

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 1, 2022

Time: 9:00 a.m.

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

Virtual: Virtual Videoconference Meeting – Zoom Webinar (use link below)
<https://dcca-hawaii-gov.zoom.us/j/94921938951>

Zoom Phone Number: (669) 900 6833
Meeting ID: 949 2193 8951

Agenda: The agenda was posted on the State electronic calendar as required by HRS section 92-7(b).

Members Present: Carrie Oliveira, Chair
Karen Boyer, RN, MS, FNP
Jomel Duldulao, Public Member
Tammie Napoleon, DNP, APRN, PPCNP-BC
Amy Stone Murai, APRN
Benjamin Ramos, RN

Members Excused: Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair
Luzviminda Miguel, DNP, MSN Ed., RN
Diana Jill Riggs, RN, MSN

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

Guests: Laura Reichhardt, Hawai'i State Center for Nursing
Bradley Kuo, Hawai'i Association of Professional Nurses
Brianna Kuwabara
Amy Muleh
Rhoberta Haley
Pamela Smith
Dennis McGill
Brad Tanaka

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.

Call to Order:

The Chair took roll call of the Board members and excused the Vice Chair, Luzviminda Miguel and Ms. Riggs 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.

After taking roll, quorum was established and the meeting was called to order at 9:05 a.m.

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.

Chair's Report:

Announcements

The Chair thanked the Board members and Board staff for their service, dedication and work this past year.

Staff reported that attendee Ms. Muleh raised her hand.

The Chair informed Ms. Muleh that when the Board gets to the applications on their agenda, she we will ask if anyone is in attendance and you may raise your hand at that time.

Ms. Muleh stopped raising her hand.

Approval of the Minutes of the November 3, 2022 Meeting

The Chair asked staff to confirm that the Board only received the open session minutes and not the executive session minutes for the November meeting.

EO Teshima said yes.

The Chair then asked the Board members if there were any corrections or discussion on the minutes for the November meeting.

The DAG stated that on page 4, for Marzie Valdez, it should be amended as follows:

The Chair announced that there was no decision to be made on this agenda item. Ms. Valdez submitted a request to reinstate her license and therefore she did not need to apply as a new applicant ~~submit an application for licensure~~, thus the reinstatement will be automatic pursuant to the language in the suspension. The license has already been processed for:

Marzie Valdez

Seeing no further recommendations, the Chair asked for a motion to approve the minutes of the November 3, 2022 meeting.

Upon a motion by Dr. Napoleon, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the open session minutes of the November 3, 2022 meeting as amended.

Education Committee Report from November 3, 2022 Meeting

The Chair announced that the Education Committee elected Ms. Boyer as the new Chair of the Committee and reported on the following actions/recommendations of the Education Committee's November 3, 2022 meeting:

Hawaii Nursing Programs

Arizona College of Nursing Pre-Licensure Bachelor of Science in Nursing Program – Phase 1 Application – Deferred and this matter will be moved to the BON January or February 2023 meeting agenda

Annual Reports - Recommend the approval/acceptance of the annual reports for the following nursing programs:

- ✓ Chaminade
- ✓ Hawaii CC
- ✓ Hawaii Pacific University
- ✓ Kapiolani CC
- ✓ Kauai CC
- ✓ Maui College
- ✓ UH Hilo
- ✓ UH Manoa, nka NAWSON

Faculty Applications – Recommend approval of the following faculty applications

- ✓ NAWSON Sharon Jensen
Kerri Cummins
- ✓ Hawaii Pacific University Joy A. Bliss
Jessica Nishikawa
Jennifer Marie Baumstark
- ✓ Kapiolani CC Hyeran Choi
Dave Fields
Charles St. Louis
Cara Ribordy
Michelle Page
Kellen Sumida
Janet Uyehara
Kathleen Page

New Administrator – Recommend approval of Saba Kam as the new administrator for Kapiolani CC

The Chair called for a motion to accept the actions/recommendations of the Education Committee's November 3, 2022 meeting.

Upon a motion by Ms. Boyer, seconded by Dr. Napoleon, it was voted on and unanimously carried to accept the actions/recommendations of the Education Committee's November 3, 2022 meeting.

At this time, the Chair announced that the Board will be reviewing applications for Hawaii nurse license and asked if any applicants were in attendance to please raise your hand now and informed them that the Board will be discussing their application and if should the Board have any questions, we will call on you so that you can address the Board.

Executive Session:

The Chair motioned 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 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;" , and that the Board will vote on the applications after coming out of executive session.

It was seconded by Ms. Boyer, voted on and unanimously carried to move into executive session at 9:13 a.m.

The Board resumed the meeting at 9:53 a.m. after coming out of executive session.

The Chair recognized that Ms. Muleh had her hand raised and informed Ms. Muleh that the Board is inclined to approve her application and therefore did not call her to join them in executive session. She asked if she still wanted to address the Board, please keep her hand raised.

Ms. Muleh lowered her hand.

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 20511-20534 (23);
RNs, license numbers 109240-109808 (568); 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 Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to deny the following LPN application pursuant to HRS 457-12(a)(1), (6), (11) and HAR 16-89-60(1):

Monique Saint Fleur

Registered Nurse

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to deny the following applications pursuant to HRS 457-12(a)(1), (6), (11) and HAR 16-89-60(1):

**Constanta Paunescu
Diane Saintizaire**

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following applications for RN license:

Marinel Adams
Robin Clark
Katherine Stockman
Amy Walters

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to accept the monitor's report and approve the RN and APRN applications for the following individual:

Dennis M. McGill

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following application for RN license subject to receipt of a clear NPDB self-query report:

Brad Tanaka

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following application for RN license with condition(s):

Robert Walker Jr.

Request to Remove Conditions

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to grant the request to remove the conditions for the following RN subject to receipt of a report for Pu'ulu Lapa'au that individual has complied with the monitoring contract and no further monitoring or assessments are necessary:

Nanette H. Guira

Reactivation Application

Upon a motion by Dr. Napoleon, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the following RN reactivation application:

Amy L. Muleh

The Chair announced the next agenda item as a scope of practice question and asked Dr. Napoleon to lead the discussion.

Scope of Practice

RN Scope of Practice – Protocols for Foley Removal

Dr. Napoleon reported that the Board received the following inquiry from Brenda Mopas, Infection Control Manager for Kaiser Foundation Hospital:

“We are proposing a plan to create a Nurse Driven Protocol for Foley Removal, to help reduce Catheter Associated Urinary Tract Infection (CAUTI) and would like the Board of Nursing in Hawaii to validate that this is acceptable under our scope of practice.

In HRS 457-1.5 *Practice of Nursing*- states “Nursing applies evidence-based practice to promote optimal client outcomes.”. It also includes the statement “Nursing is a dynamic

discipline that is continually evolving to include more sophisticated knowledge, technologies, and client care activities.” This is precisely what we are asking for, in the board’s clarifying decision.

We propose to prepare a protocol according to guidelines available via multiple sources of evidence-based practice such as “Toolkit for Reducing CAUTI in Hospitals” by Agency for Healthcare Research and Quality (AHRQ, Appendix M) and “Guideline for Prevention of CAUTI” by CDC (page 47). This protocol would be created and put through our standard approval process. This would be a collaborative process with our physicians. The physicians would review and approve before moving forward. Once approved, the nurses as defined in HRS 457-2, would be educated and trained on the protocol, before implementation would begin.

This protocol encompasses an activity we currently perform, removing a Foley. The difference would be that we would have a protocol as to when it is acceptable to remove the Foley, what to monitor, and how (utilizing bladder scan, if required) post removal and when to notify the physician. We are asking for this clarification on approval, as this is directly related to the optimal well-being of our patients, and we sincerely care for them and do not wish for them to develop unnecessary CAUTIs.

UTIs are the most common type of hospital acquired infection currently and of those 75% are associated with a catheter. The most prevalent factor for developing a CAUTI, is prolonged time using a catheter. Removing them as soon as possible is one of the best possible prevention methods.”

Dr. Napoleon stated that a nurse driven protocol (NDP) is a formal agreement on hospital policies that can enable nurses to make certain decisions based on their scope of practice without contacting a physician or APRN for intervention orders. She added that the NDPs are based on hospital policies that are in place for infection control and quality improvements that improve patient safety, increase staff satisfaction, foster efficiency in the delivery of care and is evidence-based driven.

She added that based on the inquiry/request, it is a process that is currently being implemented and under the scope of nursing practice and as long as it is reviewed by the organization and physicians and that there are protocols in place that would determine when the nurse must consult/contact the physician.

Ms Stone Murai indicated that standing orders have been used by Kaiser to describe what a nurse can do under certain circumstances and she wonders whether the term "nurse-driven protocol" is just another name for a standing order which is something Kaiser already uses.

The Chair thanked Ms. Stone Murai for her insight and stated that as a lay person she does not know the difference between a protocol and a standing order and asked if there’s something materially different between those things where one would be appropriate as opposed to the other.

Ms. Stone Murai responded it would depend on how specific they write the language at Kaiser but that she knows for a fact, because she was part of the group that started allowing them to do standing orders before she left, that was part of the mechanism they used at Kaiser and wonders if this is a new “nursy-nursy” language thing and that our educators are probably knowledgeable about nurse speak versus doctor’s speak.

The Chair stated that she was unconcerned with whether language differences between nurses and physicians. Rather, her concern is whether patients need to be worried that there is no physician or licensed provider present when nursing care is being delivered.

She further asked for confirmation of her understanding that a nurse-driven protocol is reviewed and agreed upon by multiple entities in a facility and allows nurses to use their clinical judgment to care for patients when there is an emergent issue without having to call a licensed provider except in cases specified in the protocol.

Ms. Stone Murai said yes, she thinks so.

The Chair stated that that sounds like something that should be totally going on.

Dr. Napoleon added that she thinks from what she's seen that his is not about nurse practitioners versus physicians, but about nurses. She stated that they are writing protocols to tell RNs what they can do within the scope of practice and that this has been going on for some of these things like about the cauti for urinary tract infections, clabsi for central lines. These types of nurse driven protocols are usually developed for quality improvement with evidence-based practice to improve efficiency and patient care. Standardized protocols function like an algorithm that tell an RN when they need to call a physician.

The Chair asked for clarification that in the absence of such protocols, if a nurse identifies that that the patient may have an infection, they have to wait to call a doctor or NP to confirm the nurses' assessment?

Dr. Napoleon said yes, the nurse would have to call and give their assessment and wait for an order.

The Chair stated so you, the nurse can give the patient better care faster.

Dr. Napoleon said yes.

Ms. Stone Murai added or you can have a standing order that would accomplish the same thing because you have already spelled out what needs to be done.

Ms. Boyer added that she agrees with the discussion and that she's not sure why we're married to the term "nurse driven protocol" but she is used to the term standing orders.

The Chair asked if one of the attendees wanted to address the Board, but the person was only identified by their phone number.

Staff allowed the attendee to address the Board.

Lisa Nelson and Brenda Mopas, the individuals who submitted the inquiry/request was allowed to address the Board.

Both individuals introduced themselves as being from Kaiser, infection prevention. Ms. Nelson stated that they have put forth this nurse driven protocol for best practice, but that there has been some confusion as to whether this is a standing order or nurse driven protocol but basically the normal process throughout the country but that this is a process that is discussed with physician in the beginning to delineate what the criteria is going to be and how that process is set-up. She stated that the nurse driven protocol, the reason it

is referred to as a nurse driven protocol is because the nurse is the initiator under the guidelines that the physician and nurse collaboratively have set forth.

The Chair asked for clarification of the initiator of the protocol itself or is it about the care being issued under the protocol.

Ms. Nelson responded that it is both and if you look at the references, it's about quality of health care and CDC as well and this has been long-standing. She referred to cauti as one of the main hospital associated infections and they want to do what they can to prevent these infections and based on best practices, they know that if they can get those foleys out as soon as possible, under an agreed upon criteria, they know based on studies that the number of infections can be reduced.

The Chair thanked Ms. Nelson and Ms. Mopas for the additional information and asked the Board if they had any questions for them or any further discussion on this agenda item and asked the Board if they had any thoughts that this would not be permissible.

Seeing none, it was the consensus of the Board that NDPs is permissible and not prohibited in the nurse practice act.

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.

Executive Officer's
Report:

2023 Legislative Session

EO Teshima asked if anyone was aware of any possible legislation for the upcoming session.

APRN Scope of Practice – Decision Making Flow Chart

EO Teshima reported that she is almost done with finalizing the disclaimer language.

2023 Board of Nursing Meeting Schedule

EO Teshima reported that the 2023 Board meeting schedule has been finalized.

The Chair noted that it appears the meetings are still being held monthly.

EO Teshima stated that it is still as needed due to staffing issues.

The Chair announced the next agenda item.

Ms. Stone Murai stated that she received additional distribution for the meeting this morning at 8:40 and wondered when this would be discussed because she did not have a chance to look at it.

The Chair stated that she thinks the information was related to an applicant that the Board approved.

The Chair called on Mr. Kuo.

Reports:

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

Mr. Kuo reported on the following:

- HAPN will be having annual meeting this evening at which time they will be installing new board members and bylaw changes;
- He had a request for EO Teshima regarding the “Rx”.

EO Teshima explained that when she was assigned the Board of Nursing, one of the things she noticed was the 3rd license for APRNs for prescriptive authority and that her research indicated that the prescriptive authority was a “privilege” for APRNs and therefore, when brought to the Board at that time, they agreed to repeal the third “Rx” license and allow the prescriptive authority to be a special “privilege” under the APRN or attached to the APRN license.

He stated that the issue is that there are State job postings that still refer to APRN-Rx and wondered what they can do to assist in updating those job descriptions.

Ms. Boyer said that it shouldn't prevent an APRN with prescriptive authority from applying.

The Chair asked if APRNs with prescriptive authority are unable to get these jobs that are requiring an APRN-Rx?

Mr. Kuo said he doesn't believe so but it is causing confusion.

EO Teshima asked if HAPN is asking Board staff to notify all the State Departments of the more accurate license for APRNs with prescriptive authority? Because if it is not preventing the APRNs from getting a job, then not sure when she will be able to do this but offered to have the APRNs contact the Board should they run into any issues;

- He asked about the APRN algorithm as he stated that with the upcoming Legislative Session, he believes that this would be a good educational tool for Legislators;
- He stated that they are focusing on three bills:
 - ✓ A capacity or decision-making capacity bill to include APRNs as currently, on physicians or psychologists can make capacity determinations;
 - ✓ Continue to work with community partners for Our Care, Our Choice to include APRNs; and
 - ✓ Pay parity for APRNs.

The Chair said that she was curious about the reimbursement differential between a physician and APRN.

Mr. Kuo stated that it is between 15 and 50 percent less and that if you look into the cost of doing business in this State, the differential is huge. He added that CMS is in the process of changing some of their rules, including if APRN or PA spends more time with patient than a physician, then the billing must be done under the APRN. What that means then is that facility will have a 15 to 50 percent reduction in their revenue. This could be disastrous for business and that physicians may be inclined not to hire APRNs as this would negatively impact their revenue.

He stated that Oregon that allows for pay parity for APRNs however, only if it is an APRN operated clinic or solo APRN.

EO Teshima asked Mr. Kuo in regard to the capacity legislation, is he looking at a particular statute/chapter?

Mr. Kuo stated that they were looking more general, for example, APRNs who make house calls for geriatric patients that would be important ability for APRNs who are seeing patients in their homes to be able to make that determination. There are hospitals in which APRNs are staffing stroke codes overnight so it is important for the APRNs to make that capacity determination to move forward with treatment and not delay treatment.

EO Teshima asked if he knew which chapters would be affected by this proposed legislation.

Mr. Kuo said he thinks it is chapter 327.

EO Teshima explained that it is important for the Board to know if it affects another Department's statute because the Board falls under the Department of Commerce and Consumer Affairs and possibly conflicting testimony may have to be considered.

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

Ms. Kuwabara reported on behalf of Ms. Reichhardt, there are no updates to their previous report.

Ms. Boyer asked is they were aware of any further legislation being proposed for next year.

Ms. Kuwabara stated that the Center's staff is keeping tabs and hopefully will be able to provide more information as we get closer to the session.

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

Ms. Beechinor was not available.

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

Next Meeting:

Thursday, January 12, 2023

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

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 10:34 a.m.

Taken and Reviewed by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

LAT

12/30/2022

Minutes approved as is.

Minutes approved with changes; see minutes of _____