds there is an imminent risk of harm if the nurse were allowed to continue to practice, the Board may issue an order of **TEMPORARY SUSPENSION** prior to a hearing on the facts of the case.

REVOCATION: The Board rescinds or takes away the nurse's authorization to practice nursing in the State of Minnesota (license and registration). Subsequent relicensing is not anticipated. This is the most stringent disciplinary action and is used only in extremely serious circumstances.

The Board may also deny the license or registration of a nurse or applicant, order the nurse to provide unremunerated (unpaid) service or impose any other action justified by the facts of the substantiated violation. In addition to the disciplinary actions described above, the Board may use the following administrative remedies **(Cont. on page 4):**

(Cont. from page 3)

STIPULATION TO CEASE PRACTICING: The nurse agrees not to practice nursing for a period of time. Mechanisms for reinstatement are outlined in the stipulation. This is generally a short-term action until the Board's investigation is completed and a final remedy can be determined.

AGREEMENT FOR CORRECTIVE ACTION: The nurse agrees to take specific corrective measures. Upon successful completion of the corrective action, the complaint against the nurse is dismissed.

Both disciplinary and administrative actions result in official documents. These documents are classified by the Minnesota Government Data Practices Act as public data and are available on the Board's website attached to the subject nurse's verification record.

Annual Education Report: Fiscal Year 2015

Minnesota Statute 148.191 Subd. 2 grants the Board of Nursing authorization to "prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285." This process is essential in supporting the mission of the Board to protect the health and safety of the public. The Annual Nursing Education Program Report provides information regarding number of graduates from practical and professional nursing programs, first-time success rates on the licensure examination, demographic data regarding nursing program graduates, and trends in number of graduates seeking additional nursing degrees. Key elements of interest are presented below:

Approved Nursing Programs: As of December 31, 2015, there were 76 Board approved nursing programs.

Program Type	Total
Practical Nursing Programs	26
Professional Associate Degree Nursing Programs	28
Baccalaureate Nursing Programs	19
Entry level Masters Nursing Programs	3

The Board is in the process of developing rules for the approval of advanced practice nursing programs. While that process is occurring, the Board has recognized 12 of these programs. This ensures that graduates of existing programs are able to obtain licensure. The list of all approved and recognized programs may be found on the Board website under the Education tab: http://mn.gov/boards/nursing/education/index.jsp

Accreditation Status: All approved nursing education programs must provide evidence of current accreditation by a national nursing accrediting body approved by the United States Department of Education, or must have achieved candidacy status leading to such accreditation, by January 1, 2018.

Currently, 23.1% of practical nursing programs are accredited. Of the professional nursing programs, 50% of associate degree nursing programs, 89.5% of baccalaureate nursing programs, and 100% of entry level master of nursing programs have achieved accreditation. **(Cont. on page 5)**

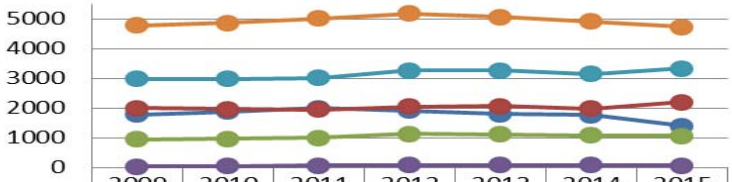
(Cont. from page 4)

Accredited Program s

Program type	Accredited	Not Accredited
Practical Nursing Programs	6	20
Professional Nursing Programs		
Associate Degree	14	14
Baccalaureate	17	2
Entry level Masters	3	0

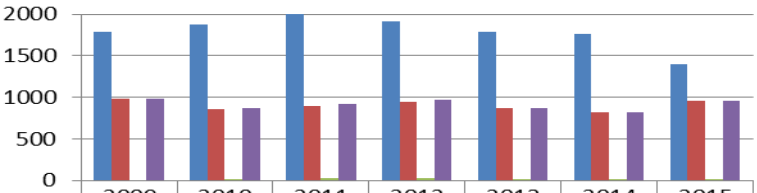
Number of graduates reported by Minnesota nursing program directors: Compared to 2009, the number of students completing associate degree nursing programs in 2015 increased 9.6%; the number of students completing licensure preparing baccalaureate and entry level master's nursing programs in 2015 increased 14.8%; and the number of students completing practical nursing programs in 2015 has decreased by 21.6%.

This is the lowest number of practical nursing graduates since 2003. While there are increases across the years depicted, there is a decline in the total number of graduates from 2014 – 2015.



	2009	2010	2011	2012	2013	2014	2015
PN	1788	1882	1996	1919	1794	1761	1404
AD - Prof	2008	1968	1951	2042	2066	1981	2202
BS - Prof	943	967	1001	1136	1113	1084	1062
MS - Prof	39	47	71	90	90	89	65
Total Prof	2990	2982	3023	3268	3269	3154	3329
Total PN & Prof	4778	4864	5019	5187	5063	4915	4733

Educational Mobility in Minnesota: Nurses at all levels of practice progress along the educational continuum to increase their knowledge and skill. From 2009 to 2015, graduates of Minnesota approved practical nursing programs totaled 12,544. During the same period, 6,330 practical nurses graduated from a Minnesota approved associate degree professional nursing program. In comparison to the total number of practical nurse graduates, 51% of practical nurses eventually mobilize and complete a professional nursing program. **(Cont. on page 6)**

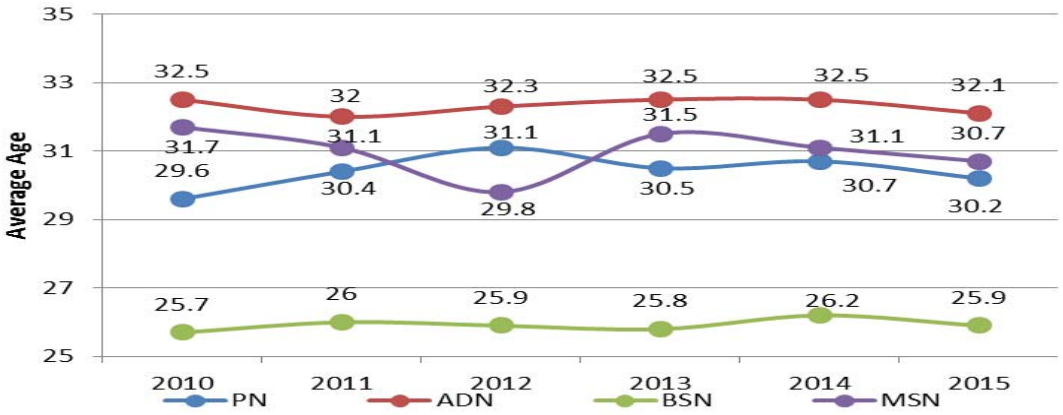


	2009	2010	2011	2012	2013	2014	2015
PN Grads	1788	1882	1996	1919	1794	1761	1404
LPN/ADN mobility	985	864	900	943	866	815	957
LPN/BSN mobility	0	1	26	31	4	3	6
Total LPN mobility	985	865	926	974	870	818	963

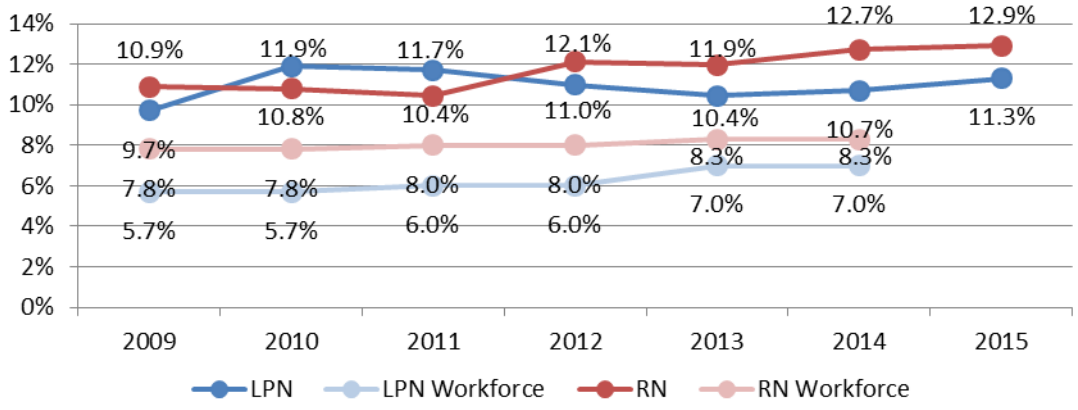
(Cont. from page 5) Post Licensure Baccalaureate Programs for Registered Nurses

The Board does not have jurisdiction over post-licensure baccalaureate programs. Non-jurisdictional baccalaureate completion programs in Minnesota with a physical campus voluntarily provide RN to BSN graduate statistics to the Board, as do approved programs that offer these programs.

Average Age at Time of Licensure: Between 2010 – 2015, the mean age of associate degree professional nurses and practical nurses remained relatively constant. Baccalaureate prepared nurses age at licensure fell modestly. As the master's entry level nursing degree is a second college degree, these graduates tend to be older. (Cont. on page 7)



Males at Licensure Compared to the Workforce: From 2009 to 2015, a greater percentage of males graduated from Minnesota approved nursing programs compared to the total percentage of males in the Minnesota RN or LPN workforce.



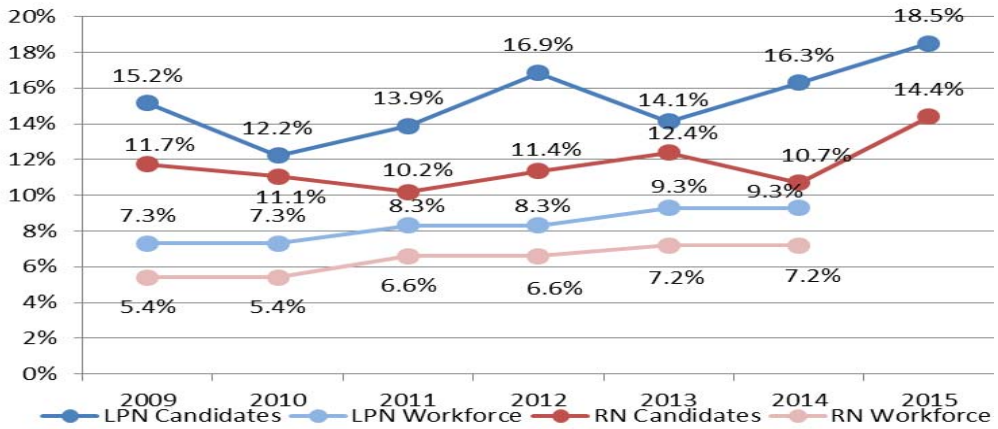
Ethnicity at Licensure Compared to the Workforce: Candidates for the licensing examination volunteer information about ethnic origin. Based on information provided by the National Council of State Boards of Nursing (NCSBN), between 2009 and 2015 an average of 11.7% of RN candidates and 15.3 % of PN candidates self-reported as an ethnic minority. At the time of re-registration, nurses are provided the opportunity to complete the Minnesota Department of Health survey. This data is compared to candidate data to determine trends in ethnicity.

For this fiscal year, 9.3% of the LPN workforce and 7.2% of the RN workforce self-identified as non-white. In comparison, the ethnicity of PN and RN candidates is greater than that self-reported ethnicity of LPNs and **(Cont. on page 7)**

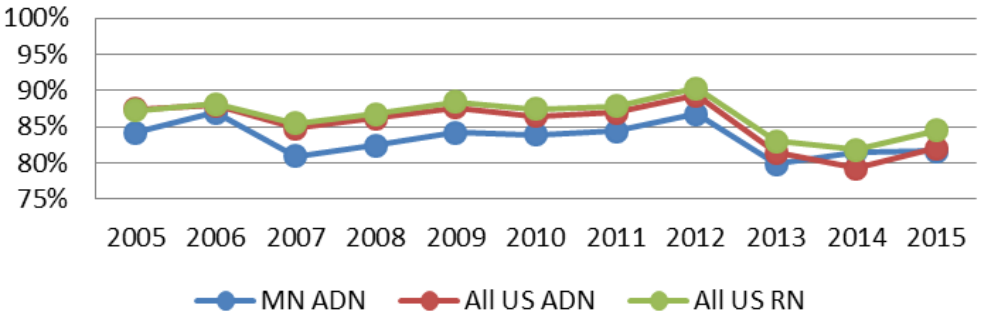
(Cont. from page 6)

RNs responding to the MDH survey. According to the 2010 census data, Minnesota's non- white population was approximately 14.6%. The ethnicity of PN candidates is greater than the Minnesota non-white population percentage; whereas the ethnicity of RN candidates continues to be less than the percentage of the non-white population. The overall percentage of ethnic PN and RN candidates is 15.6%; the ethnicity of nursing candidates is greater than Minnesota's non-white population.

2015 First-time NCLEX-PN® candidate success rates: In 2015, practical nursing candidates from Minnesota nursing programs had an 83.44% first-time success rate compared to 81.89% for all United States practical nursing candidates.



2015 First-time NCLEX® RN associate degree candidate success rates: Associate degree nursing candidates from Minnesota nursing programs had an 81.68% first-time success rate compared to 82.00% for all United States associate degree candidates from U.S. programs.



2015 First-time NCLEX® RN success rates for baccalaureate and higher degree candidates: Success rates for this group of candidates increased to 87.87% as compared to a success rate of 82.03% in 2014. In 2015, the U.S. average for all baccalaureate candidates was 87.48%. The success rate for baccalaureate and higher degree programs in Minnesota is slightly above the national average. **(Cont. on page 8)**

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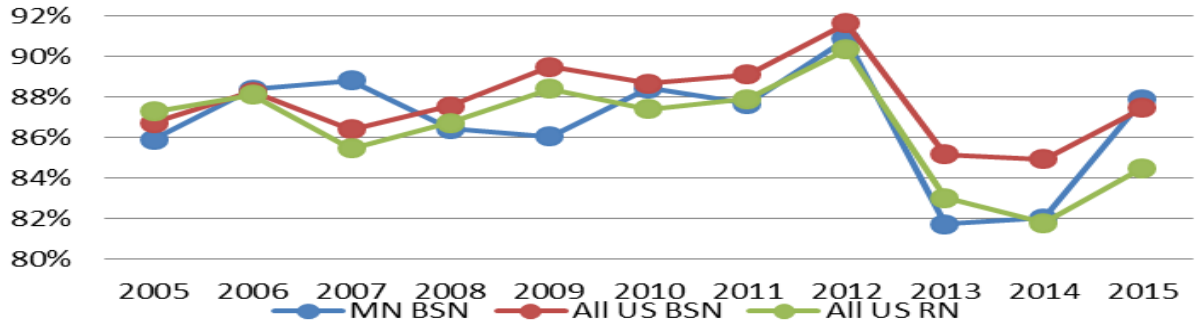
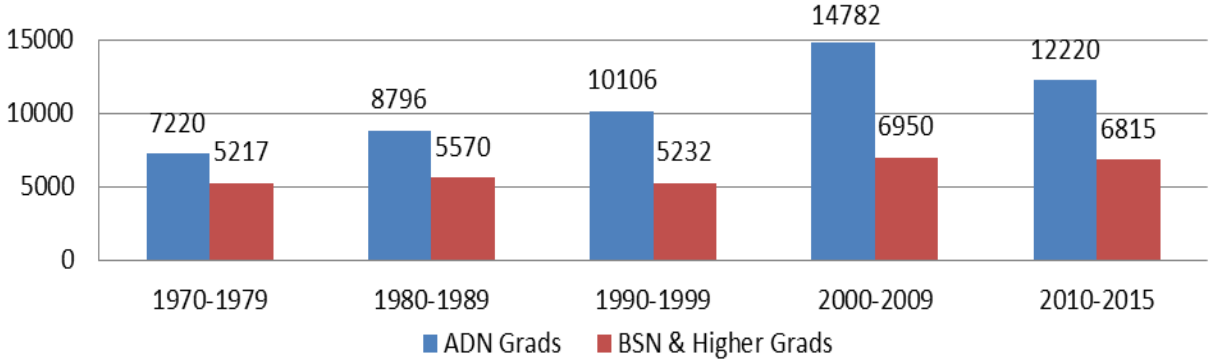
2015 First-time NCLEX® RN success rates for baccalaureate and higher degree candidates



Institute of Medicine Recommendation Regarding Educational Preparation of Nurses

The report identifies the increased progression of registered nurses pursuing a baccalaureate degree, consistent with the Institute of Medicine recommendation of attaining 80% baccalaureate prepared nurses by 2020. While meeting the IOM recommendation related to preparation at the baccalaureate level remains a challenge in Minnesota, it is encouraging to note the rate of growth in the current time period when compared to the previous decade.

Number of associate degree and baccalaureate and higher degree graduates.



The full 2015 Annual Nursing Education Program Report may be found at: http://mn.gov/boards/nursing/resources/reports/index.jsp

References

Institute of Medicine. (2011). The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press.

Minnesota Department of Health, Office of Rural Health and Primary Care. Personal Correspondence, February 29 and March 7, 2016. Data request regarding licensed practical nurse workforce survey and registered nurse workforce survey, 2011- 2014.

National Council of State Boards of Nursing. Personal Correspondence, February 29, 2016. Data request regarding 2015 NCLEX-PN® and NCLEX-RN® demographics of first-time candidates.

U.S. Census Bureau. (2010). Retrieved from http://www.census.gov/2010census/data/

National Council of State Boards of Nursing Learning Extension

The mission of the National Council of State Boards of Nursing (NCSBN) is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Continuing education for nursing students, licensees, and faculty is offered by NCSBN through "The Learning Extension". Courses are affordable, with many priced at less than $30.00 for 3 contact hours, payable to the NCSBN. Educational content areas include various state nurse practice acts (including an updated module on the Minnesota Nurse Practice Act), ethics in nursing, delegation, professional boundaries, error detection and prevention, and more. Links to the course on state Nurse Practice Acts and to the course catalogue are below.

Online self-paced state nurse practice act continuing education courses:

http://learningext.com/nurses/p/nurse_practice_acts.aspx

NCSBN Learning Extension web page:

http://learningext.com/

Information on the Nursing Licensure and Advanced Practice Nurse Compact

The APRN Compact and the Nurse Licensing Compact (NLC) allow nurses to practice in other compact states with a single state multistate license. The NLC gives multistate rights to RNs and LPNs residing in member states. The APRN Compact gives the same rights to APRNs. More information on the compacts can be found on the National Council of State Board of Nursing website https://www.ncsbn.org/compacts.htm.

NCSBN

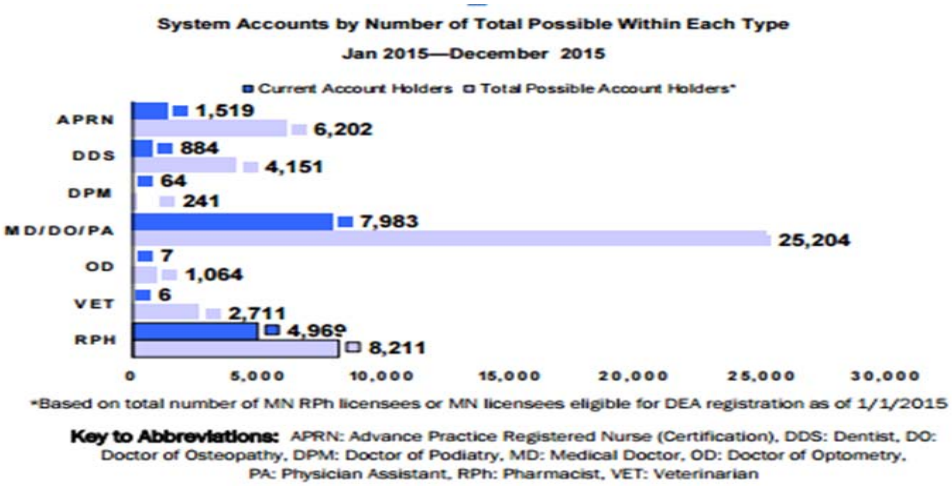
Leading in Nursing Regulation

APRN Advisory Council News from the April 2016 Meeting

The APRN Advisory Council has met four times since its origination. The Council met in February, April, and September of 2015, and April 12, 2016. APRN licensing statistics have been reviewed at each meeting, along with current APRN registrants for the Prescription Monitoring Program. In fiscal year 2015, there were a total of 7,211 licensed APRNs with a breakdown by role of:

CNM	299
CNP	4498
CNS	498
CRNA	1916.

PMP system account totals for June 2015-December 2015 were:



The Council has been updated on national and state legislative news. There were no APRN legislative issues this past legislative session. National legislative initiatives of interest to APRNs are:

US S.578 ARPNs allowed to order home health care has been introduced and is still pending.

US S.2279 VA health care staffing improvement act has been introduced and is still pending.

CMS proposed rules for reform of requirements for long term care request for comments closed on September 2015. Final decision date is unknown at this time.

APRN licensing and registration rule revisions were discussed. The rules have been reviewed by an APRN Focus group held on December 15, 2015. The rules will be posted for general comments after approval by the Board of Nursing.

Other items presented were recognized APRN educational programs in Minnesota, and CRNA credentialing process presented by Dr. Kathryn White DNP, APRN, CRNA.

The next meeting will be October 4, 2016 at the Board of Nursing. The meetings are open to the public.

Minnesota Board of Nursing

Link to Board member profiles:

http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp

How to become a Board member:

http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp

Minnesota Board of Nursing Members

Board Member Name	Board Role
Joann Brown	RN Member
Cindy DeJarlais	LPN Member
Sakeena Futrell	APRN Member
Jeanine Gangeness	RN Member, Board Vice President
Becky Gladis	LPN Member
Deborah Haagenson	RN Member, Board President
Michelle Harker	Public Member, Board Secretary
Bradley Haugen	RN Member
June McLachlan	RN Member
Robert Muster	RN Member
Christine Norton	Public Member
Jan Rainey	Public Member
Christine Renne	Public Member
Sheila Robley	LPN Member
Steven Strand	RN Member
Eric Thompson	LPN Member

New Board Member Appointments

Governor Dayton recently made three new appointments to the Board of Nursing. Board members serve four years.

Joann Brown, of Appleton, earned a Bachelor of Science in Nursing from University of Phoenix. Ms. Brown has several years of experience in the acute care setting and is a registered nurse at Stevens Community Medical Center. Ms. Brown was appointed a registered nurse member, replacing Natya Stroud. Her term expires in 2020.

Steven Strand, of Duluth, earned a Bachelor of Arts at the College of St. Scholastica School of Nursing. Mr. Strand is a registered nurse at Essentia Health-St. Marys Medical Center. He was originally appointed in 2012 and has been reappointed. His term expires in 2020.

Eric Thompson, of St. Paul, holds two Bachelors degrees, one in Social Science from St. Cloud State, and one in Digital Media from the University of Idaho. Mr. Thompson has a Practical Nursing degree from Bemidji Technical College. Mr. Thompson has several years experience as an LPN. Mr. Thompson replaces Deborah Meyer. Mr. Thompson was appointed an LPN member and his term expires in 2020.

Sakeena Futrell, of West St. Paul, has a Bachelor of Science in Nursing from the College of St. Catherine and a Doctorate of Nursing Practice from the University of Minnesota. Dr. Futrell is a Women's Health Care Nurse Practitioner at Park Nicollet Women's Center. She was appointed as an APRN member, replacing Sue Sendelbach, and her term expires in 2020.