

**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, December 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  
Karen Boyer, RN, MS, FNP  
Katharyn Daub, MS, RN, EdD  
Jomel Duldulao, Public Member  
Olivia Kim, LPN, RN, BSN  
Judy Kodama, MS, RN, MBA, CNML.  
Tammie, Napoleon, DNP, APRN

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

Guests: Jared Redulla, Administrator, Department of Public Safety, Narcotics Enforcement  
Division  
Kelly Lippert, Applicant  
Carrie Oliveira, Hawaii State Center for Nursing  
Liane Muraoka, Hawaii State Center for Nursing  
Linda Beechinor, American Nurses Association

Call to Order: The Chair called the meeting to order at 8:40 a.m. at which time quorum was established.

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

The Chair asked the audience to introduce themselves.

### **Approval of the Previous Minutes –November 2, 2017**

The Chair called for a motion in regards to the minutes of the November 2, 2017 meeting.

There being no discussion or amendments, upon a motion by Ms. Daub, seconded by Ms. Napoleon, it was voted on and unanimously carried to approve the minutes of the November 2, 2017 meeting as circulated.

### **Report on November 2, 2017 Education Committee Meeting**

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to accept the recommendations from the Education Committee's Attached Report for the November 2, 2017 meeting.

### **Approval of Amendments to Minutes of the October 5, 2017 Meeting**

The EO reported that at the October 5, 2017 meeting, the Board considered two (2) applications for which the basis for the denial was incorrect and has to be amended. The Board members were provided copies of the applications for both Tamiko Robinson and Paula Aasland.

The EO explained that there was an incorrect reference for both applicants, to a section in the administrative rules that is relevant to APRNs and not RNs.

Upon a motion by the Vice Chair, seconded by Ms. Boyer, it was voted on and unanimously carried to amend the minutes of the October 5, 2017 meeting as follows:

On page 9:

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to deny the following endorsement application for the following individual pursuant to HRS §§ 436B-19(13), 457-12(a)(8), and HAR §§ 16-89-60(5) and ~~16-89-125 (a)(3)~~:

Tamiko Robinson

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to deny the following endorsement application for the following individual pursuant to HRS §§ 436B-19(13), and 457-12(a)(8), ~~HAR § 16-89-125 (a)(3)~~:

Paula Aasland

Vice Chair's Report: No report.

Executive Officer's Report: The EO announced that Lisa Kalani is no longer the secretary for the Board and introduced Ms. Nohelani Jackson as the Board's new secretary.

The EO also sadly announced that Board member, Iris Okawa had passed away.

The Board members expressed their condolences.

### **Conferences/Seminars/Meetings**

#### NCSBN BON Investigator Training, October 24-26, 2017, Chicago, Illinois

The EO reported that Karen Axsom, RICO Investigator (Hilo Office) submitted a written report on her attendance at the training but that Billy Chin, RICO Investigator (Oahu Office) was not able to attend. She asked the Board if they had any questions on the report. There were none.

#### Hawaii's 2017 Health Care Leadership Conference, November 2-3, 2017, Royal Hawaiian Hotel

The EO asked if the Chair, Ms. Boyer or Ms. Kodama had anything to report.

The Chair mentioned that she had some handouts that she could distribute later.

Ms. Boyer reported that the focus was leadership. What Ms. Boyer found most interesting was a presentation she attended hosted by Art Ushijima from Queen's Hospital and a gentleman named Cardova from California, The topic was diversity in leadership. They had a dynamic presentation and how diversity in leadership can be helpful. She mentioned that by now how many of you Queen's is trying to partner with several groups to develop a homeless healthcare facility with in-patient sub-acute and in-patient substance abuse and withdrawal treatments, acute care beds and a little ER. Hawaii Health Association and several other groups are trying to partner with them. They are saying that they plan to spend less money then what they currently spent in the ER and the hospitalizations at Queen's with the Homeless population. Ms. Boyer believes that the area was referring to using input from the community and multiple resources for which diversity presents itself.

The Chair attended a presentation with Alice Inouye where she gathered volunteers from the audience to talk about speaking voice, speech preparation and speaking with trajectory. She had some books and CDs about meditation.

Overall, it was a good conference that all three would attend again.

2018 NCSBN Annual Institute of Regulatory Excellence Conference, January 23-25, 2018, San Francisco, CA

The Chair will be attending and the EO said she would check if Ms. Daub is still able to attend.

2018 NCSBN Midyear Meeting, March 5-6, 2018, Chicago, Illinois

The EO recommended that the Chair or the Vice Chair attend with Ms. Boyer and Mr. Duldulao and that they should all check if they are able to attend the meeting and let her know.

2018 NCSBN APRN Roundtable, April 10, 2018, Rosemont, Illinois

The Vice Chair said he could attend.

2018 NCSBN IT/Operations Conference, May 15-16, 2018, Albuquerque, New Mexico

The EO recommended sending an IT person and/or the DAG since the Board is in the process of signing the Nursys agreement but the Department's IT people are still working on how to get the information to Nursys.

2018 NCSBN Discipline Case Management Conference, June 7-8, 2018, Denver, Colorado

The EO recommended that Marc Nakamura, RICO Staff Attorney attend.

2018 NCSBN Annual Meeting, August 15-17, Minneapolis, Minnesota

The EO asked if anyone was interested and able to attend and to let her know so she can apply for funding. Ms. Kim and the Vice Chair stated they could attend.

2018 NCSBN NCLEX Conference, September 24, 2018, Charlotte, North Carolina  
Ms. Boyer said she will check if she can attend.

### **2018 Legislature**

The EO reported that she has attended a few meetings with the Department of Health, ACOG, HMSA and member of the Midwives Alliance of Hawaii that includes certified professional midwives and certified nurse midwives regarding possible legislation to regulate midwives. The working group is trying to determine the education/training, scope of practice and exemptions for this this profession. She said when a final draft is available the Board will be able to review.

### **Amendments to Title 16, Chapter 89 – Status Report**

The EO reported that at the last meeting the Board members received a copy

of the letter and rules but unfortunately the letter that was supposed to be addressed to the Small Business Regulatory Review Board (“SBRRB”) was inadvertently sent to the Legislative Reference Bureau. Upon discovery of the transmittal, a memo was sent to the SBRRB and luckily we promptly received a positive response from the SBRRB.

She said she is working on the memo to the Governor to hold a public hearing on the proposed rule amendments and should be finished by next week.

The latest draft of the proposed rule amendments include:

- 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”;
- Allows the Board to conduct a random audit of the renewal of APRNs with prescriptive authority compliance with the continuing education requirement; and
- Technical, non-substantive amendments for clarification.

### **Nursys – Status Report**

The EO reported earlier that the Department’s IT personnel are working on how to get our information to Nursys.

### **Continuing Competency**

#### Request for Certification in Healthcare Compliance by the Healthcare Compliance Association from Susan VonEssen

The Board discussed the following email from Susan Von Essen:

“I understand the new law on nursing continuing education provides for an exemption for certain national certifications. I reviewed the list and did not see a Certification In Healthcare Compliance (CHC) -provided by the Healthcare Compliance Association (HCCA).

Is it possible to be exempt with this certification?”

Ms. Daub said that she went to the HCCA's web page and found information on the certification requirements but could not find information on if the HCCA is recognized by a national certifying body recognized by the Board.

The Vice Chair stated that the national certifying body should be credentialed by the National Commission for Certifying Agencies (NCCA) or the American Board of Nursing Specialties (ABNS) and he also checked HCCA's web page and could not find information that this organization is accredited by the NCCA or ABNS.

After some discussion, it was the consensus of the Board that the HCCA must be recognized by a national certifying body that is listed in Hawaii Administrative Rules §16-89-2 and on pages 5 and 6 of the Continuing Competency booklet.

Request for Certification in Vascular Access Certification by the Vascular Access Certification Program, Lois Davis, Executive Director

The Board discussed the following email inquiry from Lois Davis:

"I have reviewed the updated Nursing Continuing Competency Guidance and Information Booklet. I am the Executive Director of the Vascular Access Certification Corporation (VACC). We certify nurses (and other professionals) working in the specialty of vascular access. We are fully accredited by NCCA, a requirement of yours. We have been around since 2010, have almost 4000 certificants, are nationally recognized, approved by Magnet as a multidisciplinary certification and have many nurses in Hawaii that hold our designation VA-BC™ (Vascular Access Board Certified™).

Additional information about the VA-BC credential can be found at [www.vacert.org](http://www.vacert.org)

I am writing to see how we may be included in your certification requirements for continuing competency"

According to Ms. Davis, VACC is accredited by the NCCA.

Consequently, it was the consensus of the Board that since the VACC is accredited by the NCCA, an accrediting organization recognized by the Board, that a nurse who holds a current Vascular Access Board certification may fall under the exemptions from the continuing competency requirements.

Request for Certification in Home Health or Certified OASIS Specialist-Clinical from Joyce Johnson

The Board discussed the following email inquiry from Jocelyn Johnson:

"I am currently a Certified OASIS Specialist-Clinical (COS-C). Does this qualify for exemption of the CC requirements for RN license renewal in 2019?"

I looked at the booklet but did not see this specific certification listed. Does that mean it does not count, or can we request that it be reviewed? I noticed that there is not really any home health specific certifications...."

It was the consensus of the Board to refer Ms. Johnson to pages 5 and 6 of the Continuing Competency booklet to determine if the certifying organization is accredited by the NCCA or the ABNS.

### **Working Solutions, November 2017**

The Board was provided a copy of the November 2017 edition of Working Solutions for their information.

### Correspondence:

#### **NCSBN**

#### Legislative Updates

The Chair reported on the following:

- 11/3/2017 – A bill that will ratify and enter Wisconsin into the eNLC is waiting for Governor's approval
- 11/10/2017 – Bills awaiting approval by Governor/President: Illinois – allows APRNs to enter into CPA with Podiatrists; US H – clarifies that CSs may be administered by EMS practitioners including APRNs, and Pas, pursuant to a standing order by a medical director of an EMS agency. Bills that were introduced – US H – would allow VA healthcare professionals to provide treatment through telehealth regardless of their location, the state in which they are licensed, or the location of the patient.
- 11/17/2017 – Bills awaiting approval by Governor: Illinois – requires prescribers with a CS license to register with the PMP and requires documentation in the patient's medical record when providing an initial prescription for a schedule II narcotic; Mississippi – provides for the registration of nurse aides. Bills that were introduced – US S – requires the Under Secretary of Health to report major adverse healthcare personnel actions to the NPDB and to applicable state licensing boards.

### **Joint Accreditation, Interprofessional Continuing Education**

The Board discussed a letter from Joint Accreditation, Interprofessional Continuing Education regarding continuing education.

The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), and American Nurses Credentialing Center (ANCC) have jointly developed the “Interprofessional continuing education” (IPCE”) credit for learning and change identify continuing education activities designed by and for the healthcare team.

Key points listed in the letter include:

- IPCE credits for leaning and change can only be awarded by CE providers that are jointly accredited by the ACCME, ACPE, ANCC. Jointly accredited CE providers must meet rigorous standards for educational quality and independence.
- The IPCE credit designation is only used for activities that have been planned by and for the healthcare team. IPCE is when members from two or more professions learn with, form, and about each other to enable effective collaboration and improve health outcomes.
- IPCE credits identify team-based CE activities – they do not replace education or credits for individual professions. Activities that offer IPCE credits may also offer credits for individual professions.
- The IPCE credit is intended to complement other healthcare credit and metric systems.

After some discussion, it was the consensus of the Board to accept IPCE courses for continuing education credit for the renewal of an LPN, RN or APRN license.

### **Continuing Education for APRN’s with Prescriptive Authority – Accreditation Council for Pharmacy Education Accredited Pharmacy Program**

The Board discussed the following inquiry from Sean, CE Coordinator, DKICOP:

A few APRN-Rx have asked if we can provide Pharmacology CE through our providership of Accreditation Council for Pharmacy Education (ACPE) credit.

Below is my interpretation,

The APRN Prescriptive Authority - Renewal Requirements (APARR) state that the 8 pharmacology related contact hours must be approved by a board recognized certifying body.

Part b of the Continuing Competency Guidance and Information Booklet for Nurses, Employer and Facilities (CCGIBNEF). states that a recognized national certifying body means nurse credentialing agencies accredited by one of the following:

- 1) American Academy of Nurse Practitioners Certification Board (AANPCB)

- 2) American Board for Specialty Nursing Certification (ABSNC)
- 3) American Nurses Credentialing Center (ANCC)
- 4) Institute for Credentialing Excellence (ICE)
- 5) National Commission for Certifying Agencies (NCCA) 6) National Council of State Boards of Nursing (NCSBN)

My question is:

Am I correct in interpreting that providers under part e of CCGIBNEF (Local and National nursing or other professional associations...), would NOT be eligible to provide pharmacology CE to APRN-Rx unless the professional association is accredited by one of the 5 accreditors listed in part b. above?

After some discussion, the Board made the following determinations:

*Renewal requirements for APRNs with prescriptive authority:*

An APRN who is renewing their prescriptive authority is required to submit 30 hours of continuing education of which 8 shall be in pharmacology, the applicable sections apply:

**§16-89-123 Prescriptive authority renewal for APRN.**

- (2) Documentation of successful completion, during the prior biennium of thirty contact hours of appropriate continuing education as determined by the board in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the APRN's clinical practice specialty area, approved by board-recognized national certifying bodies, the American Nurses Association, the American Medical Association, or accredited colleges or universities. Documentation of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal biennium, may be accepted in lieu of the thirty hours of continuing education required for renewal.

**§16-89-85 Recognized national certifying body; certification.** (a)

National certifying bodies recognized by the board to certify the advanced practice registered nurse specialty include:

- (1) The American Nurses Credentialing Center;
- (2) The Pediatric Nurses Certification Board ;
- (3) The National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- (4) The Council on Certification of the American College of Nurse-

- Midwives;
- (5) The National Board of Certification and Recertification for Nurse Anesthetists; and
  - (6) The American Academy of Nurse Practitioners.

Renewal requirements for LPNs, RNs and APRNs (who do not hold a current national certification)

An LPN, RN or APRN (who does not hold a current national certification) is required to complete one of the learning activity options listed in the following section:

**§457-9.3 Learning activity options. (a) The successful completion of one of the following shall meet the learning activity options requirements for continuing competency:**

- (1) National certification or recertification related to the nurse's practice role;
- (2) **Thirty contact hours of continuing education activities:**
- (3) Completion of a board approved refresher course;
- (4) Completion of a minimum of two semester credits of post-licensure academic education related to nursing practice from an accredited nursing program;
- (5) Participation as a preceptor, for at least one nursing student or employee transitioning into new clinical practice areas for at least one hundred twenty hours, in a one-to-one relationship as part of an organized preceptorship program; provided that the licensee may precept more than one student or employee during the one hundred twenty hours and shall be evidenced by documentation of hours completed and objectives of the preceptorship by the institution supervising the student;
- (6) Completion as principal or co-principal investigator of a nursing research project that is an institution review board project or evidence-based practice project that has been preapproved by the board;
- (7) Authoring or coauthoring a peer reviewed published nursing or health-related article, book, or book chapter;
- (8) Developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours of actual organized instruction that qualifies as continuing education;
- (9) Completion of a board-recognized nurse residency program; or
- (10) A similar type of learning activity option; provided that the type of activity shall be recognized by the board.

The Board recognizes the following organizations as continuing education providers: (As listed on pages 19-20 in the April 2017 Continuing Competency Guidance and Information Booklet for Nurses, Employers and Facilities:

- National certifying body - Recognized national certifying body means nurse credentialing agencies accredited by one of the following:
  - 1) American Academy of Nurse Practitioners Certification Board (AANPCB);
  - 2) American Board for Specialty Nursing Certification (ABSNC)
  - 3) American Nurses Credentialing Center (ANCC)
  - 4) Institute for Credentialing Excellence (ICE)
  - 5) National Commission for Certifying Agencies (NCCA)
  - 6) National Council of State Boards of Nursing (NCSBN)
  
- And organizations recognized by the board which include, but limited to:
  - 1) Council on Certification of the National Board of Certification and Recertification for Nurse Anesthetists
  - 2) Council on Certification of the American College of Nurse Midwives
  - 3) Gynecologic and Neonatal Nursing Specialties
  - 4) National Certification Corporation for Obstetric
  - 5) Pediatric Nursing Certification Board
  
- Or any new national certifying body or a national certifying body which is a successor to any organization accredited by the NCCA or ABSNC and recognized by the board. Any modifications by the national certifying bodies, the NCCA, or ABSNC shall apply unless otherwise provided in the board's policy and board's rules.
  
- 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);
  - 2) American Nurses Association (ANA);
  - 3) American Nurses Credentialing Center (ANCC)
  - 4) Accreditation Council for Pharmacy Education (ACPE);
  - 5) Joint Accreditation for Interprofessional Continuing Education<sup>TM</sup> (IPCE) which is simultaneously endorsed and accredited by ACCME, ACPE, and ANCC.
  - 6) National Council of State Boards of Nursing (NCSBN)

## **Scope of Practice Inquiries**

### Nurses Practicing Outside of Their Scope of Practice, Jennifer Carvalho

The Board discussed questions from Jennifer Carvalho who has concerns with nurses who provide patient care outside of their scope of practice.

Ms. Daub stated that she looked at the NCSBN Model Act, specifically Article III. Scope of RN and LPN/VN Practice, Section 2. Registered Nurse (RN) includes "Advocating the best interest of patients.", and Article VII. Discipline and Proceedings, Section 2. Accountability includes "(b) All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety."

The Vice Chair referred to the definition of "Practice of nursing as a registered nurse" in HRS 457-2 and HRS 457-1.5 that states, "(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.". He also referred to the Scope of Practice Decision Making Framework flowchart on the web page.

The Board also considered HAR §16-89-60 Types of unprofessional conduct., and the ANA Code of Ethics specifically 2.2 Conflict of interest for nurses.

After further discussion, it was the consensus of the Board to respond to Ms. Carvalho's questions as follows:

- 1). Cite exactly where in statute 436, that states nurses AREN'T suppose to provide RN care to patients out of their scope of practice.

Board's response:

The Board refers to:

- The NCSBN Model Act, Article III. Scope of RN and LPN/VN Practice, Section 2. Registered Nurse (RN) includes "Advocating the best interest of patients.", and Article VII. Discipline and Proceedings, Section 2. Accountability includes "(b) All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety."

- HRS §457-2 Definition of “The practice of nursing as a registered nurse” means the performance of professional services commensurate with the educational preparation and demonstrated competency of the individual having specialized knowledge, judgment, and skill based on the principles of the biological, physical, behavioral, and sociological sciences and nursing theory, whereby the individual shall be accountable and responsible to the consumer for the quality of nursing care rendered. The foregoing may include but shall not be limited to observation, assessment, development, implementation, and evaluation of a plan of care, health counseling, supervision and teaching of other personnel, and teaching of individuals, families, and groups in any stage of health or illness; administration, supervision, coordination, delegation, and evaluation of nursing practice; provision of health care to the patient in collaboration with other members of the health care team as autonomous health care professionals providing the nursing component of health care; or use of reasonable judgment in carrying out prescribed medical orders of a licensed dentist, physician, osteopathic physician, or podiatrist licensed in accordance with chapter 448, 453, 460, or 463E; orders of an advanced practice registered nurse licensed in accordance with this chapter; or the orders of a physician assistant licensed pursuant to chapter 453, practicing with physician supervision as required by chapter 453, and acting as the agent of the supervising physician.
- HRS §457-1.5 **Practice of nursing.** (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.
- Scope of Practice Decision Making Framework flowchart on the Board’s web page at [cca.hawaii.gov/pvl/boards/nursing](http://cca.hawaii.gov/pvl/boards/nursing) under “Nursing Important Announcements”;
- HAR §16-89-60 Types of professional conduct. The types of unprofessional conduct covered in this provision shall include, but are not limited to, the following:
  - (7) Engaging in any act inconsistent with the practice of nursing as defined in section 457-2, HRS, for that of a licensed practical nurse or a registered nurse including:
    - (A) Engaging in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a patient; and

- The ANA Code of Ethics specifically 2.2 Conflict of interest for nurses.

2). How/what an RN should do if he/she is put in a situation that would endanger patient safety?

Board's response:

The Board refers to the NCSBN Model Act, Article VII, Section 2. Accountability, that states, "All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety."

3). If their situation needs to be reported on to a higher up (not their administration/union) for those that work day (especially night) shift.

Board's response:

This is not specified or addressed in the Hawaii nurse practice act and as previously stated, under HRS 457-1.5 (b) states, "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."

4). Finally, is/are there consequences that facility can face when it places their nurses in these predicaments.

Board's response:

The Board does not regulate or oversee health facilities.

5). Any suggestions that Hawaii Board of nursing can advise me (other nurses) from putting their license and patients at risk.

Board's response:

The Board recommends that you seek your own legal counsel.

APRN Performing “Curettage and desiccation of skin lesions, and punch biopsies”?

The Board discussed the following inquiry from Jennifer Grune:

“I have trained for 2 years with a medical doctor. The training included minor dermal procedures such as curettage and desiccation of skin lesions, and punch biopsies. From what I have found, scope of practice is based on the Model Practice Act, HRS, and training received. Is there any statute or regulation which limits my ability to perform such procedures?”

After some discussion, it was the informal interpretation of the Board that based on the information provided, an APRN who has received the appropriate training may perform the procedures pursuant to:

§16-89-81 Practice specialties.

- (c) The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:
  - (1) Nurse practitioner scope of practice, depending on area of specialty, may include, but is not limited to:
    - (E) Order or utilize medical, therapeutic, or corrective measures including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services;

In accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding upon the Board.

Telephone Nursing

The Board discussed the following inquiry:

Original email:

I am currently working as a telephonic nurse education and support counselor. The company I work for represents us as nurses to our patients, but on all phone calls we have to state that we are not able to provide any medical advice. And we do not provide any medical advice. We have patients in all 50 States. Do I need a license in each state that I have a patient in? Even though we do not provide medical advice.

Following is the verbiage of how our services are marketed to our patients:

"If you are prescribed ["a certain medication"] and signed up for this additional resource, you'll be able to speak with a registered nurse. This personal Care Counselor can answer questions about treatment and help you to be a more informed partner with your doctor. Care Counselors cannot provide medical advice. Your healthcare professional is the best source of information about your health."

EO's follow-up question:

If the patient is being told that they are going to "speak" to a "registered nurse" then that "registered nurse" if contacting any residents of this State, shall be licensed as a Hawaii RN...it is not clear exactly what services the "personal care counselor" or "support counselor" is providing?

Inquirer's response:

We are basically reading from a script. But within that script we are educating about how a medication works, what the side effects are and that they need to contact their healthcare professional if they are having any side effects. We do not tell them how to treat or deal with side effects. But we are assessing side effects and reporting them to their MD and reporting them on an adverse event form to be sent to the pharmaceutical company.

So we are assessing, educating, coaching and supporting, but all within the script we are given to read.

The program is being marketed by saying that they will be speaking with a registered nurse. We do not identify ourselves on the phone calls as nurses, but if the patient asks us, we do say that we are nurses but are not allowed to provide medical advice.

The corporate lawyer here is stating that because we are reading a script, we are not providing any nursing services. Is that true?

After some discussion, it was the informal interpretation of the Board that based on the information provided, pursuant to the definition of "The practice of nursing as a registered nurse" in HRS 457, that includes "assessment", "health counseling" and "evaluation of plan of care", "health counseling" and "teaching of individuals, families and groups in any stage of health or illness" and the Board's previous

determination that any nurse who contacts a Hawaii resident for the purpose of “telehealth,” the nurses in this scenario must be licensed as a Hawaii nurse.

In accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding upon the Board.

Hawaii State  
Center for Nursing:

Ms. Oliveira stated the results of the 2017 workforce report is out and posted on Hawaii State Center for Nursing’s website. Ms. Oliveira confirmed that, HSCFN will be sending the Board both the link and a hard copy. Ms. Oliveira thanked the board and Ms. Teshima for assisting them in making the link available and facilitating their ability to collect the data. Currently, they are in the middle of doing some press for a mass release. The report was published the November 29, 2017. Ms. Oliveira wanted to share some key findings of the report, which include:

- The number of APRNs have exploded, in fact they have nearly doubled in the last 12 years. The APRNs have been providing a lot of primary care services which in light of the Physician Care shortage has been really beneficial. APRNs are helping lift a lot of weight in that area. They are also helping out in a lot of rural areas.
- The number of LPNs, on the other side, are disappearing. We have many LPNs that plan on leaving the workforce in the next five years. The average rate of decrease for LPNs over the last 12 years is 12%. This is large concern for our long term care partners who already are having difficulty filling the positions. DBEDT projects that by 2030, 25% of the population will be over the age of 65 which increases the amount of long term care. Hence, they foresee an issue there, however, in the report they do not report on how they plan on resolving the issue.
- This year, they reorganized how the report is presented. Instead of focusing on licenses, they elaborated by counties and in light of sector partnerships. They wanted to maximize the utility of the report by giving county specific information.

Ms. Oliveira also reported that Laura is spearheading a inter-professional coordinated effort to create a preceptor tax credit bill for the 2018 legislative session with the intention to increase the number of preceptors. They are working with JABSOM, School of Nursing with graduate programs, and College of Pharmacy. Currently they are in the middle of drafting the bill to go before this year’s legislation.

Ms. Kodama asked Ms. Oliveira if she could elaborate more on the preceptor tax credit bill.

Ms. Oliveira One of the things under debate because it is inter-professional so the idea is Nurse or Health professional is precepting a health profession student, actually in provision in the legislation for residence depending on health care profession you are in. the intention is to increase the incentive for people to function as preceptors or health profession students. The particulars are still under revision; however the idea is that as you do a certain number of rotations you would be eligible for a credit toward your taxes owed to the State.

Executive Officer shared that she has been in attendance to a few meetings with Healthcare Association of Hawaii, in attendance was Linda Beechinor who presented interesting information in regards to the approval of CEs, therefore she invited Ms. Beechinor to share this information with the Board.

Ms. Beechinor introduced herself and her background with Hawaii Nurses Association as President back in the 90s. She further explained that Hawaii Nurses Association went its own way as a union about 10 years ago and lost the professional arm of Hawaii Nurses Association at that time. Therefore, she along with a group of nurses got the American Nursing Association Board to approve a resolution at their September Board meeting to bring a Hawaii constituency back on board so that we will have a Hawaii State constituency associated with American Nursing Association. Ms. Beechinor further explained that in order to become a provider and approver of continuing education, one of the bodies that can do that in Hawaii, other than the Center of Nursing, who might be eligible to do that is the State Nursing Association and that's what we are going to be. We have every intent to be the approver and provider locally.

Linda Beechinor will keep the Board up to date on the programs that ANA-Hawaii will be offering. Currently, they have 300 members and need 500 members by the end of 2018. Membership fee is \$250. You can sign up by going to the ANA's website at [nursingworld.org](http://nursingworld.org) and join as a ANA member only. If you have a residence address in Hawaii, then you will automatically be placed as part of ANA-Hawaii.

If anyone has questions, feel free to call Linda Beechinor at (808) 779-3001. (Are we creating an attachment?)

Executive Session: At 10:06 a.m., upon a motion by the Chair, seconded by Ms. Daub, 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".

At 10:51 a.m. upon a motion by the Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS  
Adjudicatory Matters:

At 10:51 a.m. the Chair called for a recess to the meeting to discuss and deliberate on the following adjudicatory matter:

In the Matter of the License to Practice Nursing of, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

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

In the Matter of the License to Practice Nursing of, Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order, Petition for Disciplinary Action Against License to Practice Nursing; Demand for Disclosure

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

In the Matter of the License to Practice Nursing of, Settlement Agreement After Filing of Petition for Disciplinary Action and Board's Final Order, Petition for Disciplinary Action Against License to Practice Nursing; Demand for Disclosure

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

In the Matter of the License to Practice Nursing of, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

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

Following the Board's review, deliberation, and decision in these matters, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 10:55 a.m.

Applications:

**Licensed Practical Nurses**

Ratification List

Upon a motion by the Chair, seconded by the Vice Chair, it was voted on and unanimously carried to ratify the attached list of LPNs – 18997 – 19026

LPN Applicants

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

Susan Crawford  
Angela Sutton

**Registered Nurses**

Ratification List

Upon a motion by the Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to ratify the attached list of RNs – 87956 - 88118.

RN Applicants

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

Jason Stranz  
Lanae Klaustermeier  
Lora Kelly  
Sherry Flournoy  
Francois d'Auzon

Upon a motion by the Vice Chair, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following application with conditions:

Ellen O'Beirne

Request for Reconsideration

Upon a motion by the Vice Chair, seconded by Ms. Napoleon, it was voted on and unanimously carried to grant the request for reconsideration.

Upon a motion by the Vice Chair, seconded by Ms. Boyer, it was voted on and unanimously carried to approve the following application with conditions:

Kelly Lippert

**Advanced Practice Registered Nurse (APRN)**

Ratification List

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

APRN Applicants

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to defer the following application for proof of satisfying the national certification requirement pursuant to HAR §16-89-119(a)(4):

Elizabeth Frietas

Next Meeting: Thursday, January 4, 2018  
8:30 a.m.  
Queen Liliuokalani Conference Room  
King Kalakaua Building, 1st Floor  
335 Merchant Street  
Honolulu, Hawaii 96813

The Chair announced the next scheduled Board meeting as January 4, 2018 and asked if everyone was available to attend.

The Vice Chair stated he may not be able to attend.

Adjournment: There being no further business to discuss, the meeting was adjourned at 11:00 a.m.

Reviewed and approved by:

/s/Lee Ann Teshima

Lee Ann Teshima,  
Executive Officer

Taken by:

/s/ Nohelani Jackson

Nohelani Jackson, Secretary

LAT/nj

12/9/17

[ X ] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of \_\_\_\_\_.

## ADVANCED PRACTICE REGISTERED NURSES

### RATIFICATION LIST

December 7, 2017

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#### APRN ONLY

##### **Current Requirements:**

Mark Todd Wright, CRNA  
Lillian Louise McCollum, Family NP  
Sung Min Cho, Family NP  
Lindsey Filan, Family NP  
Joseph Anthony Ostroski, Family NP  
Keith Morrison, CRNA  
Renee Lyon, Family NP  
Rebecca Fojas-Calimpong, Adult-Gerontology NP  
Tami Bell, Family NP  
Lauren Baloy, Family NP  
Rachel Abalos, Women's Health Care NP  
Jennifer MMK Hamamoto, Family NP  
Curt Dalken, Acute Care NP

#### APRN W/ PRESCRIPTIVE AUTHORITY

Lillian Louise McCollum, Family NP  
Sung Min Cho, Family NP  
Robin Pacson, Gerontology NP  
Lindsey Filan, Family NP  
Glenda Tali, Women's Health NP  
Joseph Anthony Ostroski, Family NP  
Brianna Mullen, Family NP  
Renee Lyon, Family NP  
Rebecca Fojas-Calimpong, Adult-Gerontology NP  
Tami Bell, Family NP  
Lauren Baloy, Family NP  
Rachel Abalos, Women's Health Care NP  
Jennifer MMK Hamamoto, Family NP  
Curt Dalken, Acute Care NP

RN RAT List for 12/7/17

RN 87956 GOSNELL JED C  
RN 87957 CARR PAMELA J  
RN 87958 LAVERY KATHRYN E  
RN 87959 TAKAYAMA LOO TORI-LY  
RN 87960 MARZAN JERRY RYAN A  
RN 87961 TAKAMORI TARA MIYOKO  
RN 87962 SHMINA KIMBERLY A  
RN 87963 BASOC LORRAINE D  
RN 87964 QUAN JENNY L  
RN 87965 WAITS CHELSEA M  
RN 87966 LUKENS YAYOI M  
RN 87967 WESTERBUR JESSICA B  
RN 87968 REED DIANA  
RN 87969 CURBOY SARAH D  
RN 87970 SPITZ JULIA K  
RN 87971 DEERING ALIVIA R  
RN 87972 MELLETTE RACHEL J  
RN 87973 ADAYA JULIANE M  
RN 87974 VALDEZ JESSICA J  
RN 87975 SHEPARDSON JULIE C  
RN 87976 OBENCHAIN JOZAN L  
RN 87977 MANGOLD CARRIE L  
RN 87978 BONILLA NICOLE-MARIE  
RN 87979 PLAUER KRISTA R  
RN 87980 CURRY SUSAN L  
RN 87981 ABBEY TERRAH L  
RN 87982 LIANG WILLIAM  
RN 87983 WRIGHT SHAWN D  
RN 87984 SPEED ANDREA E  
RN 87985 MCCOY KRISTIN S  
RN 87986 GRAAP TINA M  
RN 87987 BATTLES JEANETTE L  
RN 87988 MAYERS JENNIFER  
RN 87989 QUINTO ARACELI A  
RN 87990 PHAM ANGELINA  
RN 87991 RAGASA ARIELLE R  
RN 87992 GARCIA CATHERINE A  
RN 87993 PIERRE LOUIS VERMEIL  
RN 87994 PERBERA JENNIFER  
RN 87995 LOUISSAINT EVELYNE  
RN 87996 TURLEY HALEY H  
RN 87997 BROOK DOUGLAS W M  
RN 87998 REFAREAL EMMETT K  
RN 87999 CUMLAT IRENE RUTH AG  
RN 88000 GALEON GENEVIEVE A C  
RN 88001 HARTLEY RACHEL L  
RN 88002 SWANSON SARAH CHRIST  
RN 88003 SANTOS VIVIAN R  
RN 88004 GALLAGHER CAITLIN M  
RN 88005 ORNELLAS MONIQUE P  
RN 88006 NOLES JASON K  
RN 88007 WRIGHT MARK T  
RN 88008 CANONIZADO TRACY T  
RN 88009 MAI VAN T  
RN 88010 PALENCIA GENEVIE A

RN 88011 PIERCE VIOLA C  
RN 88012 REYES JOHN M

RN 88013 NORMAN TERRI S  
RN 88014 HENRY KELLEEE C  
RN 88015 HENDERSON DANA N  
RN 88016 KIMACHIA KRISTINA L  
RN 88017 REAGAN ELIZABETH P  
RN 88018 CLEMENTS JESSICA L  
RN 88019 KERSHAW TAMMY C  
RN 88020 MATHEW DEEPA M  
RN 88021 HOWE JOHN R  
RN 88022 RIVERS TRAMESHA A  
RN 88023 BAHLER CARLY J  
RN 88024 NICHOLS TRICIA A  
RN 88025 GUTSHALL TRISTEN J  
RN 88026 ARMFIELD TAMMY L  
RN 88027 REYNOLDS MANDY L  
RN 88028 SCHWARTZ ELIZABETH R  
RN 88029 WRUCK ERIC L  
RN 88030 ROBATI BROOKE S  
RN 88031 KENT HEATHER K  
RN 88032 SURMA BEATA  
RN 88033 WALDEN KARA K  
RN 88034 VONGCHANPHEN SHANELL  
RN 88035 HAYDON RHYS T  
RN 88036 NORD ERICA A  
RN 88037 HEPNER CAROL A  
RN 88038 ROLLINS ASHLEY S  
RN 88039 HUNT SUZANNE F  
RN 88040 COTTER LAUREN C  
RN 88041 MARCELLANO JERAMAE  
RN 88042 ARQUETTE WALEANALU Z  
RN 88043 LO JO-AN D  
RN 88044 CU KATRINA L  
RN 88045 COUNCIL CHADWICK A  
RN 88046 FLORES KEVIN A  
RN 88047 TAYLOR C <BARUSO  
RN 88048 CAMACHO KATE N  
RN 88049 CHERY SAINTANISE  
RN 88050 CANTRELL MAREN SUSAN  
RN 88051 COLETO ROSE ANN G  
RN 88052 VORABUTR MANISSARA  
RN 88053 DURAN-BEDIAMOL ALICE  
RN 88054 GARABITO GINA L  
RN 88055 FRIRES MATTHEW G  
RN 88056 NAKANO JENNY J  
RN 88057 CRISOSTOMO JANNAH MA  
RN 88058 DESROSIERS FALENDIA  
RN 88059 MARIANO JENNIFER K  
RN 88060 JEAN BAPTISTE FRANTZ  
RN 88061 GRANT TAMIKA B  
RN 88062 AGUILAR DESIREE ANN  
RN 88063 BERGER OLDAINA  
RN 88064 SRIBHIBHADH AMARA  
RN 88065 HOTTA NATALIE N  
RN 88066 AJNAI DULGUUN

RN 88067 VIDAL AUNDREA K  
RN 88068 COLANGELO NICHOLAS A  
RN 88069 COVERT COURTNEY R

RN 88070 FRANKLIN SCOTTIE D J  
RN 88071 TANGONAN ZACHARY D  
RN 88072 JEANSONNE JENNIFER S  
RN 88073 GONZALEZ NACHALIS  
RN 88074 PANLILIO CHRISTIAN B  
RN 88075 MANUEL DENNISA LOID  
RN 88076 BLACKWELL JAMES M  
RN 88077 MANDE JENNIFER F M  
RN 88078 FOSTER SONIA M  
RN 88079 WILSON JESSICA M  
RN 88080 CANALES JENNY L  
RN 88081 SIGARI REBECCA J  
RN 88082 DEVEREAUX TRISHA A  
RN 88083 ENGLESTAD KRYSTA S  
RN 88084 ANDERSON JILLIAN  
RN 88085 BARLEY ADAM J  
RN 88086 KING SUSANNA N  
RN 88087 AKIMA SHAWNETTE K  
RN 88088 SWINDELL CIARA J  
RN 88089 TEKOTTE LISA M  
RN 88090 SANDBERG RACHEL A  
RN 88091 OBEDOZA JOAN V C  
RN 88092 DAY MARIE E  
RN 88093 CAMPARONE ALEXANDER  
RN 88094 AUGUSTIN WOODLINE  
RN 88095 CABREROS CHERRY RUIZ  
RN 88096 DE JESUS DEIDRE N  
RN 88097 CATAN JOAN M D  
RN 88098 ALEX AVIN K  
RN 88099 ARCEO LESLIE R  
RN 88100 FIESTA KINBERLY J L  
RN 88101 INGRAM JOSHWAY  
RN 88102 GILLES CASSANDRA E  
RN 88103 GAMPONIA GLENN A  
RN 88104 FOSTER KERA N  
RN 88105 TOMLINSON MARIA T  
RN 88106 DE CASTRO RONALD ARR  
RN 88107 DOMINGO JEFFREY V  
RN 88108 DY JOHN R  
RN 88109 ABOGAA JASMINE S  
RN 88110 GREEN WANDA D  
RN 88111 MORELLO ANGELA M S  
RN 88112 BYRNE CAROL A  
RN 88113 AUFFREDOU REBECCA M  
RN 88114 KIST TEARA L  
RN 88115 GINGLES HANNAH K  
RN 88116 BARNABY ELIZABETH M  
RN 88117 NILO CARMELA D  
RN 88118 POTTINGER SASHAWN M

LPN RAT List for 12/7/17

LPN 18997 NORALUS NICOLA SUZZE  
LPN 18998 KAU EVAN P M  
LPN 18999 GREEN TAMARA L  
LPN 19000 DANN HOLLY A  
LPN 19001 BUCKNER EMILY E  
LPN 19002 PROSPER KATIA M Z  
LPN 19003 BAUTISTA IAN LLOYD B  
LPN 19004 BEYER TARA K  
LPN 19005 ALFRENARD QUENIA  
LPN 19006 SHEETZ MICHELLE L  
LPN 19007 MORRIS BRITTANY L  
LPN 19008 LAURINCE EMANIE  
LPN 19009 DREW-OWEN SHALIAR  
LPN 19010 CORONA ERIN M  
LPN 19012 DELFINO FRANCIS M  
LPN 19013 FUJIE-FUKUKI ASHLEYLPN  
19014 DOCIUS MARIE CARMEL  
LPN 19015 BARTELS-DEGUZMAN DAY  
LPN 19016 LABUGUEN MONICA B  
LPN 19017 LAGAT MADYCYN K  
LPN 19018 SOLEDAD SHEILA MORRE  
LPN 19019 LEONIDAS MYRLANDE  
LPN 19020 FITZER SAMANTHA  
LPN 19021 ORTEGO TEANA  
LPN 19022 GAGNE MARJORIE  
LPN 19023 GARLO CHOICY W  
LPN 19024 LAPLANTE MARIE MICHE  
LPN 19025 KELLER HEIDI L  
LPN 19026 CONOLY BRANDA M S