

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, March 5, 2020

Time: 8:30 a.m.

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

Members Present: Thomas Joslyn, MS, CRNA, Chair
Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair
Katharyn Daub, MNEd, EdD, RN
Jomel Duldulao, Public Member
Tammie Napoleon, DNP, APRN, PPCNP-BC
Carrie Oliveira, Public Member

Members Excused: Karen Boyer, RN, MN, FNP
Judy Kodama, MSN, MBA, RN, CNML
Amy Stone Murai, APRN

Staff Present: Lee Ann Teshima, Executive Officer (“EO”)
Shari Wong, Deputy Attorney General (“DAG”)
Faith Nishimura, Secretary

Guests: Rhoberta Haley, Chaminade School of Nursing
Linda Beechinor, Hawaii – ANA
Laura Reichhardt, Hawaii State Center for Nursing
Marvin Galicha, Vencer Health Technologies
Tiffany Rainey, Restoration Applicant

Call to Order: The Chair called the meeting to order at 8:30 a.m. at which time quorum was established.

Announcement/Introductions

The Chair asked the audience to introduce themselves.

Approval of the Previous Minutes – February 6, 2020 Meeting

The Chair called for a motion in regard to the minutes of the February 6, 2020 meeting.

Upon a motion by Dr. Napoleon, seconded by Ms. Oliveira, it was voted on and unanimously carried to approve the minutes as circulated.

Executive Officer’s Report: **Conferences/Seminars/Meetings**

The EO reported on the following:

2020 NCSBN Midyear Meeting, March 3 – 5, 2020, Boston, MA

Ms. Kodama and Ms. Stone Murai are currently attending the mid-year meeting and texted that they were able to speak with Michael Jackson from the California BON about legislation that was introduced for California to join the NLC. Ms. Kodama said that the compact bill was introduced without the knowledge of the Board and that they will try to “block” it.

2020 NCSBN APRN Roundtable, April 7, 2020, Rosemont, IL

Dr. Napoleon will be attending.

2020 NCSBN IT/Operations Conference, May 12-13, 2020, Cleveland, OH

PVL-Exam Branch Chief will be attending.

2020 NCSBN Discipline Case Management Conference, June 1-3, 2020, Greenville, SC

Offered to RICO Staff Attorney.

2020 NCSBN Annual Meeting, August 12-14, 2020, Chicago, IL

The Vice Chair and Ms. Boyer will be attending.

2020 NCSBN NCLEX Conference, September 14, 2020, Alexandria, VA

Ms. Oliveira will be attending.

2020 NCSBN Future of Research Forum, October 6 – 7, 2020, Chicago, IL

Ms. Oliveira will be attending.

2020 NCSBN Basic Board of Nursing Investigator Training, October 20-22, 2020, Rosemont, IL

Offered to RICO Staff Investigator.

2019 Renewal – Status Report

Continuing Competency Audit – Status

The EO reported that she is still receiving “late” submissions from nurses selected for the continuing competency who are alleging that they did not receive the audit letter as they are travel nurses.

She also reported that with the Legislature in session, she is not sure when she will start reviewing the submissions.

Criminal History Background Check

The EO stated that there are no changes to the status of the CBC renewal audit at this time.

2020 Legislation

The EO reported on the following legislation:

APRNs Performing Aspiration Abortions

SB 2984 Relating to Health - Authorizes advanced practice registered nurses and other licensed qualified health care providers to perform abortions.

This bill was not scheduled for hearing and therefore not moving forward.

HB 2684 Relating to Health Care - Authorizes advanced practice registered nurses and other licensed qualified health care providers to perform abortions.

This bill was also not scheduled for hearing.

Medical Aid in Dying – Adding APRNs

SB 2582, SD1 Relating to Health - Authorizes advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority. Authorizes psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient. Reduces the mandatory waiting period between oral requests from twenty days to fifteen days. Waives the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

This bill crossed over to the House and will be assigned to committees. She asked if it is still the Board's position to support.

It was the consensus of the Board to support SB 2582, SD1.

HB 2451, HD2 Relating to Health - Explicitly recognizes advanced practice registered nurses as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act in accordance with their scope of practice and prescribing authority. Reduces the mandatory waiting period between oral requests made by a terminally ill individual from twenty to fifteen days. Effective 7/1/2050. (HD2)

This bill was not scheduled for hearing.

APRN

SB 2917, SD1 – Relating to the Electronic Prescription Accountability System – Updates section 329-104(c), Hawaii Revised Statutes, to clarify who may access information stored in the electronic prescription accountability system. (SD1)

She stated that she is tracking this bill only but that this bill should be crossing over to the House and scheduled for hearing.

Correspondence:

NCSBN

Legislative Updates

Copies of the following Legislative Updates issues were distributed to the members for their information only:

- 1/31/2020
- 2/7/2020
- 2/21/2020

The Chair asked the members if they wanted to discuss any of the legislative measures in the other states.

Dr. Napoleon noted that legislation introduced in New Jersey would require a newly licensed registered professional nurse to attain baccalaureate degree in nursing within 10 years of initial licensure as a condition of renewal of the license.

Ms. Reichhardt stated that this is similar to legislation that was passed in New York several years ago.

Ms. Oliveira noted that she found it interesting that in Mississippi, legislation was introduced to reduce the membership of the Board of Nursing by removing the physician and consumer member.

APRN

Practice Specialty – Emergency NP

The Board discussed an email inquiry from a Hawaii APRN:

“I was recently obtained an additional board certificate as an Emergency Nurse Practitioner by AANPCB. If I applied to have it added to my license, would my additional specialty be recognized by the board?”

Dr. Napoleon stated that based on the information in the AANPCB booklet for Emergency Nurse Practitioner Specialty Certification, the prerequisite for the Emergency NP is an FNP.

The EO stated that an APRN who obtains an additional national certification for an additional practice specialty can add it to their APRN license by submitting an application with proof of the additional national certification, but they should contact the Board’s office or the Licensing Branch for more information.

APRN Exclusionary Formulary – Review for Updates

The EO stated that she received an inquiry about the exclusionary formulary asking why an APRN could not “administer” drugs from the exclusionary formulary.

Upon review of the exclusionary formulary she stated that it should be reviewed, and she has asked Ms. Stone Murai to assist in research to see if the exclusionary formulary has to be updated or repealed since APRNs have since been considered independent practitioners.

The Board agreed to re-evaluate the exclusionary formulary.

FNP Representing Themselves as an MD

The Chair led the discussion on the following email inquiry:

“Just a quick question. Is it appropriate/legal, in a professional/clinical setting for a Family Nurse Practitioner to represent themselves as a Medical Doctor to patients. And is it appropriate for any of the FNP’s employees to represent the FNP as an MD?”

Ms. Oliveira stated that an APRN should not refer to themselves nor be referred to as an “MD” or medical doctor.

The Chair referred to HAR §16-89-79 that reads as follows:

§16-89-79 Title. (a) A registered nurse who has been recognized by the board to have satisfactorily met the requirements of chapter 457, HRS, and this subchapter shall be called an advanced practice registered nurse and authorized to use the abbreviation A.P.R.N.

(b) No person shall practice or offer to practice as an advanced practice registered nurse, or use the A.P.R.N. abbreviation, or any other title, words, letters, signs or figures to indicate that the person is an advanced practice registered nurse unless the person has met all appropriate requirements of this subchapter.

He also referred to HAR §16-89-81 Practice specialties.

Dr. Napoleon stated that if an APRN has a DNP, they may refer to themselves as “Dr.”, however, it must be clarified following the APRN’s credentials, i.e. Dr. APRN, DNP.

Consequently, it was the consensus of the Board that based on the inquiry, an APRN could NOT represent themselves as a Medical Doctor to patients or anyone else nor was it appropriate for any of the APRN’s employees to represent or refer to the APRN as an “MD” but it was okay for an APRN who has completed a DNP as APRN, DNP.

Scope of Practice

Delegation for Patient Care Technicians Administering Heparin and Lidocaine and Assessment by an LPN/LVN

The Chair asked the Vice Chair to lead the discussion on the following email inquiry:

“I have a question concerning the HI Board of Nursing Regulations concerning delegation of tasks to non-licensed personnel, specifically with respect to the role of the patient care technician in the hemodialysis setting.

The regs are quite vague when it comes to the administration of Heparin and Lidocaine to dialysis patients. Further, it is equally vague regarding assessment delegation to the LPN/LVN.

4/7/10; comp 3/28/13] (Auth: HRS §457-8.6) (Imp: HRS §457-8.6)

SUBCHAPTER 15

DELEGATION OF [SPECIAL] [TASKS OF] NURSING CARE TASKS TO UNLICENSED ASSISTIVE PERSONNEL

§16-89-100 Purpose. (a) Only a registered nurse has authority to practice professional nursing; therefore, only the registered nurse has authority to delegate nursing.

It is the intent of the board that the delegation of tasks of nursing care to unlicensed assistive personnel be the exception rather than the rule unless the registered nurse can justify the need for delegation.

The board believes that unlicensed assistive personnel can be utilized to provide tasks of nursing care under the specific delegation and supervision of a registered nurse and not under any licensed practical nurse. Nothing in this subchapter shall limit a licensed practical nurse from providing care within the scope of their practice.

A registered nurse may delegate in any setting at any time; provided that when the registered nurse is not regularly scheduled and not available to provide direct supervision, the registered nurse shall provide indirect supervision.

(b) When delegating a task, function, or activity, the nurse shall use the NCSBN delegation decision-making process and the protocols contained in the NCSBN documents recognized by the Board as a model.

Can you help me reach a definitive answer regarding this for the PCT re: heparin and lidocaine admin, as well as assessment delegation for LPN/LVN? Does this indicate that if they are trained to administer, they may do so under the delegation of a licensed RN?"

The Vice Chair referred to an article in the Nephrology Nursing Journal's May-June 2014 issue, "The Authority for Certain Clinical Tasks Performed by Unlicensed Patient Care Technicians and LPNs/LVNs In the Hemodialysis Setting: A Review".

She also referred to HAR 16-89-100 and based on the information, opined that a patient care technician could NOT be delegated to administer any IV drugs.

The Vice Chair also opined that based on the nurse practice act, a patient care technician could NOT be delegated to perform an assessment.

The Board agreed with the Vice Chair's determinations.

FNP Referring to Themselves as an "MD"

The EO stated that this was a duplicate agenda item the Board already addressed.

Who Can Evaluate Competency Standards of Nurses?

The Board considered the following email inquiry:

"To whom it may concern:

I am wondering if you can weigh in for me on an issue. Can a non-RN evaluate the nursing aspects of someone's performance if it falls outside their scope of practice? I am rated on that ANA's standards 7-17. Can competence in these standards as a whole **only** be evaluated by a Registered Nurse? If not who else can evaluate competency in these standards? Can certain aspects of these standards be evaluated by someone else such as a psychologist with the final say being that of the RN evaluating? I am referencing pg. 46 of the Nursing Scopes and Standards of Practice 3rd edition.

In addition, can the criteria for competency in standards 7-17, including how well they are met (highly satisfactory, satisfactory, outstanding), be set by someone outside the profession of nursing or is that something only nursing can do?"

After some discussion, it was the consensus of the Board that the nursing practice act does not specifically address this issue and that the individual should check with the facility's policies and procedures.

Hawaii State Center for Nursing:

Ms. Reichhardt reported on the following:

- 18 individuals enrolled in their evidence-based practice program;
- Status of providing continuing education;
- Planning a "writing" workshop;
- Conducting an education capacity survey;
- Developing a new model for the evidence-based tool for the Board's consideration;
- National Forum of State Nursing Work Force Centers, Hawaii State Center for Nursing and the Oregon Center for Nursing White Paper relating to how the nursing license compact affects nursing workforce planning and nursing workforce research.

Hawaii- American Nurses Association:

Dr. Beechinor reported on the following:

- Their web site: hawaii-ana.nursingnetwork.com;
- \$15 a month and establishing "districts" on the neighbor islands;

- They have been active in the Legislature supporting nursing bills;
- Working on their ANCC provider status

The EO asked if non-members and LPNs would be able to take the Hawaii – ANA’s continuing education courses.

Dr. Beechinor said yes.

Hawaii Association of Professional Nurses:

No report.

Public Forum:

Public Forum [Public comment on issues not on the agenda may be considered by the Board at a subsequent meeting. The Board is precluded from discussing or acting on items raised by public comment that are not already on the agenda. Public comment will be five minutes per person.]

The Chair asked if anyone in the audience wanted to address the Board.

Rhoberta Haley of Chaminade came forward.

Ms. Haley stated that a nursing school in Oregon was closing and some of the students were from Hawaii and contacted Chaminade to see if they could “transfer” to Chaminade. She stated that in comparison with Chaminade’s nursing program, the Oregon school had less clinical hours.

She wanted to inform the Board in case the individuals reached out to the Board.

Mr. Marvin Galicha, Chief Operating Officer of Vencer Health Technologies, Inc. came forward.

Mr. Galicha informed the Board of an application that they are developing that would provide respite in-home healthcare services via an app on your phone that would work like an Uber app where you can indicate your location and find the healthcare professionals close to you. He stated that currently it includes nurse aides and that they are planning to include nurses.

Tiffany Rainey, Restoration Applicant

Ms. Rainey stated that she is a travel nurse and is in the process of restoring her Hawaii RN license due to 2 job offers but was informed that the Board would not accept PALS or her ACLS continuing education towards the 30 hours of continuing education as her learning activity option for continuing competency.

The Chair asked if anyone else wanted to address the Board.

Being there was no further business, the Chair asked for a motion to move into executive session.

Executive Session:

At 9:34 a.m., upon a motion by the Vice Chair, seconded by Dr. Napoleon, 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 10:05 a.m. upon a motion by Dr. Napoleon, seconded by Ms. Oliveira, it was voted on and unanimously carried to move out of executive session.

Applications:

Licensed Practical Nurses

Ratification List of New Licensees

Upon a motion by the Chair, seconded by Ms. Oliveira, it was voted on and unanimously carried to approve the ratification list for LPNs 19811 – 19828 (17).

Registered Nurses

Ratification List of New Licensees

Upon a motion by the Chair, seconded by Ms. Oliveira, it was voted on and unanimously carried to approve the ratification list for RNs 96637 – 96895 (258).

RN Applicants

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

Frederick L. Orr
Frances C. DeForrest
Jessica R. Miller
Araceli Yee
Luke T. Miller
Jennifer A. Stalford
Adam Borowitz

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to defer the following application for additional information:

Adriane A. Anile

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on with the until a copy of the Illinois order with the Chair, Vice Chair, Ms. Daub, Dr. Napoleon, and Mr. Duldulao voting “yes” and Ms. Oliveira voting “no” to deny the following application pursuant to HAR 16-89-60(6)(f):

Katherine W. Nesbitt

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on with the Vice Chair, Dr. Napoleon, Ms. Oliveira, Ms. Daub and Mr. Duldulao voting yes to deny the following applicant pursuant to HRS 457-12(a)(2) and (8), HAR 16-89-59 and 16-89-60((7)(D):

Angela F. Kramer

The Chair voted no. The motion carried.

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the following applicant with the condition that she complete the NCSBN Learning Extension courses in 1) Medication Errors: Causes &

Prevention; 2) Documentation: A Critical Aspect of Client Care; and 3) Professional Accountability & Legal Liability for Nurses:

Elizabeth A. Karnes

Advanced Practice Registered Nurses (APRN)

Ratification List of New Licenses

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the ratification list for APRNs.

**Foreign Educated
Registered Nurses**

Upon a motion by the Vice Chair, seconded by Ms. Oliveira, it was voted on and unanimously carried to defer the following applications for no comparable education to sit for NCLEX-RN pursuant to HAR 16-89-10(2)(B):

Zekarias Toucho
Katja Gec
Serkalem A. Alemayehu
Nigatwa M. Kenea
Samuel N. Dona, Jr.
Arayana Ghising
Nataliya Kukuza
Mamdouh Fathy Azer Fam

Delegation

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to delegate to the EO to send deficiency notices to those applicants whose credentials evaluation from a Board-approved credentialing agency indicates that the education is not comparable to a U.S. accredited nursing program and/or deficient in theoretical or clinical hours in a subject required for nursing education.

Next Meeting: April 2, 2020
8:30 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment With no further business to discuss, the Chair adjourned the meeting at 10:16 a.m.

Taken by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

LAT

3/25/20

Minutes approved as is.

Minutes approved with changes; see minutes of _____