

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, June 2, 2022

Time: 9:00 a.m.

In-Person Meeting Location: King Kalakaua Building, 1st Floor
Queen Lilioukalani Conference Room
335 Merchant Street
Honolulu, Hawaii 96813

Virtual: Virtual Videoconference Meeting – Zoom Webinar (use link below)
<https://dcca-hawaii.gov.zoom.us/j/94213781507>

Zoom
Phone
Number: (669) 900 6833
Meeting ID: 942 1378 1507

Members Present: Carrie Oliveira, Chair
Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair
Katharyn Daub, MNEd, EdD, RN
Judy Kodama, MSN, MBA, RN, CNML
Tammie Napoleon, DNP, APRN, PPCNP-BC
Amy Stone Murai, APRN
Benjamin Ramos, RN

Members Excused: Karen Boyer, RN, MS, FNP
Jomel Duldulao, Public Member

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

Guests: Barbara Halle
Bradley Kuo, Hawaii Association of Professional Nurses
Caren Jagers
Dennis McGill
Laura Reichhardt, Hawaii State Center for Nursing
Linda Beechinor, Hawai'i American Nurses Association
Rachel Shusta
Ryan Kobayashi

For purposes of this hybrid 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.

Virtual Meeting
Instructions:

A short video regarding virtual meetings was played for attendees.

The Chair provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Call to Order:

The Chair took roll call of the Board members and excused Ms. Boyer and Mr. Duldulao from today's meeting.

In accordance with Act 220, SLH 2021, all Board members attending virtually confirmed that they were alone in their nonpublic location. The Vice Chair clarified that another individual was present in her office, however she was utilizing earphones to ensure that no one else could overhear the discussions.

After taking roll, quorum was established and she called the meeting to order at 9:09 a.m.

Chair's Report:

Approval of the Minutes of the May 5, 2022 Meeting

The Chair asked the members if they had any discussion or corrections to the minutes.

There being none, upon a motion by Dr. Napoleon, seconded by Ms. Daub, it was voted on and unanimously carried to approve the minutes of the May 5, 2022 meeting as circulated.

Announcements

The Chair announced that sadly, this is the last meeting for two Board members, Ms. Kodama and Ms. Daub.

She presented Ms. Kodama with a Certificate of Appreciation signed by the Board members and Board staff and thanked her for years of service on the Board and bringing the neighbor island perspective as well as her managerial expertise.

The Chair presented Ms. Daub with a Certificate of Appreciation signed by the Board members and Board staff and thanked her for years of service on the Board and bringing the neighbor island perspective, and as an educator, her contribution and knowledge in regard to nursing education and for her initiative in establishing a local refresher/remedial course.

The Vice Chair also thanked Ms. Kodama and Ms. Daub for being mentors and expressing that it was an honor to work with both of them.

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

Executive Officer's
Report:

2022 Legislative Session

EO Teshima reported on the status of the following resolution:

HR 139, HD1/HCR 139 - REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONDUCT AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS.

She explained that HR 139 was agreed to by the House, however, the concurrent resolution, HCR 139 was not agreed to by both the House and Senate and normally we would comply with the resolution if both the House and Senate agreed to it so it is up to the Board if they believe it would be in the best interest and to work with the Center for Nursing and HAPN and other stakeholders to try to complete the task(s) indicated in the HR as it pertains to APRNs only.

Ms. Stone Murai volunteered to assist as she had worked on the 2006 revisions with the former EO for the Board.

The Chair thanked Ms. Stone Murai and asked if it was the consensus of the Board to proceed with the task(s) in the HR.

The Board unanimously agreed.

LPN Scope of Practice

Supervision – Inquiry from Bahati Mutisya

EO Fukunaga reported that the Board received the following email inquiry:

“My name is Bahati Mutisya, and I am an attorney conducting some quick research. I am interested in finding out the specific supervision requirements for LPNs in Hawaii.

I am aware that they must be supervised by a registered nurse, advanced practice registered nurse, licensed physician, or other health care provider authorized by the State. See [HRS §457-2.6](#). The [National Council of State Boards of Nursing Model Nursing Practice Act, Article II Definitions](#) provides that “Supervision” means “provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.” Does the phrase “inspection of the actual act” require the supervising practitioner to be on site or can they be available to observe virtually? Also, does Hawaii require any collaborative agreements, standard procedures, in person meetings between the supervisor and the LPN, or limit the number of medical assistants that can be supervised by one supervisor? Any additional information on whether there are specific requirements would be very helpful. If there are none and the supervision is left to the discretion of the supervisor, it would be helpful to know that as well.”

Ms. Stone Murai stated that this sounded like “do my homework for me” and that she reviewed the laws and rules and found several places where it addressed the inquiry and that we refer the inquirer to our laws and rules that are publicly accessible online and that they can draw their own conclusions from there.

The Chair agreed and referred to definitions for supervision, direct supervision and the inquirer already cited the definition of supervision in the NCSBN Model Act, and so the answers to the definable questions are readily available and that the other questions regarding collaborative agreements, standard procedures and in-person meetings, supervision of medical assistants, etc. that these are not specifically addressed in the laws or rules.

Ms. Stone Murai added that it is not being done so we don't have requirements for it and so it does speak to it's absence and had a question for the DAG, is the Board bound by the definition of supervision in the NCSBN Model where our language is a little different as referred to by the inquirer.

EO Teshima asked to respond first and stated that the Board previously adopted the NCSBN's model act and rules regarding standards of practice.

The Chair stated that that section also includes provisional language that unless the Board defines something differently...so ultimately we do have an explicated explanation for supervision in our administrative rules so our definition will supercede.

The Chair asked if the DAG had anything to add.

The DAG said no.

The Vice Chair and Mr. Ramos agreed with the outcome of the discussion.

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 on the Board.

Continuing Competency

120 Hours as a Preceptor – Inquiry from Patricia Hensley

EO Fukunaga reported that the Board received the following email inquiry:

"I have a question about what is allowed to be claimed as preceptor hours for one of our courses...in our Leadership & Management clinical course, the students work with a clinical agency to complete a project that addresses the needs of the agency & the populations they serve...there are 90 total hours (2 credits) required for the course...some of the course work is done independently by the students (not necessarily at the clinical site with the clinical preceptor) but is required in order to complete the project...would the preceptor be able to claim all 90 hours required for this clinical course?"

The Chair made reference to the April 2017 Continuing Competency Booklet that includes the following description for the preceptor learning activity option:

"During the biennium, if you act as a preceptor for at least one nursing student or employee transitioning into new clinical practice areas for at least one hundred twenty (120) 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 or employee, this will satisfy as one of the learning activity options.

*Precepting for orientation specific to employment (i.e. computer course, documentation, human resource policies or being oriented/precepted to a position) does **NOT** count."*

The Chair further stated that if you precept for 90 hours you can claim the 90 hours and asked the Board members if they agreed or not or is there any further discussion on this.

Ms. Stone Murai wanted to confirm that the preceptor has to be physically present, a one-to-one, face-to-face situation.

The Chair had two thoughts on this and stated that she can't see an instructor looking over a student's shoulder every minute versus asking the student to journal what they did in their clinical practice, so watching the student do something versus giving them something to do. Also, if you're not the preceptor for the whole 90 hours, the student doesn't complete the course so whether or not you watched them for all the 90 hours, you are the instructor.

Dr. Napoleon nodded in agreement.

Ms. Daub stated that leadership students in community health receive 120 hours of precepting and that the preceptor may not be with the student 100%.

The Chair clarified that it is "normal practice" for a student to not be supervised 100% by their preceptor.

Dr. Napoleon said yes and depends on the clinical objectives and that not clinical is inpatient, for example the leadership students that Ms. Daub referred to students in community health and that post-licensure is a little different from pre-licensure clinicals and that the preceptor is still responsible for getting the student through the project whether it be virtually, by phone, giving report, so it depends on the nature of the project.

Ms. Kodama stated that even in the acute care setting, you're not there.

The Chair concluded that based on the discussion, the preceptor could claim all 90 hours and asked the members if they agree.

EO Teshima stated that this only covers 90 hours.

The Chair stated that not to confuse the issue, 30 additional hours is still required to meet the continuing competency requirement of 120 hours as a preceptor.

EO Teshima reminded the Board that the continuing competency learning activity options cannot be "combined" so she will have to complete the additional 30 hours as a preceptor.

Mr. Ramos asked if a preceptor was precepting 2 individuals, would the preceptor get credit for each individual or if precepting at the same time, can only count the hours once.

The Chair clarified that being that it has to be a one-to-one relationship, if a preceptor supervised one student for 60 hours and another student for 50 hours that would be a total of 110 hours.

EO Teshima asked for further clarification if the preceptor was precepting 2 individuals at the same time.

The Chair replied that it has to be one-to-one and that that scenario and asked if there is more than one student enrolled in the leadership course for example, would you assign the 2 students to one preceptor.

Dr. Napoleon said that's not "normal".

Ms. Reichhardt raised her hand and was allowed to address the Board and stated that for post-licensure, when the Center for Nursing developed the criteria for the Board, they based the preceptor criteria on the ANCC and AANP national certification guidelines and that undergrad students may require more supervision, but it is common practice to take more than one student for post-licensure.

Federation of State Medical Boards (FSMB) Adopts Policy on Medical Misinformation

EO Fukunaga reported that the Board received the the FSMB's policy on medical misinformation, specifically a professional expectation regarding medical information and misinformation regarding of COVID.

The Chair added that in November 2021, the NCSBN also put out the following joint statement of non-scientific and misleading COVID-19 information for nurses:

Purpose:

To address the misinformation being disseminated about COVID-19 by nurses.

For purposes of this statement, misinformation is defined as distorted facts, inaccurate or misleading information not grounded in the per-reviewed scientific literature and counter to information being disseminated by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

Statement:

Nurses are expected to be "prepared to practice from an evidence base; promote safe, quality patient care; use clinical/critical reasoning to address simple to complex situations; assume accountability for one's own and delegated nursing care" (AACN, 2021).

SARS-CoV-2 is a potentially deadly virus. Providing misinformation to the public regarding masking, vaccines, medication and/or COVID-19 threatens public health. Misinformation, which is not grounded in science and is not supported by the CDC or FDA, can lead to illness, possibly death, and may prolong the pandemic. It is an expectation of the U.S. boards of nursing, the profession, and the public that nurses uphold the truth, the principles of the *Code of Ethics for Nurses* (ANA, 2015) and highest scientific standards when disseminating information about COVID-19 or any other health-related condition or situation.

When identifying themselves by their profession, nurses are professionally accountable for the information they provide to the public. Any nurse who violates their state nurse practice act or threatens the health and safety of the public through the dissemination of misleading or incorrect information pertaining to COVID-19, vaccines and associated treatment through verbal or written methods including social media that may be disciplined by their board of nursing. Nurses are urged to recognize that dissemination of misinformation not only jeopardizes the health and well-being of the public, but may place their license and career in jeopardy as well."

The Chair asked if there was any comment or discussion by the Board.

There being no further discussion on the Executive Officer's Report, the Chair announced the next agenda item as reports from nursing organizations in our State.

Reports:

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

Ms. Reichhardt reported on the following:

- Research section on their website includes a subset on the workforce supply focusing on the hiring translated to new grads and that there is a myth and persistent story that new grads can't get jobs in Hawaii, and this report disputes this. Also, the needs assessment for RN training was conducted there is insufficient training for specialty nurses who we have to currently recruit from out of state or to utilize travelers. The leadership in the State has started to look at needs assessment determined that there is a need for ICU, ER and perioperative, perianesthesia and behavior health are highest in demand, with the greatest demand in the ICU;
- More clinical education for nursing programs; and
- Starting 3 new working groups, first is in response to HR 139, the second is a wellness recruitment retention and third, specialty development;

The Chair called on Ms. Beechinor.

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

Ms. Beechinor reported on the following:

- Want to be involved with the HR 139 working group;
- Hawaii ANA – 70 nurses attended their CE offering, speaker Yvonne Geasey;
- Upcoming ANA membership assembly in Washington, DC

The Chair called on Mr. Kuo.

Hawaii Association of Professional Nurses – Bradley Kuo, Legislative Coordinator

Mr. Kuo reported on the following:

- Getting ready for 2023 Legislative session;
- Offered 10-15 CEU's over last months;
- Hawaii island – Hawaii Community report presented to Hawaii Council to identify and address barriers of healthcare providers; and
- Physician crises shortage task force to address medicare reimbursement like Alaska's medicare program.

The Chair asked if any of the Board members had questions.

There were none.

The Chair announced that the next agenda item the Board will be reviewing applications and asked if any applicants were in attendance and who wishes to address the Board to please raise your hand. The Chair explained that should the Board have any questions, the applicant will be afforded the opportunity to address the Board.

No one raised their hand.

EO Teshima explained that the Board will call the applicant should they have any questions.

The Chair announced that the Board will be moving 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 professional or vocational licenses cited in section 26-9 or both;”** 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 9:52 a.m., upon a motion by the Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to move into executive session.

The Board resumed the meeting at 11:03 a.m. after coming out of executive session.

The DAG recommended to the Chair that instead of voting by roll call, the Chair can ask if there are any objections, recusals or abstention to the motion and if there are none, the vote is considered unanimous and the motion carried.

Applications: **Ratification Lists**

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

LPNs, license numbers 20370 – 20392 (23);
RNs, license numbers 106170 – 106866 (697); and
APRNs and APRNs with prescriptive authority

Applications

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

Licensed Practical Nurse

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following application subject to receipt of additional information regarding monitoring:

Rachel A Shutts

Registered Nurse

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

Caren L. Jagers
Lakeisha D. Shepherd

Upon a motion by the Vice Chair, seconded by Ms. Daub, it was voted on and unanimously carried to approve the following application subject to receipt of additional information from Louisiana BON:

Denisse S. Oliva

The Chair asked the Vice Chair for a motion in regard to the following APRN application:

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

Caren L. Jagers

The Chair asked for a motion for the following individual's RN and APRN applications:

Upon a motion by the Vice Chair, seconded Ms. Kodama, it was voted on and unanimously carried to defer the following application subject to receipt of additional information:

Dennis M. McGill (including APRN application)

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on that the following applicant retake the NCLEX and upon passing, a license with condition may be issued. Ms. Stone Murai stated that she agrees with retaking of the NCLEX because the applicant has not practiced nursing within the last 5 years, but does not agree with the conditions to be imposed after passing the exam. The Chair conducted a roll call vote with the Chair, Vice Chair, Dr. Napoleon, Ms. Daub, Ms. Kodam and Mr. Ramos voting yes and Ms. Stone Murai voting no. The motion carried by majority.

Ryan T. Kobayashi

The Chair asked for a motion for the following applicant:

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the application subject to receipt of additional information:

Shawn R. McKimmy

The Chair announced the last agenda item as Chapter 91, HRS, Adjudicatory Matters.

Chapter 91, HRS –
Adjudicatory Matters:

The Chair asked if there was any discussion by the Board members on the adjudicatory matter.

Seeing none, upon a motion by the Chair, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the following adjudicatory matter:

In the Matter of the License to Practice Nursing of **Mayra R. Elsafi; RNS 2021-332-L;** Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order

There being no further agenda items, the Chair announced the next meeting.

Next Meeting:

Thursday, July 7, 2022

Time: 9:00 a.m.

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

Virtual: Zoom Webinar

Ms. Stone Murai stated that she would be attending virtually.

Dr. Napoleon stated that she will not be able to attend.

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 11:15 a.m.

Taken by:

Reviewed and Approved by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

/s/ Chelsea Fukunaga
Chelsea L. Fukunaga Executive
Officer

LAT

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[X] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____