

BOARD OF NURSING
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

Date: Thursday, September 7, 2017

Time: 8:30 a.m.

Place: Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Members Present: Glenda Tali, PhD., MS, APRN, Chair
Thomas Joslyn, MS, CRNA, Vice Chair
Jomel Duldulao, Public Member
Judy Kodama, MS, RN, MBA, CNML.
Karen Boyer, RN, MS, FNP
Katharyn Daub, MS, RN, EdD
Tammie, Napoleon, DNP, APRN
Olivia Kim, LPN

Members Excused: Iris Okawa, Public Member

Staff Present: Lee Ann Teshima, Executive Officer ("EO")
Shari Wong, Deputy Attorney General ("DAG")
Lisa Kalani, Secretary

Guests: Leilani Kaho'ano, Caring for Hawaii Neonates
Niki Garcia, Epicc Vascular Hawaii
Dean Yamamoto, Dept. of Public Safety, Narcotics Enforcement Division
Cindy Khamphaphani, Dept. of Public Safety, Narcotics Enforcement Division
Jon Ching, Kaiser Permanente

Call to Order: The Chair called the meeting to order at 8:35 a.m. at which time quorum was established and excused Ms. Okawa from today's meeting.

Chair's Report: **Announcements/Introductions**

The Chair congratulated Ms. Boyer on her confirmation to the Board and officially appointed her to the Education Committee.

The Chair asked the audience to introduce themselves.

Approval of the Previous Minutes – August 3, 2017

The Chair called for a motion in regards to the minutes of the August 3, 2017 meeting.

There being no corrections, upon a motion by Ms. Daub, seconded by Ms. Napoleon, it was voted on and unanimously carried to approve the minutes of the August 3, 2017 meeting as circulated.

At this time, the agenda was taken out of order.

Hawaii State Center for Nursing:

No report.

Executive Session:

At 8:38 a.m. upon a motion by the Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a) (1) and (4), "To consider and evaluate personal information relating to individuals applying for nurse licensure;" and "To consult with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities".

The EO arrived 8:57 a.m.

At 9:20 a.m. upon a motion by Ms. Kodama, seconded by Ms. Napoleon, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS Adjudicatory Matters:

The Chair called for a recess from the meeting at 9:20 a.m. to discuss and deliberate on the following adjudicatory matter(s) pursuant to Chapter 91, HRS:

In the Matter of the License to Practice Nursing of **Kristy A. Morgan, R.N.; RNS 2017-35-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order, Exhibits "1" through "3"

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to accept the Board's Final Order.

In the Matter of the License to Practice Nursing of **Margaret A. Maupin, A.P.R.N., R.N.; RNS 2017-28-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order, Exhibits "1" – "2"

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to accept the Board's Final Order.

In the Matter of the Registered Nurse License of **Laura Lynn Smith fka Sukanlaya Hughes**, Order Vacating Board's Final Order Dated July 11, 2017

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to accept the Order Vacating Board's Final Order Dated July 11, 2017.

Following the Board's review, deliberation, and decisions in this matter, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 9:28 a.m.

Applications:

Licensed Practical Nurses

Ratification List

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to ratify the attached list of LPNs – 18929 - 18945.

Registered Nurses

Ratification List

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to ratify the attached list of RNs – 87102 – 87383.

RN Applicants

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following applicants to sit for the NCLEX:

Wendolyn W. Lee – Upon passing, CBC required
Robin Myers – Upon passing, CBC required
Marsha Campbell – Without conditions

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following applicants who already passed the NCLEX:

Jose Antonio Feliu Vargas

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following endorsement applications:

Anne Boeke
Heather L. Elammari
Kathleen Barberic
Heath Schaiberger
Kayla Harrington
Jessica Kurtz

Elizabeth Ellis

Upon a motion by the Vice Chair, seconded by Ms. Daub, it was voted on and unanimously carried to defer the following applications for the reasons indicated:

Jephte Saint Philippe – Request signed Florida BON Settlement Agreement

Amy Richbourg – BON need time to review additional information received September 6, 2017

Advanced Practice Registered Nurse (APRN)

Ratification List

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to ratify the attached list of APRNs and APRN-Rx.

At this time the agenda was resumed in order.

Executive Officer's Report:

Conferences/Seminars/Meetings

2017 NCSBN Annual Meeting, August 16-18, 2017, Chicago, Illinois

The EO reported that the Chair, Vice Chair, Ms. Kodama, Ms. Napoleon, Ms. Daub and Ms. Kim attended. Ms. Daub and Ms. Kim provided a written report to the Board and gave a brief oral report.

Ms. Kim stated the meeting was excellent and very motivating. Overall the main theme and focus was about collaboration. On the first day during the opening ceremony they got to hear the President Katherine Thomas's address and meet the CEO David Benton. They both stressed the importance of looking at different perspectives and combining them to find sustainable solutions for future challenges that nursing will face. Mr. Benton also talked about the impact of social media and the visibility and advantages it has for NCSBN. On the second day, she was so elated because they had Dr. Shaw and Dr. Malloy talk about mobile technology, robotics and the future of nursing. There may be people out there that are fearful of the impact it may make in their areas, but it really opened her eyes to the things to come and things that are already here, like wearable tattoos that detect viruses; contacts that can monitor diabetes; wristwatches that monitor cardio rhythms of people who have cardiovascular diseases; photo scanners on your phone that detects facial obstructions for autism, so it is not for diagnosing, but to provide recommendation to say this is a possibility so you need to go see your doctor.

Ms. Daub stated the conference was really great. One of the highlights for her was getting to listen to Mary Wakefield talk about where she came from and where she is now. One of the points Ms. Wakefield made that really resonated with her was, think about solving a big problem with a specific thing to do. For example, the opioid epidemic, it trickles down and ruins lives. So if you can focus on that one thing that is specific it could help so many other areas of the world, and to also think outside of the box. Nursing shouldn't always look to nursing to solve problems. An example of that was transporting for organ transplants. They were able to identify resources from outside health care sectors, and worked with Fedex to identify a process to expedite organ transfers.

The Vice Chair offered some publications and literature about the advanced compact and workforce that he brought back from the meeting. He also mentioned a conversation he had with Mr. Nur about Nursys.com. Right now, he understands that Hawaii is the only state that does not fully participate with Nursys and thinks it is a great, no cost tool that Hawaii should utilize. From talking to Mr. Nur there needs to be conversations between the IT departments about how to get the information downloaded.

The EO stated it is a great tool and we want to participate, but there are still logistics that need to be worked out. She asked the Vice Chair if he had any news about the Nurse Licensure Compact ("NLC")?

The Vice Chair stated the current annual fee is \$6,000.00 to join.

The EO stated she heard about other states that have had issues with the money, how did they work that out?

The Vice Chair stated part of the issue is with the IT, once information is provided to the NCSBN, they can look at what Hawaii's cost basis would be to be in the compact.

The EO stated if Hawaii joins, any compact nurse can work in Hawaii without having to file an application and pay any fees, which includes Center for Nurses fees.

The Vice Chair stated he thinks the NLC is a good idea.

2017 NCSBN NCLEX Conference, September 25, 2017, Chicago, Illinois

The EO reported that Ms. Boyer is on a wait list to attend.

2017 NCSBN Leadership & Public Policy Conference, October 11-13, 2017, New Orleans, Louisiana

The EO reported that the Vice Chair and herself will be attending

NCSBN BON Investigator Training, October 24-26, 2017, Chicago, Illinois
The EO reported Ms. Karen Axsom, RICO Investigator (Hilo Office) will be attending.

2018 Legislature

The EO asked if anyone has heard if anything is coming down?

No one has heard anything about 2018 legislature.

Amendments to Title 16, Chapter 89 – Status Report

Ms. Kalani reported that the rules were sent to office services and returned and are ready for the next step which is the Small Business Regulatory Review Board (“SBRRB”).

The EO stated what will happen is SBRRB will schedule the rules for review at a monthly meeting and the EO will attend and report back.

Amendments include, but is not limited to the following:

- Placing a limit (3) as to how many times a candidate may sit for the NCLEX before being required to take a remedial course;
- Allows the Board to require all nurse applicants to obtain an additional background check, including a self-query report from the National Practitioner Data Bank;
- Includes failure to report oneself or the director of nursing, nursing supervisor, peer or colleague, any disciplinary action, termination or resignation of a nurse before conclusion of any disciplinary proceeding as “unprofessional conduct”;
- Amends APRN “recognition” to APRN “license”; and
- Allows the Board to conduct a random audit of the renewal of APRNs with prescriptive authority compliance with the continuing education requirement.

Criminal Background Checks

The EO stated they are still working out some glitches, applicants putting in the wrong code or selecting the wrong agency. We are working with Fieldprint and the Criminal Justice Data Center on these issues.

Temporary Nurse Permit

The EO reported she has to defer on this for now but that she will discuss with the DAG, hopefully by the end of the year, if the laws have to be amended in order to amend the temporary permit section(s) in the administrative rules.

Correspondence

NCSBN

- Legislative Update 7/28/17
- Legislative Update 8/25/17

The Board was provided with copies of the 7/28/17 and 8/25/17 Legislative updates from NCSBN. Below are highlights of what NCSBN is tracking:

Bills that were enacted:

- NC H 283 requires the Department of Health and Human Services to study and recommend a telemedicine policy.
- NJ S 291 authorizes health care practitioners to provide health care services through telemedicine.
- NJ S 2058 adds two nurse educators to the New Jersey Board of Nursing.
- RI S 502 establishes limited conditions that must be satisfied to permit an increase in the bed capacity of existing nursing facilities, despite the moratorium on expansion.
- AK H 159 Requires all licensees in certain professions, including APRNs, to receive at least two hours of education in pain management and opioids as a requirement for renewal.
- IL S 1085 provides that licensees or applicants applying for expedited licensure through an interstate compact enacted into law must submit a fingerprint criminal background check.
- IL S 626 amends the Nursing Home Care Act to allow the Director of Public Health to grant or renew a waiver of certain staffing requirements for RNs if the facility demonstrates that it is unable to employ the required number of RNs.
- IL H 3910 allows EMS personnel to administer schedule II through V controlled substances without a prescription.

Request for Clarification/Confirmation on Board's 2014 Interpretation on "LPNs Working" with Central Lines"

The Board discussed an inquiry asking if the Board's 2014 interpretation that LPNs were not allowed to work with central lines, is still their position.

After careful consideration and brief discussion, it was the consensus of the Board that since no evidence based practice to support LPNs working with central lines was submitted for their consideration, the Board reaffirmed their previous informal interpretation.

The Board's response is for informational and explanatory purposes only and is not an official opinion or decision and therefore is not to be viewed as binding on the Board.

Cooperation Between the Hawaii Board of Nursing and the Ukrainian Medical Council

The Board reviewed an email from Stanislav Bilan, President of the Ukrainian Council of Nursing and Midwifery regarding mutual recognition of nurses licensed in both Hawaii and the Ukrainian Council of Nursing and Midwifery.

According to the email, the Ukrainian Council of Nursing and Midwifery was established by the Ukrainian Medical Assembly in 2005. The Ukrainian Council of Nursing and Midwifery performs several functions such as maintaining the Ukrainian national medical/nurses registry and promotes, with partners, development of a national registry; maintaining and promoting liaison with competent provincial, national and international organization in assessment of nursing credentials; creating the code of ethics and supervise compliance with its provisions; developing and implementing reforms in the sphere of healthcare; and maintaining an open, transparent, responsive and accountable organization.

President Bilan expressed that the significance of registration with the Ukrainian Council of Nursing and Midwifery as ensuring that all nurses that are registered with the Ukrainian Council of Nursing and Midwifery possess relevant educational background and experience, regardless if they work in the Ukraine or abroad and that they have developed and implemented a thorough and robust screening procedure as part of the registration process that allows them to decrease the likelihood of forgeries and other illegal practices. The registration certificate that is issued to all registrants can be regarded as proof of their competencies and reliability as well as authenticity of all credentials that relate to nursing practice. Their organization also conducts regular revalidation procedures for those who are already on their registry.

In addition to the registration, all registered nurses have to follow the good medical practice guidelines designed by the Ethical Committee of the Ukrainian Council of Nursing and Midwifery in order to be issued a Certificate of Current Professional Status (good standing). This Certificate of Current Professional Status indicates that its holder was not subject of any proceedings and was not trialed by the Ethical Commission of the Ukrainian Council of Nursing and Midwifery. The

certificate is more comprehensive in that they confirm the absence of criminal, administrative, civil and disciplinary wrong doings.

Based on the scope and nature of the Ukrainian Council of Nursing and Midwifery, they would like to suggest that the Board include both registration and Certificate of Professional Status as compulsory documents for nurses who have practiced in the Ukraine.

After careful consideration, it was the consensus of the Board to inform the Ukrainian Council of Nursing and Midwifery that the requirements for nurses who apply by endorsement are to submit verification of a nurse license from another state or territory of the United States.

Article in Professional Licensing Report. "Panel Led by Mississippi governor to control all licensing regulations"

The Board reviewed an article in Professional Licensing Report. "Panel Led by Mississippi governor to control all licensing regulations" that says, "Mississippi legislators in April joined in a growing national trend to regulate the regulators in charge of professional licensing by establishing a powerful panel, to be led by the governor, that will vet any regulation proposed by a licensing board. The purpose of the measure, House Bill 1425, signed by the governor April 11, is to ensure that occupational licensing boards and board members avoid liability under federal antitrust laws."

The EO stated the last few conferences she attended, this was an issue and strongly urged the Board to pay attention to this.

APRNs Perform Vasectomies?

The Board discussed an email question from Laurie Temple-Field of Planned Parenthood asking if APRNs can perform vasectomies? Ms. Temple-Field indicated in her email that a new Oregon law allows an APRN to perform vasectomies in Oregon.

The EO stated that the Board previously discussed this question at the November 2013 meeting and that there was some concern during the discussion that this was considered a surgical procedure and so it was referred to the Practice Committee, but that this was not discussed at any Practice Committee meetings. She also reported that Hawaii Administrative Rules ("HAR") §16-89-81 "Practice specialties." for a nurse practitioner includes "(G) Assist in surgery;"

Ms. Kodama stated if they have received the appropriate training and education.

Ms. Napoleon stated it is not specifically prohibited, but there's also nothing that specifically allows it.

The Vice Chair stated that the Board previously determined that APRNs could perform abortions.

The EO clarified that previously the Board determined that APRNs with prescriptive authority and practicing within their specialty could, if they received the appropriate education and training, prescribe the “abortion” pill but not perform an “operation” to intentionally terminate the pregnancy.

The DAG referred the Board to HRS §457-2.7 that states:

§457-2.7 Advanced practice registered nurse. (a) Practice as an advanced practice registered nurse means the scope of nursing in a category approved by the board, regardless of compensation or personal profit, and includes the registered nurse scope of practice. The scope of an advanced practice registered nurse includes but is not limited to advanced assessment and the diagnosis, prescription, selection, and administration of therapeutic measures including over the counter drugs, legend drugs, and controlled substances within the advanced practice registered nurse's role and specialty-appropriate education and certification.

(b) The advanced practice registered nurse's scope of practice supersedes the registered nurse's scope of practice. Advanced practice registered nurses shall practice within standards established or recognized by the board and be guided by the scope of practice authorized by this chapter, the rules of the board, and nursing standards established or recognized by the board including but not limited to:

- (1) The National Council of State Boards of Nursing Model Nursing Practice Act, Article II, Scope of Nursing Practice, Section 4; and
- (2) The National Council of State Boards of Nursing Model Nursing Administrative Rules, Chapter Two, Standards of Nursing Practice, Section 2.4.1;

provided that NCSBN shall have no legal authority over the board and shall have no legal authority or powers of oversight of the board in the exercise of its powers and duties authorized by law.

(c) An advanced practice registered nurse shall comply with the requirements of this chapter; recognized limits of the advanced practice registered nurse's knowledge and experience and planning for the management of situations that exceed the scope of authorized practice; and consult with or refer clients to other health care providers, as appropriate.

The Vice Chair recommended that the Board refer the inquirer to the Scope of Practice Decision Making Framework that is available on the Board's web page.

After careful consideration, it was the consensus of the Board that the nurse practice act does not specifically prohibit or allow this procedure and therefore the Scope of Practice Decision Making Framework should be utilized to determine if the procedure falls within the APRNs scope of practice.

Staffing Questions

The Board discussed the following email inquiry:

"I'm working as a ER travel nurse in a Critical Access hospital (4 bed ER). The hospital has a Long Term Care facility also, but it is not within shouting distance. At night, I'm the only person on staff in the ER. No tech, no clerk, nobody else. Doctor is on call (30min to respond). There is a security person in the facility, usually in the ER, but he also makes rounds and helps with LTC behavioral patients. The LTC charge nurse is supposed to respond if I call for help with a patient. We also occasionally get psych patients.

I am wondering about the safety of this situation. There is certainly the potential for things to go badly, either regarding patient safety or personal safety. Does the HI BON have any position on situations like this? It seems to me that there should always be at least two people, not necessarily nurses, in a setting like this.

I have discussed it with my immediate manager (who it doesn't seem to bother) and will be reaching out to her manager soon."

The Vice Chair stated the Board would not take a position on these things.

Ms. Napoleon stated that she did not think it was appropriate for the Board to have a position on this issue based on the following section in the nurse practice act:

§457-1.5 Practice of nursing. (a) Nursing is a scientific process founded on a body of professional knowledge. It is learned profession based on an understanding of the human condition across the lifespan of a client and the relationship of a client with others and within the environment. It is also an art dedicated to caring for others. The practice of nursing means assisting clients in attaining or maintaining optimal health, implementing a strategy of care to accomplish defined goals within the context of a client-centered health care plan, and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that is continually evolving to include more sophisticated knowledge, technologies, and client care activities. Nursing applies evidence-based practice to promote optimal client outcomes.

(b) The scope of nursing practices established in this chapter and by the rules of the board shall serve as general guidelines and are not intended to address the appropriateness of the use of specific procedures in any particular

work setting or to grant permission to implement specific procedures in any particular work setting.

She specifically referred to (b) as it refers to work settings.

After careful consideration, it was the consensus of the Board to refer the inquirer to HRS 457-1.5(b).

Pediatric NP Patient's Age Limit?

The Board discussed the following email inquiry from Julia Metzger:

"Sorry to bother y'all, but I was trying to research the age limit for scope of practice as a Pediatric Nurse Practitioner, as it varies depending on the state nursing board from 18-21. I work with Waianae Comp Health Center, and sometimes our "pediatric" patients are over 18. I could not find any information online, so was hoping someone may have the answer or direct me to some who knows Hawaii's PNP age parameters?"

Ms. Kodama stated this would depend on the facility and the practice setting.

Ms. Napoleon stated that HRS 457-1.5(b) is also relevant for this inquiry as the work setting or facility may set policies on the age limit.

Ms. Daub stated that she thought the Licensure, Accreditation, Certification, and Education (LACE) Clarifying Statement, that "A rigid establishment of population age parameters is not in the best interest of patients. Circumstances exist in which a patient, by virtue of age, could fall outside the traditionally defined population focus of an APRN but, by virtue of special need, is best served by that APRN." was a fair position.

After careful consideration, it was the consensus of the Board that HRS 457-1.5(b) may also be pertinent in this situation and that the Pediatric NP's specialty standards would also apply and refers her to the Pediatric Nursing Certification Board.

Inquiry Regarding Nurses Identifying Themselves

The Board discussed the following email inquiry from Marcia Brinkley:

"I am a registered nurse licensed in Hawaii. I recently received services from a person in a home health respiratory care program who, I thought, was a respiratory therapist. I was surprised to learn that she was an RN as she had no name tag, business card or desk name plate to identify her in any way. When I asked her name, she would only provide her first name but refused to provide her last name even when I asked again.

I have been licensed in other states where RN's were required to wear name tags and to provide even their license numbers if asked, so I am surprised at this person's reaction.

I did eventually discover her last name and she is, indeed, licensed as a registered nurse in Hawaii. However, I wonder if she is violating any statutes or rules by refusing to identify herself, even when asked."

Ms. Boyer asked if this would be an employment/employer issue?

Ms. Daub stated she knows in some hospitals they have policies regarding this.

The EO stated that she could not find anything specific in the nurse practice act requiring nurses to wear ID or name tags but that she did find the following language in the NCSBN Model Act:

LPNs – "Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient."

RNs – "Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient."

After brief discussion, it was the consensus of the Board that the nurse practice act does not require nurses to wear a name tag or ID but the NCSBN Model Act as referenced in HRS §§457-2.5 and 457-2.6 does include language pertaining to the wearing of identification and for which the Board has previously adopted pursuant to §457-6.5.

APRN Scope of Practice – Sign Work Notes?

The Board discussed the following email inquiry from Debra Kettleison:

"I have spoken on the phone with Leeann (here is an update); Wailua thought you might be interested.

Hilo Medical Center has stated (verified with Holly/HR Director) that they will follow/enforce the union contract. For the nursing staff (BU-9) it states that a licensed (not sure if this is licensed or certified) Physician must sign work notes etc. . That if they see it is an APRN they will no longer accept. Holly also told me the Union has never submitted a proposal for change.

I also spoke with Lauren at HGEA who handles BU-9 issues and she reports last negotiations the union submitted to the lead negotiator Cliff Caesar and Sandy Park a proposal to change the language to add APRNs and PAs and they reportedly declined to discuss this proposal. Lauren has informed me that if we can get senior management at HMC to agree they will draft a supplemental agreement and this would affect an immediate change.

I have not called my business attorney/Andrew Iwashita as yet as after discussion with LeeAnn I was curious as to whether a State law (for scope of practice/signatures) would trump a union contract. In other words is the refusal to accept an APRN signature 'against the law'?

Did leave a message at HMC for Arthur Sampaga to call me and will try to touch base with him tomorrow."

Ms. Kodama stated if that is what they negotiated, it is a binding contract.

Ms. Napoleon stated that HRS §457-1.5(b) may be referred to for this inquiry.

The EO stated that pursuant to HAR 16-89-81, it is within the APRNs scope of practice to:

"Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;" and

"Formulate a diagnosis;"

After brief discussion, it was the consensus of the Board that they may respond and provide information and clarification as to the scope of practice of an APRN but HRS §457-1.5(b), "The scope of nursing practices established in this chapter and by the rules of the board shall serve as general guidelines and are not intended to address the appropriateness of the use of specific procedures in any particular work setting or to grant permission to implement specific procedures in any particular work setting.", does not authorize the Board to act on policies established by the work setting.

APRNs Referring Patient to Physical Therapy and Massage Therapy

The Board discussed a documentation pertaining to a denied claim for a patient that was referred by an APRN for massage therapy.

The EO reported that she contacted the insurance company to try to explain that it was within an APRN's scope of practice to refer their patient for physical or massage therapy.

The insurance company explained that they were not disputing the APRN's scope of practice but was following the law, specifically HRS 431:10C-103.5 Personal injury protection benefits; defined; limits." This section clearly identifies that only a "medical doctor" can prescribe therapeutic massage.

Ms. Napoleon stated the Board does not get involved with payment issues and that our concern is with governing the practice of nursing.

The EO stated that "restrictive" reimbursement issues have also been raised for pharmacists and that these issues may affect the provision of health care and services that APRNs and pharmacists provide, i.e. if the APRN or pharmacist is not able to be reimbursed for their services, then what is the incentive to provide these services? With the physician shortage, legislators, based on the passage of various bills throughout the years, and residents of this State are relying on APRNs and pharmacists to provide health care services, especially in the rural areas.

After some discussion, it was the consensus of the Board that they may respond and provide information and clarification as to the scope of practice of an APRN but they have no authority over reimbursement issues especially if another statute is specific.

Continuing Competency

The EO asked the Board if she could move Ms. Kahoano's request first since she has been patiently waiting to address the Board.

Inquiry from Leilani Kahoano about Hawaii Neonates CE Courses

The Board received an email inquiry from Ms. Kahoano presenting her concern regarding the acceptance of CE's as indicated in the Continuing Competency Booklet.

The EO asked Ms. Kahoano if she would like to address the Board.

Ms. Kahoano stated that after reading the Competency Booklet and speaking with ANCC and several other organizations about their provider process, none of the organizations are over any state boards of nursing. State Board of Nursing are their own entity and each of the organizations are their own entity. The representative from ANCC also stated that they do not have Neonatal Nursing as a specialty so they are unable to offer continuing education units in this area.

Caring for Hawaii Neonates requests to remain as a provider of continuing education for neonatal nurses and team members through the California Board of Registered Nursing Provider #16403. We will be having an international, national, local level Global Neonatal Nurses Institute on September 28-30, 2017. This institute has been an annual educational event and this year kicks off the first time ever global leaders coming together in Hawaii. This planning began in 2016 and has come to fruition with others flying in expecting CE for their days of education.

The EO stated as a provider perhaps it does not qualify, however is your course accepted by any other organization? In other words, would a nationally certifying body accept this course?

Ms. Kahoano replied yes, they would accept this course. One of the reasons is we are the only Neonatal Nursing Specialty in the State of Hawaii and ANCC does not have a Neonatal Nursing Specialty.

The Vice Chair asked, if he is understanding correctly, your program is not through a nationally accredited body?

Ms. Kahoano stated the program is not through ANCC, but the providers that are with us are all through ANCC.

The Vice Chair stated so the speakers are recognized as reputable speakers by ANCC, but the program itself is not, correct?

Ms. Kahoano replied the program is recognized at the level of international and national, and all the speakers that are speaking are leaders of the organizations that are providers with ANCC. Because they are the Presidents of each of these organizations, they are automatically qualified as legitimate, credible speakers.

The Vice Chair stated it does not matter where you are putting on the meeting, you can still give CE's just not for Hawaii licensed nurses.

Ms. Boyer stated if she is understanding correctly, going forward the question is to ask this Board to allow the CE's provided by this California State of Nursing Provider be accepted for CE's for Hawaii licensed nurses, because right now we say that we won't accept CE's approved by another State Board of Nursing.

Ms. Kahoano replied yes, until they have an official ANCC number.

The Vice Chair stated he does not think this Board should get involved in evaluating programs. If you are working with the ANCC, you should get them to recognize your program.

Ms. Kahoano stated what we are doing is through the Western Multistate Division or the Montana Nursing Association, looking at getting a provider number under them. However, that process may not be able to be approved until after the conference. For ANCC, the earliest we can find out if we can get a provider number under them is next spring.

The EO stated in the Continued Competency book on page 19, under c. 3) Gynecologic and Neonatal Nursing Specialties, and then on page 20, under e. Local and National nursing or other professional associations recognized by the Board that include but **is not limited to**:. Is this a local nursing professional association?

Ms. Kahoaho replied it is, and at one time was under the National Association of Neonatal Nurses who is one of our partners in this conference, however they could do nothing to help us because of their limitations with what the provider number and what 5013C could allow for.

Ms. Daub asked if they have the commitment from these partnerships?

Ms. Kahoano replied yes, and they will be here on the 27th and she would be happy to introduce them to the Board.

Ms. Kodama asked if we could add it to the list in the booklet?

The Vice Chair stated if we approve this program, you are going to have everyone coming in and asking to approve programs. You would be setting a precedence. The easiest would be is to have this program recognized by a nationally certifying body.

The Chair stated we're not looking at the program, we're looking at the provider being a local and national nursing association.

Ms. Kahoano asked to address the Vice Chair's concerns by saying every one of these leaders, they are Presidents of their organizations. The fact that they scrutinize our program and our relationship over the years, to me, validates that they see the work we've put in and the kinds of conferences and education we provide, and their agreement to finally come and sit at the table for the first time ever is the tell-tale "stamp of approval" for them.

The Chair thanked Ms. Kahoano for her explanation.

The Chair called for a recess at 11:15 a.m.

The Chair resumed the meeting at 11:20 a.m.

The EO confirmed with Ms. Kahoano that they will still pursue accreditation or approval by a nationally accredited organization regardless of what happens here today?

Ms. Kahoano replied yes.

After brief discussion, upon a motion by Ms. Daub, seconded by Ms. Kodama to approve the continuing course offering of the 2017 Inaugural Global Neonatal Nurse Institute's September 28-30, 2017 and that any future continuing education offerings must be through a provider recognized by the Board. It was voted on with the Chair, Ms. Daub, Ms. Kodama, Ms. Napoleon, Ms. Boyer and Mr. Duldulao voting "yes", the Vice Chair voting "no" and Ms. Kim abstaining. The motion carried.

Recognition of the Hawaii Medical Association CE Courses

The Board discussed the following email inquiry:

"I am reviewing the Continuing Competency Guide and Information Booklet and a question has come up

The CE providers section lists that the following provider of continuing education courses is acceptable:

e Local and National nursing or other professional associations recognized by the Board that include but is not limited to:

- 1) Accreditation Council for Continuing Medical Education(ACCME);

My question is: Are providers accredited through the Hawaii Medical Association (HMA) acceptable since the HMA is recognized by the ACCME as the state medical society accreditor for Hawai'i?"

It was the consensus of the Board that a local or national association that is accredited/approved by one of the organizations listed on page 20 of the current edition of the Continuing Competency booklet, may qualify as an approved provider of continuing education for nurses.

Mr. Duldulao was excused from the meeting at 11:34 a.m.

Inquiry from Nicole Fujiuchi about PESI CE Courses and ACLS 16 Hours Course

The Board discussed the following email inquiry:

"I would just like to inquire if the PESI organization is an approved accreditation resource for continuing education requirements for the 30 hours we need to accumulate to continue to hold a registered nursing license? Can any of the CEs

on this website count towards our Hawaii RN License? I just wanted to be sure since before purchasing or attending any CEs offered.”

I also wanted to confirm if ACLS counts for 16 hours? “

The EO stated that Ms. Fujiuchi was then referred to the Continuing Competency booklet, however, replied that she read through it and had some difficulty finding confirmation and would just like a simple yes or no from an expert to make sure she complies her thirty hours efficiently and correctly. She also indicated that our response referring her to the Continuing Competency booklet was not very helpful.

The EO expressed concerns with these types of responses from nurses and wondered if the Continuing Competency booklet is that difficult to read/understand and perhaps the Board should take another look at it to make it more “reader friendly”?

It was the consensus of the Board that since PESI is an accredited provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation, pursuant to page 19 of the current edition of the Continuing Competency booklet, PESI is an acceptable provider of continuing nurse education and that the ACLS course is NOT acceptable towards continuing education, see page 32 of the Continuing Competency booklet.

Inquiry from Lisa Maroney about Acceptable CE Courses/Providers

The Board discussed the following email inquiry:

“I have the following questions. Could you please answer them for me?

1. Does your board accept for credit courses approved for CME Category I credits?
2. Does your board accept for credit courses approved by another nursing jurisdiction?
3. Does your board accept for credit courses which qualify for Formally Approved Cat 1 Continuing Education Hours for purposes of ANCC certification?”

Again, Ms. Maroney was also referred to the Continuing Competency booklet but replied that her questions are yes or no questions so please respond.

It was the consensus of the Board to respond to Ms. Maroney’s questions as 1. yes, 2. no and 3. yes.

Inquiry from Ramon Sumibcay about CE Provider – Philippine Nurses Association of America CE Courses

The Board discussed the following email inquiry:

“I am Ramon Sumibcay, current President of the Philippine Nurses Association of America Hawaii Chapter.

As we all know, registered nurses in the State of Hawaii are now required to submit 30 contact hours of continuing competency upon renewal of RN licenses.

The Board of Nursing released the Continuing Competency Guidance Booklet. As member of a professional organization, we as members can obtain free CE activities. This is provided on pages 36-37 and Philippine Nurses Association of America is #83 on the list. PNAA continuing education is managed by the PNAA Foundation with Mr. Peter Calixto as the Administrator. Please see attached Certificate. On the certificate, it is stated that the provider number was approved by the State of California.

However, on page 8, #3 of BON-CCG states, "Continuing education approved by another State Board of Nursing is not acceptable." This looks contradictory to the previous paragraph stating that members of Philippine Nurses Association of America are afforded free CE activities.

I am hoping that the contradictory is one of the grey areas of the BON-CCG information which leads to my next issue. As a Chapter Member of PNAA, we plan to offer educational activities for continuing competencies to comply with the licensure renewal requirements. Can you please give clarification regarding the matter as we are planning to offer the educational classes in November.”

After brief discussion, it was the consensus of the Board to clarify the following information as referred to by Mr. Sumibcay:

Page 36-37 of the Continuing Competency booklet is part of the “Frequently Asked Questions” section in the Continuing Competency booklet. Ms. Sumibcay’s reference to number 83 that list the Philippine Nurses Association of America refers to free CE activities, but the complete response to the question, “Are resources for free or low-cost educational opportunities available?” is as follows:

- a) First, see if your organization offers an accredited (i.e. AANPBC, ACCN, ACCME, or ACPE certified) employer-based education program or provides education through an accredited vendor such as Elsevier, Healthstream, or Lippincott.
- b) Watch for flyers and brochures for free CME seminars offered by your organizations. Many speakers provide these presentations at no cost to employees or association members.

- c) Check health profession journals and publications for qualified directed reading credits.
- d) Advance Practice Nurses who subscribe to UpToDate earn CMEs simply by using the application during day-to-day practice.
- e) Check with your local union chapters (Hawaii Nurses Association [HNA]), nursing associations (Hawaii Association for Professional Nurses [HAPN]) at: <http://www.hapn-nurses.org/>, or honor societies like Sigma Theta Tau for learning activities.
- f) Watch for vendor provided learning opportunities such as those given by health technology companies or pharmaceutical representatives.
- g) Learning activities are also available through the Center for Disease Control and Prevention (CDC) training and continuing education online at: <https://www2a.cdc.gov/TCEOnline/>
- h) Medscape offers free CMEs for nurses who register at: <http://www.medscape.org/nurses>
- i) The Lippincott Nursing Center offers free CE as well at: <http://www.nursingcenter.com/ceconnection>
- j) The National Council of State Boards of Nursing (NCSBN) also gives you access to a significant amount of free CE at: <https://www.ncsbn.org/courses.htm>
- k) If you are a member of a formal nursing organization, your membership may afford you free CE activities. At present, there are almost 100 organizations nationwide who offer accredited learning opportunities in various specialties. Organizations include but not limited to: *(This is a list or organizations that may offer free CE but is not necessarily approved providers.)*

The reference to this section is about free CE and does not necessarily list approved providers of CE. The list of approved providers of CE are listed on pages 19 – 21.

Inquiry from Corey Dillman about APRNs Prescribing Opioids and Risk Evaluation and Mitigation Course

The Board discussed the following email inquiry:

“Thank you for returning my phone call last week. I shared with you that I am a student in a DNP program and will be implementing my research project very soon.

I am attempting to reach out to Hawaii nurse practitioners with prescriptive rights to participate in my research study. I understand the Board of Nursing does not provide personal information of nurses, however, it was mentioned that you could share what my project is at the next meeting.

I am also planning on using social media to contact Hawaii nurse practitioners with a link to Survey Monkey for those who meet the criteria and agree to participate.

It is my belief that safely prescribing opioids will help reduce the opioid epidemic and save patient lives. This project will address methods to educate Hawaii NPs through the implementation of an opioid risk evaluation and mitigation (REMS) course in an effort to improve the overall competency regarding the safe prescribing of extended-release/long-acting and immediate-release opioids. Ultimately, it is my goal to have the Hawaii State Board of Nursing require nurse practitioners with prescriptive authority to take an opioid REMS course as part of the licensing requirements every two years. This study will be used to collect data in order to further advocate for this institutional change.

The purpose of this project is twofold. First this project will address methods to improve overall competency of safe prescribing extended-release/long-acting and immediate-release opioids by Hawaii nurse practitioners. This will take place by implementing an opioid REMS course. Secondly, have the Hawaii State Board of Nursing require NPs with prescriptive authority to take an opioid REMS course as part of the licensing requirements every two years.

For this project, the PICO question addressed is: Will Hawaii nurse practitioners with prescriptive authority (Population) who take a REMS opioid course (Intervention) improve their competency level of safely prescribing extended-release/long-acting and immediate-release opioids (Outcome) over a four-week period (Time)?"

The EO stated that when the previous Board was discussing the renewal requirements for APRNs with prescriptive authority, there was discussion on mandating that certain continuing education hours pertain to controlled substances, however, during the discussion, the Board determined that because of the various practice specialties and without specific criteria, it was almost impossible to determine the parameters of the continuing education courses to meet this qualification. The Board at that time also determined that APRNs who prescribe controlled substances are responsible for the care rendered to their patients and therefore would take appropriate pharmacology continuing education. She also mentioned that due to the national opioid epidemic, this Board has been "proactive" in providing specific information on prescribing opioids and other pertinent information on the Board's web page.

After some discussion, it was the consensus of the Board to take Ms. Dillman's recommendation that APRNs take an opioid REMS course under advisement at this time.

Inquiry from Laverne Choy on Various CE Course Providers

The Board discussed the following email inquiry:

"The website for Nurse.com states the following:

In support of improving patient care, OnCourse Learning is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

OnCourse Learning's continuing education (CE) contact hours are generally accepted by most professional nursing organizations and state boards of nursing. OnCourse Learning has made substantial efforts to obtain appropriate providerships for CE offerings. However, OnCourse Learning does not warrant that all professional organizations or licensing authorities will accept its CE contact hours. If in doubt, nurses are advised to contact their professional organizations or licensing authorities to confirm their acceptance of these contact hours.

Therefore, I would appreciate it if you could confirm that this website will be accepted because I don't want to do these courses and find out at the time of my renewal it does not meet your requirements."

It was the consensus of the Board that if this web page, OnCourse Learning is an approved provider accredited by the ACCME, ACPE and/or ANCC then based on the information in the Continuing Competency booklet on pages 19-21, these organizations are included on list of acceptable CE providers.

Inquiry from Marianela Jacob on Various CE Course Providers

The Board discussed the following email:

"I was looking at the website (HSCN) for explanation about the continuing competency for RN's in the State of Hawaii. I hope you could answer my question, or you could forward my email to someone in case. I was reading the continuing competency guidance and info booklet, and I have a question on pages 36-37.

k) If you are member of a formal nursing organization, your membership may afford you free CE activities. At present, there are over 100 org nationwide who offer accredited learning opportunities in various specialties...

(There are a few ethnic organizations in the list to include Asian America Pacific Islander(AAPINA), PNAA, National Assoc of Hispanic Nurses) The questions is, will all these organizations need to present criteria that the CE provided by them as an organization is accredited by an approved provider?

An example is PNAA, they are offering continuing educ to all members at a nominal fee, but the accreditation is from PNAAF through California Board of Nursing, CEP#14143. Is this acceptable?"

After further discussion, it was the consensus of the Board to provide the same response to Ms. Jacob as was provided to Mr. Sumibcay.

Balanced Living – August 2017/Wellness News – August 2017/Working Solutions – August 2017

Copies were distributed to the Board members for their information. Some articles of interest are:

- Communicate for Success;
- Mindfulness Exercises You Can Do Every Day;
- Weight Gain and Heart Health;
- Tips for Better Mental Hygiene.

Delegation Authority to Executive Officer

The Board considered the following delegation language in order to expedite and streamline the disciplinary action process for licensee's who have been disciplined by another state that resulted in the prohibition of practice:

In order to implement the provisions of Hawaii Revised Statutes ("HRS") §457-12.5, and in accordance with HRS §436B-8, the Board delegates its authority to its Executive Officer to execute a Board's Proposed Final Order that imposes discipline on a licensee upon receipt of evidence of revocation, suspension, or other disciplinary action against a licensee by another state or federal agency. The Executive Officer shall only be authorized to sign a Board's Proposed Final Order that proposes to prohibit a licensee from practicing if the disciplinary action by another state prohibits the licensee from practicing in that state.

Upon a motion by Ms. Kodama, seconded by the Vice Chair, it was voted on and unanimously carried to approve the delegation authority indicated above, to the EO.

Licenses with Conditions

Upon a motion by Ms. Napoleon, seconded by the Vice Chair, it was voted on and unanimously carried to accept the monitor's report for the period covering May – July 2017 for the following licensee:

Kellen Smith

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to issue the following licensee a registered nurse license with conditions:

Melissa Tasaki

The conditions are as follows:

1. Submission of quarterly reports from Dr. Bjornson or another representative from Pu'ulu Lapa'au of your compliance with drug screening requirements and weekly attendance at substance support meetings. The first report is due no later than December 22, 2017 for the period covering September – November 2017 for the Board's consideration at their January 4, 2018 meeting;
2. That you shall inform any and all current and future employers, directors of nursing and immediate supervisors of your conditional Hawaii nurse license and present to all employers, directors of nursing and immediate supervisors, current and future, with a copy of this issued conditional letter and to ensure that your employer acknowledges the terms of your conditional license, they must sign and return a signed copy of the conditional letter to the Board's Office within ten (10) days of signing;
3. That while working as a nurse, your direct supervisor, who shall be a nurse, shall agree to submit quarterly reports to the Board pertaining to your conduct as it relates to the practice of nursing;
4. That you shall provide written notice and documentation within thirty (30) days to the Board of any judgment, award, disciplinary sanctions, order, or other determination, which adjudges or findings that you are civilly, criminally or otherwise liable for any personal injury, property damage or loss caused by your conduct in the practice of nursing; and
5. That you understand that failure to comply with any of the conditions may result in disciplinary action against your Hawaii RN license.

Next Meeting:

The Chair announced the next scheduled Board meeting as October 5, 2017, and asked if everyone was available to attend.

Thursday, October 5, 2017
8:30 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment:

There being no further business to discuss, the meeting was adjourned at 11:43 a.m.

Reviewed and approved by:

/s/ Lee Ann Teshima
Lee Ann Teshima,
Executive Officer

Taken by:

/s/ Lisa Kalani
Lisa Kalani, Secretary

LAT/lk

9/19/17

☒ Minutes approved as is.

☐ Minutes approved with changes; see minutes of _____.

ADVANCED PRACTICE REGISTERED NURSES

RATIFICATION LIST

September 7, 2017

APRN ONLY

Current Requirements:

Gloria A. Oxendale, Family NP
Christy Lee Evilsizor, Acute Care NP
Alice W. Chang, Family NP
Kelly Cerutti, Family NP
Sharilyn Butteling, Psychiatric Mental Health NP
Robert Allen-Gasco, Family NP
Kelley M. Maguire, Adult NP
Victoria Habibi, Family NP
Kimberly Schueler, Family NP
Tyler Workman, Gerontology CNS
Jennifer Nill, Family NP
Cheryl Pavel, Family NP
Michael Smithers, CRNA
Tanya Takatani-Apo, Family NP

APRN W/ PRESCRIPTIVE AUTHORITY

Gloria A. Oxendale, Family NP
Christy Lee Evilsizor, Acute Care NP
Alice W. Chang, Family NP
Kelly Cerutti, Family NP
Sharilyn Butteling, Psychiatric Mental Health NP
Robert Allen-Gasco, Family NP
Victoria Habibi, Family NP
Kimberly Schueler, Family NP
Tyler Workman, Gerontology CNS
Jennifer Nill, Family NP
Cheryl Pavel, Family NP
Tanya Takatani-Apo, Family NP

RN RAT List for 9/7/17

RN 87102 BLACK COLLETTE K
RN 87103 WOOD DANNA J
RN 87104 SIMEON MARK ANTHONY
RN 87105 MOWRY SAMANTHA ANNE
RN 87106 PANGILINAN PERRY
RN 87107 ZERWIG LORENA M
RN 87108 THOMAS HAYDEN K
RN 87109 KOBAYASHI SHEENA K
RN 87110 ATHERTON MORIAH C
RN 87111 FUJIMOTO RILEY D
RN 87112 PINEDA ELOISE V
RN 87113 TOLENTINO CHRISTINE
RN 87114 HURST JACQUELINE A
RN 87115 BROUILLETTE RACHEL J
RN 87116 SEMENCHUK SIERRA
RN 87117 JEAN ROMILDA
RN 87118 YAYA OLUWATOYIN
RN 87119 DAVIS ANGELEE A
RN 87120 CARVALHO ARIENE ELEN
RN 87121 HILTON NATALIE M
RN 87122 EUGENE MARGALIE
RN 87123 STROUTSOVSKY ILANA S
RN 87124 MABE APRIL M
RN 87125 NARES MARIA LEIGNIZA
RN 87126 BUENO CLIFFORD B
RN 87127 LIMBO-SENINING MARIA
RN 87128 SENN KRISTEN R
RN 87129 MCHALE ALEXIS A
RN 87130 LEWIS QUEENTER J
RN 87131 RAINFORD SAMANTHA M
RN 87132 ISIDORE ERNEST
RN 87133 BUENO DAISY C
RN 87134 DONOVAN PAMELA J
RN 87135 OWENS NORDICA D
RN 87136 MCKEOWN EILEEN M
RN 87137 HOWARD ERIN C
RN 87138 KJELDSSEN LORRAINE M
RN 87139 MAGNESS MARYELLEN A
RN 87140 MARRERO POLLY S
RN 87141 BRADSHAW HANNAH J
RN 87142 HUDDLESTON ALLISON R
RN 87143 SACHARIASON SHEILA
RN 87144 KELLOGG KIMBERLY A
RN 87145 ANDERSON SUSAN J
RN 87146 DERICHSEWILER KRISTI
RN 87147 WALLER KORTNEE L
RN 87148 HUNT TERESA M
RN 87149 HELLER MEGAN R
RN 87150 KUEGAH FATOUMATA C

RN 87151 GOMES CHANELLE S
RN 87152 CARROLL MICHELLE R
RN 87153 FLORESTAL JUDELAIN
RN 87154 FUJIYAMA ALLYSON EVE
RN 87155 CHING TIFFANY Y K
RN 87156 HEMA HAILEY C L
RN 87157 HORAL MATTHEW R
RN 87158 ENASIO-MAGLASANG MUE

RN 87159 MAASSARANI HISHAM
RN 87160 BLACK ASHLEY L
RN 87161 CRUZ RINA MAE JAVIER
RN 87162 CYRISE JEAN MAX
RN 87163 TANO KAYLA C
RN 87164 SALAS KRISTIN M
RN 87165 OZAKI JENNA O
RN 87166 ELISEE VOSE
RN 87167 NICOLAS NICOLE T
RN 87168 OBTINALLA MC RICHARD
RN 87169 BROWN-RAVENTOS LUCAS
RN 87170 TEGETABARU TSEGANESH W
RN 87171 BRINKLEY BOBBY D
RN 87172 BALMORES LIAN B
RN 87173 THOMAS CRYSTAL G
RN 87174 STUBBERT JANE G
RN 87175 UCOL CHRISTINE JOY C
RN 87176 COGDILL RYAN M
RN 87177 MUNOZ LOUIS D
RN 87178 TOMAK EASTON T
RN 87179 MATHIS DAVID K
RN 87180 PEREL JULIANA M
RN 87181 HUNNELL TRISHA M
RN 87182 ANDERSON TUCKER M
RN 87183 GILMER JOY B
RN 87184 MARTINEZ LA TISHA J
RN 87185 SPRINGER MARY L
RN 87186 CRAIG ABIGAIL D
RN 87187 SEKIYA LEAH N L
RN 87188 MORRIS SARAH
RN 87189 GOLDEN SANERIA L
RN 87190 TAVAJIAN KIM A
RN 87191 QUASTAD PAIGE D
RN 87192 SWIFT STEPHANEJO S
RN 87193 WIJAYA CINDY C
RN 87194 SCHAEFFER GRETCHEN
RN 87195 MAFUA FRANCESCA S
RN 87196 PAIK KIANA U
RN 87197 PYLE SHANNON C
RN 87198 WARREN EDWIGE
RN 87199 EDWARDS RYAN
RN 87200 BREGUERA CLARENCE T
RN 87201 LIN SANDY

RN 87202 SANTOS LIEZEL ANNE B
RN 87203 SHON NATASSIA K
RN 87204 JOHNSON ARIEL K
RN 87205 GALAPON SUSAN LEE B
RN 87206 SEJOUR MARSHAUN O
RN 87207 HUDSON KRISTIN C
RN 87208 MEYER LAURA LEE
RN 87209 DUTREVIL CHIRALY
RN 87210 MORRIS LAURA E
RN 87211 SHULTS NORA L
RN 87212 SILWAL SUMANA
RN 87213 LEE CRYSTAL H
RN 87214 HASNER RACHAEL L
RN 87215 KWOK BONNIE SHUK PIN

RN 87216 BERTELMANN MOANIKAIM
RN 87217 HOLMES RYAN D
RN 87218 IZAGUIRRE LEAL ISAAC
RN 87219 TAVARES KAITLIN MAIK
RN 87220 MAYER REBECCA M
RN 87221 DAMEUS DOTLINE
RN 87222 BALANTAC RENZ JUSTIN
RN 87223 URBINA CRISTETA U
RN 87224 VALLE KARRY
RN 87225 DESINOR ROSE EDDIANA
RN 87226 NEAL JAMES R
RN 87227 TOLENTINO JAYAHMIE D
RN 87229 ROMAN JONATHAN A
RN 87230 GEE SHANIKA L
RN 87231 CLAVERIA JANICE E
RN 87232 JOHNSON DARRICK
RN 87233 MCCRACKEN ERIN
RN 87234 BAIR COREY M
RN 87235 MARABITO MATTHEW A
RN 87236 CERNIGLIA LORENA R M
RN 87237 CUSTODIO ALDRIN C
RN 87238 SMITH HANNAN M
RN 87239 NEIHART SPRING
RN 87240 STAATS DORIA L
RN 87241 LACUATA ANNA G L
RN 87242 GRACE RACHELLE M T
RN 87243 WESTMORLAND RHONDA
RN 87244 CASTILLO RAMON J P
RN 87245 BONETTI BETH ANNE
RN 87246 PASCUA DIEGO D
RN 87247 REYNOLDS CHRISTINE M
RN 87248 COHICK JULIE M
RN 87249 BICE BENJAMIN A
RN 87250 HANLEY ELIZABETH L
RN 87251 JOHNSON MELISSA A
RN 87252 MORETTI AMANDA M
RN 87253 PLANK SEAN H

RN 87254 DWYER KIMBERLY A
RN 87255 MONTEMAYOR MARIA K
RN 87256 GRAHAM KATHLEEN S
RN 87257 PAQUETTE STEPHANIE L
RN 87258 NISHIMOTO KAREN L
RN 87259 KEYS CARRIE D
RN 87260 BERUEDA MAYBELLE A
RN 87261 SKINNER JOEY M
RN 87262 SPRINGFIELD MICHELLE
RN 87263 MCCASLIN CHRISTINE L
RN 87264 ISENHOWER RONNITA D
RN 87265 MARTI ALYSSA M
RN 87266 HALCOMB KRISTIN G
RN 87267 HAMBLEN KRISTINE A G
RN 87268 ROSS ADENA R
RN 87269 MYATT JULIE A
RN 87270 HOFELING DOLORES C
RN 87271 REDELLCO ASHLEY M
RN 87272 LOMBARD WANDA T
RN 87273 MAUCK ROBIN M

RN 87274 ALGER MEAGAN J
RN 87275 BAILEY MEGAN H
RN 87276 FELICILDA RHEA F D
RN 87277 CHIKAMOTO KARLA M
RN 87278 GOLLA JENNIFER L
RN 87279 GRAHAM MICHAEL D
RN 87280 CABRERA BLANCA E
RN 87281 CARMONA LETICIA M
RN 87282 COLLAZO ALISON D
RN 87283 FULTON JESSICA A
RN 87284 FLOWERS ALEXANDRA G
RN 87285 FOSTER EMILY C
RN 87286 HASKIN NICOLETTE A
RN 87287 GAINES CANDACE A
RN 87288 CRAIG RAYNA D
RN 87289 WISE JUSTIN B
RN 87290 WALSH THERESA L
RN 87291 BISH JAMES P
RN 87292 GORDON MICHELLE R
RN 87293 HILL JULIE K
RN 87294 JOHNSON ELISABETH H
RN 87295 DISCHKE TABBATHA C
RN 87296 ELLIS DASHIKA D
RN 87297 EAGEN ROBYN P
RN 87298 COOK CONSTANCE L
RN 87299 DAGDAGAN CECILIA M
RN 87300 JOHNSON JANINE M
RN 87301 LOGSDON STEPHANIE M
RN 87302 COLON JOSE R
RN 87303 BLACK KOURTNEY D
RN 87304 BODIE KATHY A

RN 87305 HUGGINS CONSTANCE H
RN 87306 HALLQUIST MONICA R
RN 87307 TRAVER COURTNEY J
RN 87308 CORNETTE PATRICIA H
RN 87309 LANGMEAD MICHAEL W
RN 87310 SHOLARS RACHEL R
RN 87311 WHITE RACHEL S
RN 87312 HOLLINGER LISA A
RN 87313 BAKHIT JESSICA A
RN 87314 HANEY THERESA C
RN 87315 CLAWSON KELSEY M
RN 87316 BOPP LAURA E
RN 87317 AGUILAR GABRIELA
RN 87318 STEEN JENNIFER E
RN 87319 RUFF LINDSEY C
RN 87320 DUARTE ALEJANDRA E
RN 87321 CRAWFORD BECKY S
RN 87322 BRENDLE MELBA P
RN 87323 RICHMOND CORRINA B
RN 87324 STEINMAN EMILY M
RN 87325 MYERS JANETTE
RN 87326 KOTECKI KRISTINE A
RN 87327 IANNO VALKYRIE
RN 87328 HOLUM SYDNEY P
RN 87329 CHRISTINE DIANA
RN 87330 FRANZEN CHELSEA K

RN 87331 MEYER JOHN F
RN 87332 JOHNSON RAJEANA K
RN 87333 HOUSER CHARNEE M
RN 87334 JOHANSEN EMILY C
RN 87335 HUNTSMAN KEELI J
RN 87336 SPARKS MICHAEL S II
RN 87337 MITCHELL MIRANDA E
RN 87338 HERNANDEZ KARA A
RN 87339 BATEMAN COLETA L K
RN 87340 CLEMENTS BRITTANIE A
RN 87341 OBRIEN KIRSTEN E
RN 87342 CLEMENTS SUNNI B
RN 87343 SHANNON MELISSA M
RN 87344 MOSES RANDOLPH H
RN 87345 HUSKINS ANNETTE
RN 87346 GLAGOLA CYNTHIA D
RN 87347 FASONE RACHEL M
RN 87348 DAVIS SERENA A
RN 87349 DZIUBA KELLY M
RN 87350 REED ASHLEE M
RN 87351 BELONIA JOAN R M
RN 87352 MURPHY BROOKLYN M
RN 87353 GORDON DEBORAH N
RN 87354 EMPAYNADO CLARISSE B
RN 87355 KOSTAREVA ULIANA

RN 87356 HERNANDEZ GARCELL LO
RN 87357 BAILEY ROBERT O
RN 87358 BUENAVENTURA MELDA B
RN 87359 ANTONIO LENORE T
RN 87360 STEWART ROSLYN F
RN 87361 SARMIENTO SHANELLE S
RN 87362 AGUILA LORETTA
RN 87363 BURKE ANGELA C
RN 87364 APIGO TRANAE TRUSDEL
RN 87365 ALARCON REINA L
RN 87366 MANGIONE KYLE C
RN 87367 WEST JENNIFER F
RN 87368 SHACKLEFORD SAMANTHA
RN 87369 VALLER EMILY C
RN 87370 RICKS-DAVIS PAMELA D
RN 87371 ELLIOTT REAGAN B
RN 87372 CHUA DYHRAME B
RN 87373 CARINO MA AGNES E
RN 87374 LAIKUPU KEOHIKAI M
RN 87375 ROBERTSON MATTHEW E
RN 87376 LUM STEPHANIE Y H
RN 87377 LAGUNDI RUMELINE C
RN 87378 REDUBLA HEDIKI
RN 87379 LEE MAY YAN
RN 87380 LIZARES KAM L
RN 87381 LAGUERRE JHENSON
RN 87382 WATSON JASMIN MARIE
RN 87383 MIRANDA GYLE A

LPN RAT List for 9/7/17

LPN 18929 LOTT TEMENIA
LPN 18930 RIVAS AYALA ROSA A
LPN 18931 LOPEZ ASHLEY N
LPN 18932 RUFUS TEMITOPE T
LPN 18933 STOWERS JORDAN G G
LPN 18934 CLAY STACY L
LPN 18935 MABE JULIE A
LPN 18936 CASTRO COURTNEE H S
LPN 18937 BELORME ROSELAINA
LPN 18938 COSTELLO KERRY L
LPN 18939 DAVID TALIA O
LPN 18940 WILLIAMS TANGELA L
LPN 18941 GONZALEZ CRISTAL
LPN 18942 HANNON ALLEN C
LPN 18943 REDMAN ELIZABETH A
LPN 18944 ADU FRIMPONG FAUSTIN
LPN 18945 JOHNSON SHARON V