

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, November 4, 2021

Time: 9:00 a.m.

Place: Virtual: ZOOM link: <https://dcca-hawaii-gov.zoom.us/j/93416543291>
ZOOM Phone Number: (669) 900 6833
Meeting ID: 934 1654 3291

Members Present: Carrie Oliveira, Chair
Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair
Karen Boyer, RN, MS, FNP
Katharyn Daub, MNEd, EdD, RN
Jomel Duldulao, Public Member
Judy Kodama, MSN, MBA, RN, CNML
Benjamin Ramos, RN
Amy Stone Murai, APRN

Members Excused: Tammie Napoleon, DNP, APRN, PPCNP-BC

Staff Present: Lee Ann Teshima, Executive Officer (“EO Teshima”)
Chelsea Fukunaga, EO (“EO Fukunaga”)
Christopher Leong, Deputy Attorney General (“DAG”)
Marc Yoshimura, Secretary

Guests: Linda Beechinor, Hawai'i American Nurses Association
Bradley Kuo, Legislative Coordinator, Hawai'i Association of Professional Nurses
Linda Reichhardt, Executive Director, Hawaii State Center for Nursing
Rhobertha Haley
Pamela Smith
Melody Kilcommons
Lauren Sugai
Nancy Walch
Katherine Foret
Marie Aycock
Uyi Osawe
Robert Ocampo
John

Virtual Meeting Instructions: The Chair provided information on internet and phone access for today's virtual meeting and a short video regarding virtual meetings was played for attendees.

For purposes of this virtual meeting, the Chair will take roll call of the Board members to establish quorum and for motions that require a vote of the Board members.

Call to Order: Quorum was established and the Chair called the meeting to order at 9:05 a.m.

Chair's Report: **Announcements**

The Chair had no announcements.

The Chair stated that the next agenda item is the approval of the minutes and asked if anyone attending wanted to address the Board.

Staff reported that no one raised their hand.

Approval of the Minutes of the October 7, 2021 Meeting

The Chair asked if there was any discussion/corrections to the minutes of the October 7, 2021 meeting.

There being none, upon a motion by Ms. Daub, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the minutes of the October 7, 2021 meeting as circulated.

The Chair announced that the next agenda item, the Board will be reviewing applications and asked if there was anyone attending who wanted to address the Board.

EO Teshima reported that Ms. Aycock raised their hand and informed Ms. Aycock that the Board will call her while they are in executive session to discuss her application in a closed session.

The Chair asked for a motion to move into executive session in accordance with HRS §92-4 and §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;

Executive Session: At 9:09 a.m., upon a motion by Ms. Stone Murai, seconded by Ms. Daub, it was voted on and unanimously carried to move into executive session.

The Board resumed the meeting at 10:45 a.m. after coming out of executive session.

Applications: **Ratification Lists**

Upon a motion by the Chair, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the following ratification lists:

LPNs, license numbers 20212 – 20234 (22);
RNs, license numbers 102540 – 103136 (596); and
APRNs and APRNs with prescriptive authority

Applications for Licensed Practical Nurses, Registered Nurses and Advanced Practice Registered Nurses

The Chair called for a motion in regard to the applications.

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

Richard Doyle
Signe A. Pollay
Devin M. Toneff
Catherine M. Brannan
Heidi S. R. Clouser
Katherine J. Foret

Upon a motion by the Vice Chair, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following application for a RN license subject to completion of the following CE course(s), both of which are NCSBN Learning Extension Courses – Professional Boundaries of Nursing and Ethics of Nursing Practice -- as requested by the Board and completed within thirty (30) days:

Marie L. Aycok

Upon a motion by the Vice Chair, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following application subject to completion of a Board approved refresher course:

Ann Marie C. Principe

Upon a motion by the Vice Chair, seconded by Mr. Duldulao, it was voted on and unanimously carried to defer the following applicant and inform her that the Board requests her attendance at their December 2, 2021 meeting for further discussion:

Amanda Brooks

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

Catherine M. Brannan
Heidi S. R. Clouser

There being no further discussion on the applications, the Chair asked if anyone attending wanted to address the Board on the next agenda item, adjudicatory matters.

Staff reported that no one raised their hand.

Chapter 91, HRS –
Adjudicatory Matters:

Upon a motion by Mr. Duldulao, seconded by Ms. Daub, it was voted on and unanimously carried to approve the following adjudicatory matters:

In the Matter of the License to Practice Nursing of **Ashley M. Alt, R. N.; RNS 2021-333-L**; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" – "4";

In the Matter of the Licensing to Practice Nursing of **Michelle Shawn Segura Sanchez; RNS 2021-321-L**; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "A" to "C";

In the Matter of the License to Practice Nursing of **Kimberly S. Washington. R. N.; RNS 2021-322-L**; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order;

Upon a motion by Mr. Duldulao, seconded by the Chair, it was voted on with the Chair, Vice Chair, Ms. Daub, Mr. Duldulao, Ms. Kodama, Mr. Ramos and Ms. Stone Murai voting yes and Ms. Boyer recusing herself, to approve the following adjudicatory matter:

In the Matter of the License to Practice Nursing of **Wendell R. Santiago, L.P.N.; RNS 2015-58-L**; 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 Mr. Duldulao, seconded by Ms. Daub, it was voted on and unanimously carried to accept the affidavit from Ms. Sugai for non-compliance of the terms of the settlement agreement for the following case:

In the Matter of the License to Practice Nursing of **Wilma V. Concepcion; RNS 2018-16-L**; Notice to Respondent; Affidavit of Lauren A. Sugai and Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order dated October 3, 2019; April 22, 2021 Email from Respondent; and Respondent's Statement dated October 18, 2021;

The Chair announced the next agenda item is Scope of Practice Inquiries and asked if Nancy Walch is in attendance, we will take up her inquiry first followed by the inquiry from Victoria Holmes.

Scope of Practice:

Nancy Walch - Nursing Delegation

Ms. Walch was elevated to panelist and provided oral testimony regarding her concerns with a training session by the Department of Health, Developmental Disabilities Division ("DDD") she attended that included changes to nursing assessment and delegation for participants whose health and safety needs include nursing tasks and performed during waiver service hours.

Previous standards include lack of RN autonomy during the delegation process resulting in RNs not willing to delegate due to professional risk and the new standards include increased RN autonomy during assessment and delegation process.

Ms. Walch expressed her concerns that these changes to the training and consultation allow caregivers, paid service supervisors and/or paid direct support workers in implementing participant's goals, objectives, and outcomes developed from the individualized service plans are being dictated by another authority and that the Board of Nursing should determine the RN's scope of practice.

Ms. Beechinor was also elevated to panelist and shared her concerns that non-nursing personnel were being authorized to approve the process but that the "delegation" process is owned by the RN, and that the new standards appear to decrease risk for DOH but the RN is still held accountable for compliance with the delegation process although approved by someone else.

Both Ms. Walch and Ms. Beechinor expressed their concerns that the new standards are very prescriptive without consideration that the only person who should be doing the assessment and training for delegation is the RN who performs the initial patient assessment and plans the care for the patient. The delegatee is working under the RN's license. The DDD training directs the RN to determine during the nursing assessment of

the client if the delegatee can perform the task. Ms. Walch and Ms. Beechinor have concerns how this can be accomplished by the RN when the RN has not yet developed the Nursing Delegation Plan to determine the skills needed to be taught, and then to teach and require the delegatee to do a return demonstration or verbalize understanding. The delegates are UAPs and the NPA, section 457-7.5, authorizes an RN (and only an RN) to “delegate nursing care tasks, functions, and activities to unlicensed assistive personnel in a manner that is appropriate to the level of knowledge and skill of the unlicensed assistive personnel; provided that the delegation of tasks, functions, and activities complies with applicable federal and state laws; and provided further that the practice-pervasive functions of assessment, evaluation, and nursing judgment shall not be delegated. And (b) The delegating nurse is responsible for individually assessing the patient and the situational circumstances and for ascertaining the competence of the delegatee before delegating any task, function, or activity. The delegating nurse shall supervise, monitor, evaluate, and follow-up on instructions to a delegatee after delegating any task, function, or activity. The delegatee shall assume liability for accepting the delegation and for the delegatee's own actions in carrying out the delegated task, function, or activity.”

Ms. Walch stated that having the delegating RN submit their assessment and plan to most likely a non-nurse Case Manager (“CM”) is a violation of section 457-7.5 and granted, the CM will consult with an RN CM, but that RN CM may not be the RN Delegator and might not be familiar with this Nursing Delegation process as recommended by the National Council of State Boards of Nursing.

Ms. Walch reported that the DDD developed all the forms and processes but yet they do not want to “own” the process. She added that in regard to the Risk Category Guidance, the DDD stated that “Participants in Category level 4 may be transitioned off to PDN to address long-term support or will be in transition to a health plan.” She stated that this action alone tells trained healthcare professionals that they seem not to understand that a health plan is only a form of financing the care, and it does not matter what program the client is in; the health plan will pay for the client's care needs. What is unfortunate with this act is that if the client is transferred to a health plan as they said, the I/DD client loses their I/DD benefits such as going to an Adult Day Health (ADH) program, or the ability to have CLSI services, during which a Direct Support Worker will take the I/DD clients out into the community.

Ms. Walch requested that the Board review the new standards issued by the DOH, DDD and compare it with the NPA act to determine if the new standards conflict with the NPA.

EO Teshima explained that it will take some time to sort out and she will be in contact with Ms. Walch and Ms. Beechinor with a determination that will be eventually discussed with the Board.

The Chair announced the next agenda item under Scope of Practice is an inquiry from Victoria Holmes and asked if Ms. Holmes was in attendance or anyone wish to address the Board on this agenda item to please raise your hand.

Staff reported that Ms. Holmes was not in attendance and no one else raised their hand.

Victoria Holmes - Can RNs Utilize Standing Order or Protocols?

Ms. Holmes' emailed the Board's office asking, "...is it within the scope of practice of a Registered Nurse to utilize standing orders or protocols?"

The Chair referred to the definitions in HRS §457-2 for registered nurse as follows:

§457-2 Definitions. (a) As used in this chapter unless the content otherwise requires:

"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.

And as defined in HAR §16-89-2, the definition of "Prescribed medical orders":

"Prescribed medical orders" means requisitions for resources to be allocated in particular ways for patients, which includes prescription drug orders, signed by the delegating physician, standing medical orders, standing delegation orders, or other orders or protocols.

She stated that based on these definitions, an RN can follow a "standing order" but that this does not negate the RN's authority to assert sound clinical judgment.

It was the consensus of the Board that RNs can follow a standing order in accordance with the definition of scope of practice as an RN in HRS 457-2 and refers Ms. Holmes to these definitions on the NPA.

The Chair announced the next agenda item is the Renewal Audit Report and asked if anyone attending wanted to address the Board on this agenda item to please raise your hand.

Staff reported that no one raised their hand.

Renewal Audit Report:

EO Teshima reported that over 1,800 audit letters were mailed out to randomly selected nurses who renewed on active status. The list of those selected for LPN, RN and APRN is posted on the Board's web page. The deadline for submittals is midnight December 31, 2021. We are starting to review submittals and once it is determined that the nurse has

completed the continuing competency requirement, their license status will be changed from “CM” to “C”.

The Chair asked if there were any questions from the Board members.

There being none, she asked if anyone attending had any questions on this agenda item.

Staff reported that no one raised their hand.

The Chair announced the next agenda item for Continuing Competency is a request for recognition of ECMO training and ELSO specialist certification and asked if Ms. Kilcommons was in attendance.

Ms. Kilcommons raised her hand and was elevated to panelist.

Continuing Competency: **Learning Activity Options and Exemptions**

Request from Melody Kilcommons – Adult Advanced ECMO Training

Ms. Kilcommons introduced herself as the Nursing Director at Kapiolani Medical Center before presenting her request. Extracorporeal Membrane Oxygenation or “ECMO” is a form of heart-lung support provided in intensive care units. Although the technology has been available on the mainland since the 80’s, it was not until 2007 that ECMO was brought to Hawaii. ECMO is a multi-disciplinary program that requires intensive training for ICU staff. The mix of specialties include perfusion, which normally occurs in the operating room (OR) to perform heart-lung by-pass and other cardio-pulmonary by-pass support by nurses and respiratory therapists.

For 15 years, ECMO has only been offered at Kapiolani Medical Center for neo-natal and pediatric patients. The emergence of H1N1 was the catalyst for discussion of instituting an adult ECMO program. Because ECMO is a low-volume, high-resource procedure, it was decided that the ECMO service would be kept at Queens. When COVID-19 hit and ECMO became a standard of care, Straub also instituted a similar ECMO program. In order for the State to perform all heart-lung surgeries requiring perfusion support, it became imperative to develop specialist programs for nurses that are similar to high-volume programs on the mainland.

The program that has been submitted for approval provides simulation and didactic training. The adult education component was recently brought in for the latest cohort of nurses that started in December and graduated in April. To date, a total of 14 COVID-19 patients have been managed by nurses from this program.

The Board reviewed Ms. Kilcommons’ email regarding recognition of the continuing education and certification for the following:

“Hawai’i Pacific Health is requesting an addition to the Learning Activity Options listed in Continuing Competency Guidance and Information Booklet to include “Adult ECMO Nurse Competency” Upon successful completion within the biennium it would satisfy one of the learning activity options.

Requirements for this competency are listed below.

HPH Adult ECMO Competency

1. **Hanuola ECMO Basic Course** 4 hours of general introduction and overview
2. **Pump and Technology Training** 4 hours of hands on technical training for Point of Care Testing [POCT] and ECMO medical devices
3. **Hanuola ECMO Advanced Course** Total 11.5 hours: asynchronous virtual 9.5 hours; Live Face-to Face interactive 2 hours
4. **Successful Pass of Examination**
5. **Hanuola Skills and Drills Simulation** 4 hours of hands on emergency drills and team training
6. **Preceptorship:** 36 hours of ECMO patient time - **ECMO Level II**
7. **Preceptorship:** 36 hours of pump and patient management time – **ECMO Level I**

The Chair asked Ms. Kilcommons if nurses are able to earn CE credit hours towards the completion of one or more of the components related to the hours completed in the course.

Ms. Kilcommons replied that nurses would only earn eleven (11) hours.

The Chair stated that Ms. Kilcommons drew an analogy between this course and the residency program that HPH offers to develop specialty nurses. Is there a reason that this course doesn't qualify as an academy? Are there similar courses like this to develop other specialties? Is there a reason for requesting that this particular course be listed in the Continuing Competency guidebook?

Ms. Kilcommons replied that although the course could qualify as an academy, it was not named as an academy. It considered an additional nursing responsibility that is taken on by ICU nurses. Ms. Kilcommons added that there is no other course for Adult ECMO training. The cohort of nurses that she mentioned earlier, were the first in Hawaii to have completed training in this specialty.

EO Teshima said that pursuant to HRS §457-9.3, the Board may consider approval of similar types of learning activity option and that the Continuing Competency Booklet was developed to clarify and make it easier for nurses to complete one of the learning activity options or see if they qualify for an exemption and that HRS §457-9.3 states in part:

- (2) Thirty contact hours of continuing education activities:
- (10) A similar type of learning activity option; provided that the type of activity shall be recognized by the board.

After further discussion, upon a motion by the Chair, seconded by Ms. Daub, it was voted on and unanimously carried to accept the ECMO training hours towards the continuing education learning activity.

Request from Melody Kilcommons – ELSO Specialist Certification

The Board also considered Ms. Kilcommons' request to recognize the ELSO Specialist Certification as an exemption to the continuing competency requirement:

"We would also like to suggest an additional National Certification:
ELSO Specialist Certification: American Society for Extracorporeal Technology (AmSECT) and International Board of Blood Management (IBBM). <https://intbbm.org/ces-certification/>

These learning and professional activities represent the latest developments in the nursing professional practice in the state of Hawai'i.

The Chair asked Ms. Kilcommons if the ELSO Specialist Certification was a "national" certification?

Ms. Kilcommons said no.

Ms. Daub commented that the ELSO Specialist Certification looks like an excellent training for nurses caring for neo-natal, pediatric and adult patients. She was especially impressed with the outline and noted that there up to 36 hours of theory and 16-32 hours of bedside training that would provide valuable learning experience. Ms. Daub asked if most of the nurses who qualified to take this certification would need to have ICU experience with ventilators.

Ms. Kilcommons confirmed that Ms. Daub was correct. The criteria to be considered for the program requires two years of experience in the ICU caring for post-op hearts.

Ms. Stone Murai commented that she was unable to locate the organization that certifies this organization. She noted that the website certifies not only nurses, but anyone with a high school diploma. She expressed her concern, citing issues the Board has faced in the past with these types of organizations. Ms. Stone Murai found it particularly concerning that she could not find any national certification for this organization.

Ms. Daub replied that the Adult-Certified ECMO Specialist receives as CES-A Certification; which requires advanced knowledge. The PBMS certification is the one for those with high school diplomas.

Ms. Kilcommons confirmed that there is a difference between the certifications and their requirements.

Ms. Stone Murai stated that it still does not address the issue that the certification is a uniquely nursing opportunity; specifically that there are other people who are not nurses, who are able to obtain the same credentials. Ms. Stone Murai stated that this is problematic as the Board receives many requests to accept certifications of other organization who will credential people who aren't nurses. There is no evidence that this organization has gone through the rigor of obtaining national certifications from acceptable certifying bodies.

Ms. Kodama requested that for consideration of the ELSO Specialist Certification, that Ms. Kilcommons provide the requirements to maintain the certification.

The Board deferred making a decision on whether to accept the ELSO Specialist Certification until more information is received.

The Chair announced the next agenda item is the Executive Officer's Report.

Executive Officer's Report:

APRN Exclusionary Formulary – Status Report

EO Teshima reported that she is recommending the following amendments to HAR Chapter 89:

§16-89-2 Definitions. As used in this chapter:

"Exclusionary formulary" means the ~~listing of~~ drugs or categories of drugs designated ~~and published~~ by the board of nursing or prohibited under HRS 329, including but not limited to methadone or cannabis, that shall not be prescribed or dispensed by an APRN granted prescriptive authority.

§16-89-122 Exclusionary formulary for prescriptive authority. (a) The board shall determine the drugs or categories of drugs ~~listed~~ in the exclusionary formulary. The current exclusionary formulary ~~dated August 2016, attached at the end of this chapter as "Exhibit A", lists the~~ are drugs or categories of drugs that shall not be prescribed by the APRN.

(b) ~~The Exclusionary Formulary, and any revised formularies, shall be made available to licensed pharmacies at the request of the pharmacy at no cost.~~

~~(e)~~ The APRN shall comply with all applicable state and federal laws and rules relating to prescribing and administering of drugs. The APRN with prescriptive authority shall only prescribe, order, and dispense medical devices and equipment or drugs appropriate to the APRN's specialty and pursuant to HRS section 457-8.6.

~~(d)~~(c) Prescriptions by an APRN with prescriptive authority shall be written in accordance with section 16-95-82.

§16-89-125 Discipline; grounds; proceedings. (a) In addition to any other actions authorized by law, the board shall have the power to deny, revoke, limit, condition, or suspend prescriptive authority granted, in accordance with this chapter, and to fine or to otherwise discipline an APRN with prescriptive authority for any cause authorized by law, including but not limited to the following:

(5) Unprofessional conduct, including but not limited to:

(A) Prescribing, administering, dispensing, or distributing drugs ~~listed~~ **included** in the exclusionary formulary, or not in accordance with state and federal laws and rules;

The Chair asked if there was any discussion by the Board members. There was none.

The Chair asked if there was anyone attending who wishes to address the Board on this agenda item.

Staff reported that no one raised their hand.

RN Scope of Practice Decision Making Flowchart – Update

EO Teshima asked the Board members if they had any further recommendations on the draft of the scope of practice for RNs.

After some discussion, it was recommended to amend the following statement:

"Is the activity/task/intervention or role consistent with prelicensure/post-basic education program; National Nursing Standards/Nursing Literature/Research/Institutional policy and procedures; Agency Accreditation Standards; **or** Board Position Statements/Community Standards?"

The Board directed EO Teshima to clarify the language of for the statement below:

“Is the activity/task/intervention authorized by a **prescribed medical order or order by an APRN or physician assistant?**”

EO Teshima said she would try to finalize by the next meeting for the Board’s final review.

CE Broker MOU – Status Report

EO Teshima reported that she checked with Admin/IT people to provide license information as requested by CE Broker and was informed that this procedure would cost money to implement and that is not something that was budgeted for and this appeared to be a “deal breaker” and will inform Mr. Oliva.

APRN Scope of Practice Decision Making Model

EO Teshima asked the Board if they would also consider an APRN scope of practice decision making model and LPN since the scope of practice for RN, LPN and APRN is different. She mentioned that Mr. Reichhardt from the Center for Nursing provided a sample from another state BON.

It was the consensus of the Board to move forward with scope of practice decision making models for LPNs and APRNs.

2022 Legislative Session

The Chair recused herself from the following discussion.

License Fee for Hawaii State Center for Nursing and Workforce Survey for Renewal of a Nurse License

Ms. Reichhardt reported that the purpose for the proposed legislation in regard to the request for the Center for Nursing fee from \$40 to \$60 is that the fees have not been changed/updated since 2003. In regard to requiring nurses who renew must complete the workforce survey without any punitive consequences, this is being proposed to encourage nurses to complete the survey when renewing online.

Ms. Stone Murai suggested using the wording, “expected to” rather than “shall” so that nurses complete the workforce survey instead of making it mandatory.

There being no further discussion by the Board members, EO Teshima advised the Board that when the bill is actually introduced, the Board will have to weigh in on whether to support the fee increase and/or the mandatory workforce survey renewal requirement.

The Chair was notified to rejoin the meeting.

Temporary Nurse Permits

EO Teshima reported that Governor Ige’s current emergency proclamation that allows out-of-state nurses to work in this State, under certain circumstances, is due to expire on November 30, 2021.

She stated that the Board’s office is already receiving inquiries if we will resume the issuance of temporary permits.

Upon consultation with admin, we can resume the issuance of temporary permits for nurses, however, since the requirements are the same as if applying for a permanent license, i.e. NPDB self-query, CBC and license verifications, processing time will be the same as if applying for a permanent license, 45-60 business days.

Nursing Workforce

The Board received the following articles as an FYI:

Civil Beat Article "Pandemic Hardships Have Made Hawaii's Nursing Shortage Even Worse"

Civil Beat Article "A Key Part of Hawaii's Nursing Workforce is Shrinking Fast"
Email from Derek Bown, Public Health Nurse, Department of Health

The Chair asked if there were any discussion.

There being no discussion, the Chair moved onto the next agenda item.

Reports:

Hawai'i State Center for Nursing – Laura Reichhardt, Executive Director

Ms. Reichhardt reported that it is NP Week and that EO Teshima is being honored by AANP as the Hawaii NP Advocate of the year.

The Board congratulated EO Teshima and thanked her for her service and excellence.

Hawai'i American Nurses Association – Linda Beechinor, Executive Director

Ms. Beechinor reported that their membership has reached 400+ members. Recently, the association has been working with nursing students, creating a mentorship program for new graduates and senior students. In addition to offering monthly CE programs, they have also been busy publishing a newsletter that goes out to 9,000+ nurses in Hawaii. At their October 9, 2021 annual conference, Nancy Atmospera-Walch was elected as President-elect, Bob Gahol and Taryn Amberson were elected as Directors-at-large, and Denise Cohen was elected as Neighbor Island Director.

Ms. Beechinor stated that for the upcoming legislative session, they will be introducing a bill regarding mandatory overtime. The bill will address the wage and hours law in the Department of Labor. Although the bill will mention the nurse practice act, it will only reference the definitions in the nursing statute; the bill itself will be aiming to amend the wage and hour law.

Hawai'i Association of Professional Nurses – Bradley Kuo, Legislative Coordinator

Mr. Kuo encouraged everyone to check HAPN's website for new trainings and free CEU opportunities. Mr. Kuo mentioned that their annual meeting is scheduled for December 16, 2021.

There being no further agenda items, the Chair reminded the Education Committee members of their meeting on November 8, 2021 at 3:30 p.m.

Staff reported that Robert Ocampo is raising his hand.

The Chair asked staff to elevate Mr. Ocampo to panelist.

Wilma Concepcion said she was using her husband's email and wanted to address the Board regarding her case.

EO Teshima informed Ms. Concepcion that the Board already made a decision on her case by accepting the affidavit from Ms. Sugai and to move forward with further disciplinary action for non-compliance with the Board's Final Order.

Ms. Concepcion stated that she thought she had until the end of the year to submit the courses.

EO Teshima asked Ms. Concepcion if she signed the settlement agreement on 7/23/2019 and if she understood what she agreed to comply with?

Ms. Concepcion stated that she was not able to hire an attorney and perhaps did not understand.

EO Teshima informed Ms. Concepcion that she may have another opportunity to address the Board when the Board considers a Board's Final Order for Non-Compliance and that she will let her know when.

Next Meeting:

The Chair asked if everyone is able to attend the next meeting:

Thursday, December 2, 2021
9:00 a.m.

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 12:48 a.m.

Taken by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

LAT

11/29/21

[x] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____