MARYLAND BOARD OF NURSING
BOARD MEETING

December 15, 2015

AGENDA

Date: December 15, 2015

Time: 9:00 A.M.

Place: Maryland Board of Nursing
                                                   4140 Patterson Avenue
                                                   Baltimore, Maryland

Business:

PLEASE NOTE: THE MEETING WILL BE IN OPEN SESSION FROM 9:00 A.M. UNTIL
APPROXIMATELY 10:00 A.M. WITH EXECUTIVE (CLOSED) SESSION IMMEDIATELY FOLLOWING.

1. Call to Order

   a. Roll Call and Declaration of Quorum

2. Approval of Consent Agenda

   a. Nurse Practitioner Programs (M. Duell)

      i. Stony Brook University, Stony Brook, NY, Pediatric, Post Master's and Master's
      ii. University of Arizona, Tucson, AZ, Family, Master's
      iii. University of Mississippi Medical Center, Jackson, MS, Family, Master's
      iv. University of Rochester, Rochester, NY, Gerontological, Master's
      v. University of Texas at Arlington, Arlington, TX, Acute Care, Master's
      vi. Virginia Commonwealth University, Richmond, VA, Psychiatric Mental Health, Post
          Master's and Master's

   b. Nursing Assistant Training Programs for Approval (S. Devaris)

      i. Center for Applied Technology, Edgewater, MD
      ii. Fomen Nursing Assistant Training Academy, Hyattsville, MD 20783
      iii. Aurora Health Management, Bethesda, MD 20814
      iv. Patterson High School, Baltimore, MD

      c.   CNA Advisory Committee Applicants (E. Cone)

            i.   Barbara Gough, RN-Educator

           ii.   Etih Atud, RN, Acute Care Member

          iii.   Nina Scheppske, RN, Consumer Member

      d.   Notre Dame of Maryland University (P. Kennedy)

            i.   New Dean at Notre Dame of Maryland University, Kathleen Wisser, PhD, RN, CNE, CPHQ

           ii.   Recommendation for Full Approval of Notre Dame of Maryland University

      e.   Continuing Education Courses for Direct Entry Midwives

3. <u>Legislation</u> (S. Devaris)

      a.   MNA sponsorship of 2016 legislation

      b.   Request to Amend COMAR 10.27.27 - Practice of Clinical Nurse Specialist

      c.   FYI- Annual report to the legislature and Governor as Required by Sec. 8-205(a)(8)

4. <u>FY 2014 CORE State Report-Maryland Licensure</u>

5. <u>Discussion of Items Removed from Consent Agenda (if needed)</u>

MARYLAND BOARD OF NURSING
GENERAL SESSION MINUTES

MaryLou Watson, President   **Call to Order**

9:06 a.m.   **Time**

4140 Patterson Avenue   **Place**
Baltimore, MD 21215

October 27, 2015   **Date**

Board Members Present

MaryLou Watson, RN Member, Board President
Joycelyn Lyn-Kew, LPN Member, Board Secretary
Kimberly Street, LPN Member
Charles Neustadt, Consumer Member
Cheryl Dover, RN Member
Lois Rosedom-Boyd, Consumer Member
Mary Wheaton, LPN Member
Sabita Persaud, RN Member
Lynn Derickson, RN Member
Kelley Robinson, APRN Member-Nurse Midwife
Bonnie Oettinger, RN Member
Gregory Raymond, RN Member

Staff Present

Mary Kay Goetter, PhD, RN, NEA-BC
Michelle Duell, Deputy Director
Sarah Pendley, Assistant Attorney General
Michael Conti, Assistant Attorney General
Katherine Giblin, Assistant Attorney General
Shirley Devaris, Director of Policy Analysis and Legislation
Dorothy Haynes, Director of Background Review
Keva Jackson-McCoy, Director of Discipline and Compliance
Elaine Cone, Director of Investigations
Patricia Kennedy, Director of Education
Erin Zeman, Management Associate
Lakia Jackson, Paralegal
Cheryl Cooper, Legislative Assistant

After review, it was moved and seconded (Dover, Boyd) to approve the Consent Agenda with the exception of NCLEX Results, Pending Licenses and Certifications, and Status of Regulations.

CONSENT AGENDA

2.	Approval of Minutes from September 22, 2015 Approval of Minutes from September 25, 2015 (Conference Call regarding the Direct Entry Midwife (DEM) Advisory Committee)	
3.	i. Arizona State University, Scottsdale, AZ, Psychiatric Mental Health, Post Masters and Doctor of Nursing Practice ii. Barnes Jewish College, St. Louis, MO, Adult Gerontology Primary Care, Post Master's and Master's iii. Catholic University, Washington, DC, Pediatric Dual Acute and Primary Care, Post Master's and Master's iv. Loyola University Chicago, Chicago, IL, Family, Post Master's and Master's v. Shenandoah University, Winchester, VA, Psychiatric Mental Health, Post Master's vi. South University – Savannah, Savannah, GA Family, Master's vii. University of Florida, Gainesville, FL, Family, Post Master's	**Nurse Practitioner Programs** M. Duell
4.	a. FYI—Ativan Auto Inject	**Practice** A. Williams

6.	a. CNA Training Program Renewal
	    i. Dominion Academy, Inc.
	
	b. CNA Renewal Packet
	    i. The Arc of Washington County
	
	c. CNA/GNA Training Program Renewal
	    i. Montgomery County Refugee Training Program, Montgomery College
	
	d. CNA Training Program Renewal
	    i. Genesis Healthcare
	    ii. Morning Star Academy
	    iii. Lions Center for Rehabilitation and Extended Care
		Nursing Assistant Program Approvals
		
		S. Devaris

The NCLEX results have been completed but the correct template is needed. Dr. Kennedy is working with Rodney and Sharon to get the correct template.

NCLEX Results

The Board receives a lot of phone calls regarding pending

Pending Licenses and Certifications

licenses and certificates. The majority of the delay in issuing licenses and certificates is the background check. The number of phone calls are now decreasing.

The Board has three sets of regulations: the FNE renewal requirement being extended to two years; the 90-day extension of a compact license; and the CRNA regulations that remove the requirement for a collaborator. All of these will be published on the 13th of November.

Status of Regulations

After review, it was moved and seconded (Persaud, Lyn-Kew) to have the Education Committee look into the issue of exit exams. Motion passed unanimously.

Use of Standardized Exit Exams as Criteria for Successful Completion of a Pre-Licensure Nursing Program

General Session adjourned at 9:25 a.m.

Adjournment

Board of NURSING

M E M O R A N D U M

2.b

FROM:	Shirley A. Devaris, RN, JD
	Director, Legislation
	Maryland Board of Nursing
TO:	The Board
DATE:	December 15, 2105
IN RE:	Nursing Assistant Programs - Request for Approval of Renewal
	Applications

The following renewal applications have been reviewed and meet Board requirements:

1.   Center for Applied Technology
     Edgewater, MD

2.   Fomen Nursing Assistant Training Academy
     Hyattsville, MD 20783

3.   Aurora Health Management,
     Bethesda, MD 20814

4.   Patterson High School
     Baltimore, MD

Barbara Byrne Gough MSN, RN

OR'S SIGNATUR

Liscense#: R085814

Academic Degrees

May 2012   Masters of Science in Nursing
                                  Notre Dame of Maryland University
                                  Baltimore, Maryland

May 1993   Bachelor of Science in Nursing
                                  University of Maryland School of Nursing
                                  Baltimore, Maryland

May 1984   Associate Degree in Nursing
                                  Anne Arundel Community College
                                  Arnold, Maryland

Professional Experience

August 2014-Present   Nursing Assistant Program Coordinator
                                  Caroline Center
                                  Baltimore, MD 21202

June 2012- Present   *Associate Nursing Faculty /Clinical Instructor*
                                  Notre Dame of Maryland University
                                  Baltimore Maryland

June 2011- Present   *Wellness Consultant*
                                  Shepherds Clinic/Joy Wellness Center
                                  Baltimore, MD 21218

January 2004-2011   *Medical/Surgical Clinical Instructo*r
                                  Community College of Baltimore County
                                  Catonsville, MD. 21228

Sept. 2004-June 2006   *Substitute School Nurse*
                                  Baltimore County Schools

May 2001-January 2004   *Public Health Nurse*
                                  Baltimore County Department of Health

March 1999-March 2001   *Medical Surgical Critical Care Nurse*
                             St. Agnes Hospital, Baltimore, MD 21229

February 1998-March 1999   *Occupational Health Nurse*
                             Johns Hopkins University, Baltimore MD

Sept. 1993-February 1998   *Director of Health and Wellness Services*
                             Catonsville Community College, Catonsville MD

November 1984- March 1995   *Medical Surgical and Critical Care Nurse*
                             St. Agnes Hospital
                             Baltimore, MD 21218

Career Summary

Associated Volunteer Experience

Paul's Place
Baltimore, MD 21230
Volunteer: 2011- 2014

- *Nurses Clinic*: Provide wellness services and health screening using a "Compassion Care Model" to people experiencing homelessness, addiction, and mental illness.

Shepherds Clinic
Baltimore, MD 21218
Volunteer: 2011- present

- *Wellness Consultant*
- Healthy Midlife and Beyond: Assisted in creating, implementing, facilitating and evaluating a 12-week woman's program (*Prime Time*).

Presentations:
Crusade for Caring: Caroline Center, Baltimore MD, October 2012, February 2013
COPD: A Nursing Perspective, Letterkenny Institute, Ireland, March 2013

Honors/Awards

2012: Student Marshall for Commencement, Notre Dame of Maryland University
1996: Faculty Service Award, Catonsville Community College

1995: Faculty Service Award, Catonsville Community College
1994: Faculty Service Award, Catonsville Community College

<u>Professional Associations</u>

Member of Sigma Theta Tau International
Member of NLN
Member of MNA

<u>References</u>

References and Letters of Recommendations available upon request

RESUME
ETIH ATUD

Mailing address: Mobile: ████████

                          E-mail: ████████

OBJECTIVE
Applying for a Registered Nurse position where, my dedication and interpersonal skills will contribute to continual provision of safe and quality health care to patients

PROFESSIONAL EXPERIENCE
Registered Nurse: Sep.2015-Present Women's & Children Hospital; Sinai Hospital Baltimore, MD

- **Mother/Baby Unit**
  -Consults and coordinates with health care team members to assess, plan, implement and evaluate patients' (both mother and infant) care plans
  -Maintains a comfortable, safe and clean environment for mother and infant
  -Assists mother with her hygienic needs
  -Checks mother for any post partum bleeding, examines mother's fundus, and inspects c-section incision.
  -Assesses mother's pain, performs emotional status checks on mother, recognizing symptoms such as those related to post partum depression
  -Monitors bonding between mother and infant
  -Takes mother's and infant's vital signs, measures input/output of mother and infant
  -Provides mother with breast-feeding tips, educate mother on sore nipple management
  -Performs heel sticks for bg's of infant, keeps track of all feeds and diapers, bathes infant
  -Involves and educates family/significant others in implementing best practices for mother and infant care

Registered Nurse: Dec. 2014-July 2015 Eventide High-Acres (Skilled Nursing Home) Jamestown ND

- **Charge Nurse/ Treatment Nurse**
  -Work cohesively as a team and delegate care to coworkers as needed.
  -Ensures staffing for resident care taking into account facility patterns and oversight of all staff working on their assigned wing for a total of 106 residents.
  -Perform admission of new residents, discharge, and transfer of critical residents.
  - Perform assessments, place and verify orders as well as ensure medications arrive as needed.
  -Update care plans, participate in care conferences, round with physicians and complete necessary paperwork.
  -Perform treatments such as dressing changes, Tracheotomy care, peripheral IV, PICC and central line cares, monitor bladder and bowel programs, PT/INR and lab draws as well as pressure ulcers procedures/interventions and follow ups.
  -Notify families and physicians with resident changes.

Registered Nurse: Dec. 2013-June 25 2014 Carrington Health Center (Acute Hospital)

- **Acute Care:**

- **-**Provided advance nursing care for patients with acute conditions such as heart attacks, respiratory distress syndromes, shock, pre- and post-operative patients, perform invasive diagnostic and therapeutic interventions across the life span.
  -Participated in patient's care meetings and conferences.
  -Performed administrative duties that facilitate admission, transfer and discharge of patients.
  -Electronic recording, documentation and research for education topics on patient's data
  -Assessed urgent and emergent health conditions using physiologically and technologically derived data and reporting cording heath team within appropriate time interval.
- **Same Day Care:**
  -Provided cares for patient before and after surgery as well as outpatient procedures across the life span
  -Provided IV therapy and blood transfusion procedures while monitoring adverse reactions.
  -Review medical history, obtain consents and relate any medical problems to surgical team
  -Overseeing recovery, teaching and discharge of patients and their significant others after procedures.
  -Follow-up by telephone to assess pain control, wound activity and schedule follow up appointments.
- **Emergency:**
  -Provided rapid assessment and treatments to patients in the initial phase of illness, trauma and life threatening situations by triage.
  -Collected current symptoms, detailed patient history, vitals then consult and cooperate with healthcare team to assess, plan, implement and evaluate individual care plans.
  -Initiate the policy of EMTALA in proving care to patients.
  -Worked directly under physicians assisting during exams, diagnostic testing and treatment.
  -Transfer critically ill patients vial ACLS/ambulance and helicopter per protocol and physician orders.

Sanford Family Birth Center, 801 Broadway N Fargo, ND (Hospital)
Registered Nurse: Feb. 2013 – April 23rd 2014
- Developed and implemented individualized nursing care plans
- Provide education and treatment through observation, resources and consistency under the supervision of an obstetrician.
- Perform postpartum assessment (fundus, lochia, breast, episiotomy and intake and output checks) as well as full head- to –toe assessment on newborns.
- Educate and assist mother and baby during breastfeeding.
- Educate mothers on how to care for themselves and infant during and prior to their discharge.

Progressive Compressive High School Bamenda, NWP Cameroon Central Africa
Biology Instructor: Sep 2001-June 2004
- Develop and implement daily engaging curricula including laboratory experiments
- Present lessons and evaluate performance
- Supervise in standardize testing and grading
- Developed, implemented and supervised field trips
- Taught a class of 60 students.

Key accomplishments:

- Recipient of the Sanford Guardian Angel Award through recognition from care giving to patients within six months
- Completed preceptorship and mentorship training program with high enthusiasm to continue learning
- Completed basic life support training (BLS)
- Completed the Advance Cardiovascular Life Support certification (ACLS)
- Neonatal Resuscitation Certification
- Trauma Nurse Core Course Certification (TNCC)
- Pediatric Advance Life support (PALS)

Student Nurse/Clinical Rotations
Mar. 2011 - Dec. 2012. Baton Rouge General Medical Center, 8585 Picardy Ave. Baton Rouge, LA 70809
- Developed and implemented individualized nursing care plans at the Renal Unit.

Certified Nurse Aid
May 2008 - Aug. 2010. Baton Rouge General Medical Center, 8585 Picardy Ave. Baton Rouge, LA 70809
- Consistently provided individualized services with empathy, compassion and patience to clients in Orthopedic, Telemetry, Oncology wards
- Administered and charted daily medications to residents following stipulated state guidelines
- Provided and assisted with ADL's; fed, bathed and groomed, took vital signs
Mar. 2006 - Aug. 2007. Sisters of Mary of the Presentation Health System Rosewood on Broadway, Fargo, ND
- Provided and assisted with ADL's, assessed and documented vital signs
- Performed ambulation and range of motions
- Trained new CNA employees

EDUCATION
Dec. 2012. Bachelor of Science in Nursing; Southern University and A &M College Baton Rouge, LA 70813
Dec. 2005. Certified Nurse Aide; Skills and Technology Training Center Fargo, ND 58102
Dec. 2003. Bachelor of Education in Curriculum Studies and Biology; University of Buea, Cameroon (Central Africa)

AFFILIATIONS
2010 - 2012. Southern University Student Nurses Association
2008-2012. Secretary and Treasurer of the Cameroonian Community of Louisiana

NINA SCHEPPSKE, RN, VA-BC

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██████████████

SKILLS and QUALIFICATIONS

- Performs comprehensive review of clinical documentation and medical records to determine medical necessity using specific criteria software, federal and state evidenced based guidelines, company policy and clinical experience.
- Performed concurrent and retrospective clinical / medical reviews positively impacting the organizations financial outcomes.
- UR computer software and programs: McKesson / InterQual®; Maryland Medicaid DMS/DME Program; CPT codes; ICD - 9 & ICD - 10 Diagnosis codes. Various applications, programs and software utilized concurrently.
- Computer skills include: Multiple computer monitor / screen use; Microsoft Office; Excel; Power Point; Internet; and various electronic documentation, scheduling, and payroll systems.
- Presentation / Abstract development and submission.
- 35+ years of combined professionally licensed & unlicensed experience in the healthcare setting. Specialties include: Utilization Review; Nursing Administration; Vascular Access Services / IV Therapy; Emergency Medicine; Adult and Pediatric Trauma and Dialysis.
- Developed multiple in-services, education and training for both licensed and unlicensed medical personnel.
- Effectively controlled costs through economical utilization of personnel, equipment and resource materials.
- Investigated, reviewed and analyzed medical records for deviations and / or compliance with facility policy & procedure, standards of care, and professional, state and federal regulations utilizing various media sources.
- Developed a comprehensive, global, healthcare website that optimizes evidenced-based practice; national guidelines; and clinical standards. http://teamport.medstar.net/fshvascularaccess.
- Developed an organizational networking website: www.cbavan.com.
- Subject matter expert focusing on implementing strategies to obtain hypo-low levels of infection in large scale medical facilities
- Delivered a 0% infection rate with departmental insertion and maintenance of Peripherally Inserted Central Catheters for adult inpatients (2009 – 2011).

EMPLOYMENT

Amerigroup Community Care   **2013 - Current**

    Utilization Review Nurse

- Hired full time from staffing agency placement. Performs comprehensive review of clinical documentation and medical records to determine medical necessity of pre-certification, concurrent and retrospective cases using specific and established criteria and /or guidelines. Cross trained to review DME & procedural requests for pre-certification, discharge planning, routine, re-authorization and urgent requests.

Aerotek Staffing Agency   **2012 - 2013**

    Utilization Review Nurse

- Following established criteria and / or guidelines in the assessment or analysis of patient care for the appropriateness of medical necessity on a case-by-case basis.

Johns Hopkins Hospital

    Vascular Access Team Nurse   **2012 - 2012**

- Provides 100% direct patient care throughout the Johns Hopkins Hospital. Possesses excellent assessment, clinical and documentation skills. Highly skilled in performing peripheral IV insertion; central venous catheter troubleshooting and care and maintenance.

Advanced PICC Specialist, Baltimore, MD   **2011 - 2012**

    Nurse Manager

- Performs direct patient care. Possesses excellent assessment, clinical and documentation skills. Highly skilled in performing peripheral IV insertion, PICC & MIDLINE insertion via utilization of Ultrasound technology, central venous catheter troubleshooting and care and maintenance. Responsibilities include insuring the delivery of outstanding patient care and quality customer service to multiple Nursing Home and Rehabilitation facilities within the state of Maryland and Virginia.

Franklin Square Hospital Center, Baltimore, MD   **1992 - 2011**

Assistant Nurse Manager of IV Therapy / Vascular Access Services and the Nursing Administration Office (2008-2011)

- Internal promotion with an expanding role to include: supervising, mentoring, educating and evaluating 150+ licensed & unlicensed healthcare employees within the Nursing Administration Office and Vascular Access Services. Responsibilities include insuring the delivery of quality patient care, improving patient satisfaction and compliance with corporate / hospital based initiatives. Actively serves on multiple interdisciplinary hospital councils and committees.
- Utilization Review nurse - prn basis / weekends. Following established criteria and / or guidelines in the assessment or analysis of patient care for the appropriateness of medical treatment and services rendered on a case-by-case basis.

Patient Care Coordinator: IV Therapy (2005-2008)

- Advanced through promotion from staff nurse to Patient Care Coordinator of IV Therapy / Vascular Access Services. Clinical nurse managed an expert team of 20+ nurses with a focus on ensuring outstanding patient care and quality customer service. Highly skilled in performing blood draws, and insertion of peripheral IV catheters and PICC lines. Favorably exceeded corporate and hospital level benchmarks for the IV Therapy Department's 2008 Employee Opinion Survey results by over 10%. Energetic participant in community outreach programs; and multiple interdisciplinary hospital councils and committees.

Staff Nurse: IV Therapy and Emergency Department (1992-1994, 1994-2005)

- Performed direct patient care of both critical and non-critical care patients. Possessed excellent assessment, clinical and documentation skills. Triage of adult and pediatric emergency room patients. Able to quickly and accurately assess and prioritize multiple patient complaints, illnesses and / or injuries and thereby reduced potential life threatening complications. Highly skilled in blood draws and insertion of peripheral IV catheters.

PROFESSIONAL LICENSURE / CERTIFICATIONS

- Vascular Access – Board Certified Nurse (VA-BC)
- Maryland State Licensed Registered Nurse (1993) # R117527

EDUCATION

- Stevenson University - Baltimore, MD
- Medical-Legal Consulting Institute, Inc. - Houston, TX
  Certified Legal Nurse Consultant®, 2007

- Union Memorial Hospital School of Nursing - Baltimore, MD
  Registered Nurse, Diploma, 1993
- Morgan State University - Baltimore, MD
- Essex Community College - Baltimore, MD
- Ongoing Continuing Education (contact hours)
- Professional Conference Attendance
    - American Nurses Credentialing Center: National Magnet Conference® (2008 & 2009)
    - American Nurses Credentialing Center: Re-designation: New Generation, New Approach (2010)
    - Association for Vascular Access: Annual Scientific Meeting (2007, 2008, 2010, 2013, 2014, 2015)
    - Association for Vascular Access Foundation: Network Summit (2014)
    - Franklin Square Hospital Center: Shifting Gears: Fine Tuning Your Research Engine (2010 & 2011)
    - Infusion Nurses Society: Annual Meeting & Industrial Exhibition (2008 & 2009)
    - Maryland Patient Safety Conference (2010)
    - National Alliance of Legal Nurse Consultants (2007)
    - World Congress on Vascular Access: 1st World Congress on Vascular Access (2010)

PRESENTATIONS

- Scheppske, N. J. (2012). "CLABSIs, PICC and Central Line Placement". Delmarva Chapter AACN: The American Association of Critical Care Nurses. Cambridge, MD. Guest Lecture.
- Scheppske, N. J. (2011). "Vascular Access Compendium". Franklin Square Hospital Center Research Conference. Baltimore, Md. Conference Poster Presentation.
- Scheppske, N. J. (2011). Q & A segment for Reducing CLABSI. Leading Practices Blueprint™ for CLABSI. VHA Clinical Education Series: VHA CES Broadcast and Straight Talk program. Franklin Square Hospital Center, Baltimore, Md. Published Broadcast.
- Scheppske, N.J. (2011). "Vascular Access Service". Improving Practices in Infusion Therapy Educational Workshop. Washington, D.C. Guest Lecture.
- Scheppske, N.J. (2010). "An Educational Website Tool: Identification and Maintenance Care of Central & Peripheral Venous Access Devices". Association for Vascular Access Conference. Washington, D.C. Conference Lecture Presentation.
- Scheppske, N.J. (2010). "An Educational Website Tool: Identification and Maintenance Care of Central & Peripheral Venous Access Devices". Association for Vascular Access Conference. Washington, D.C. Conference Poster Presentation.

- Scheppske, N.J. (2010). "Guide-Wired: An Internet-Based Guide to Central Venous Catheter Identification and Care". 1st World Congress on Vascular Access. Amsterdam, the Netherlands. Conference Lecture Presentation.
- Scheppske, N.J. (2010). "Guide-Wired: An Internet-Based Guide to Central Venous Catheter Identification and Care". Maryland Patient Safety Conference. Baltimore, Md. Conference Poster Presentation.
- Scheppske, N.J. (2009). "Updates on Antiemetic Therapy." Infusion Nurses Society Annual Meeting and Industrial Exhibition. Nashville, Tn. Conference Lecture Presentation.
- Scheppske, N.J., Allik, P.J. (2008). "Feeling the Magnetic Pull: The Autonomous Transformation of an IV Therapy Department to Vascular Access Services". Association for Vascular Access Annual Scientific Meeting. Savannah, Ga. Conference Lecture Presentation.
- Scheppske, N.J., Allik, P.J. (2008). "Feeling the Magnetic Pull: The Autonomous Transformation of an IV Therapy Department to Vascular Access Services". Maryland Organization of Nurse Executives Meeting. Baltimore, Md. Meeting Poster Presentation.

FEATURED ARTICLES

- Kafie, N. (2011). "Improving Practice in Infusion Therapy". *The District of Columbia Nurse.* 8 (3), 27- 29.
- Hirsch, S. (July 15, 2003). "Time Running Out for Overtime". *Baltimore Sun: Newspaper Article.*

HONORS

- Recipient: 2005 Employee of the Year: Franklin Square Hospital Center.

PROFESSIONAL AFFILATIONS / ASSOCIATIONS

- Association for Vascular Access (AVA)
- Chesapeake Bay Area Vascular Access Network (CBAVAN)
  President 2012 - Current

2 d. i.

M E M O R A N D U M

TO: Maryland Board of Nursing

FROM: Patricia Kennedy, Director of Education

Date: December 15, 2015

Re: Notre Dame of Maryland University School of Nursing, New Dean—Kathleen Z Wisser, PhD, CNE, CPHQ, RN

Dr. Kathleen Wisser meets the Nursing Program Administrator qualifications (COMAR 10.27.03.07A(1)-(2)). She has:
- A MD nurse license
- A graduate degree in nursing
- Doctorate in administration and leadership and experience in nursing

Kathleen Z. Wisser, Ph.D., RN, CNE, CPHQ

EDUCATION

Indiana University of Pennsylvania   2010
Ph.D. in Administration and Leadership Studies
Departments of Sociology and Political Science

The Pennsylvania State University   1988
State College, PA
Master of Science, Major in Nursing, Specialty Adult Health and Addictions

Thomas Jefferson University   1976
Philadelphia, PA
Bachelor of Science, Nursing

CERTIFICATIONS and LICENSE

Certified Nurse Educator (CNE)   2012

Certified Professional in Healthcare Quality (CPHQ)   2002

Certified Addictions Registered Nurse (CARN)   1996 to 2001

Pennsylvania and Maryland Licensure RN

EXPERIENCE IN ACADEMIA

Notre Dame of Maryland University   **July 2015 to Present**
4710 Charles Street
Baltimore, MD 21210

Dean School of Nursing

Alvernia University   **2006 to 2015**
400 Saint Bernardine Street
Reading, PA 19607

Associate Dean of Graduate Assessment and Healthcare Program Development
July 2014 to 2015

RN to BSN Completion Program Director
2008 to 2015

MSN Program Director
2010 to 2015

Assistant Professor of Nursing
2006 to 2015

PROFESSIONAL EXPERIENCE

Commonwealth of PA   **2000 to 2006**
Department of Public Welfare
Office of Developmental Disabilities (formerly Office of Mental Retardation)
Coordinator of Quality and Risk Management

Penn Foundation, Inc.   **1988 to 2000**
Sellersville, PA
Director of Quality Improvement
1996 to 2000

Director of Recovery Center
1988 to 1996

CLINICAL PRACTICE EXPERIENCE

Eagleville Hospital   **2006 to 2009**
Eagleville, PA
Registered Nurse

Saint Joseph Medical Center, *Reading, PA*
Pennsylvania Hospital, *Philadelphia, PA*
Various nursing positions over a 15 year span

Board of NURSING

2 d. ii.

M E M O R A N D U M

TO: Maryland Board of Nursing

FROM: Patricia Kennedy, Director of Education

Date: December 15, 2015

Re: Notre Dame of Maryland University School of Nursing, Recommendation—Full
           Approval of Entry BSN Program

Based on meeting COMAR 10.27.03.18D(1)-(3) new programs full approval criteria, the Notre
Dame of Maryland University Entry BSN Program has met the following criteria:

D. Full Approval. Following graduation of the first class, the Board shall evaluate the school or
program for full approval, considering the:

(1) Report of a survey of the school or program by the professional staff, scheduled before
graduation of the first class;

(2) Results of the performance of the graduates on the National Council Licensure Examination;
and

(3) Demonstrated continued ability to provide an educational program that meets the standards
set by the Board.

Entry level BSN Program—pre-graduation visit
The first class was graduated May 2015.

The visit to Notre Dame of Maryland University prior to graduating the first class was made during three (3) days in April 2015.

An abbreviated form of the major headings from the Code of Maryland Regulations (COMAR 10.27.03) is used to highlight the program's features:

.04   **Philosophy and Objectives**

The entry level BSN, baccalaureate outcomes reflect expectations that student outcomes contribute to the achievement of the School of Nursing's (SON) mission, goals, and student outcomes. The entry-level program is based on the philosophy of caring and a mission to strive for intellectual and professional excellence, inclusive communities, service to others, and social responsibility. Jean Watson's Theory of Human Caring is a good fit with the mission and philosophy of unity and connectedness.

Based on syllabi, faculty minutes, clinical and classroom assignment feedback, the program philosophy and objectives are being successfully met.

.05   **Administration and Organization**
No changes from initial Board approval granted July 27, 2010 (letter attached) .

.06   **Records and Reports**
Record keeping remains secure.

.07   **Nursing Program Administrator**
Dr. Cook meets the administrative criteria of the Nurse Practice Act. She is licensed in Maryland, doctorally prepared and has administrative experience (COMAR 10.27.03.07A(1)-(2)).

.08   **Faculty and Clinical Instructors**
All except two (2) of the fifteen faculty have doctors. The two faculty have masters in nursing.

.09   **Faculty Policies**
Faculty policies and procedures are in the Faculty Handbook and the School Policy Manual. All faculty are required to submit course, annual and self evaluations. Competence in use of classroom media is expected and resources are devoted to acquiring the needed skills.

.10   **Faculty Organization**
No change since initial Board approval.

.11   **Faculty Development and Evaluation**
Ongoing expectation of course evaluations and faculty maintain academic and practice skills

.12   **Resources, Facilities, and Services**

On the last day of the school visit, riots were occurring in the Baltimore City and reported rioters were heading towards the Notre Dame campus. The University closed early and the resources and services were not visited. Based on the previous visit, the resources and services are adequate. The nursing program is in a state of the art building. Classrooms and the program have multiple high fidelity manikin and patient simulators. Several labs have been equipped for health assessment, medical-surgical, obstetrics/newborn/pediatrics, and two (2) patient examination rooms.

Full-time faculty have single offices with book shelves, lockable file cabinet and desk drawer, computer, desk and chair. In spite of numerous clinical sites being used, faculty and the nursing administrator anticipate that the competition for sites will increase. Currently, about 20% of clinical learning occurs within labs. Such use was justified by the recent publication of research sponsored by the National Council of State Boards of Nursing, which demonstrated that there were no significant differences in nursing student's competence and skill levels when 50% of the clinical learning occurred in simulation labs when compared with that obtained in clinical agency settings.

As a result of the addition of the entry level program, the nursing budget was increased 40%.

.13   **Curriculum**
The curriculum is organized around the Theory of Human Caring and expects to prepare graduates who develop outcomes of presence, praxis, advocacy, leadership, scholarship, and self-care. The caring curriculum and caring (nursing) process are practiced with loving kindness as follows:
Assess – develop a helping trusting relationship, cultivate sensitivity, ascertain human needs physical, psychological, social, environment, and spiritual using Praxis, Presence and Self-care
Plan – create solutions with healing acts and allow for miracles and unknowns using Praxis, Advocacy, and Scholarship (EBP as well as reflection and interpretation of lived experiences)
Implement – caringly tend to human needs, perform sacred acts, instill faith and hope, and create healing environments using Presence, Praxis, and Leadership

The ANA Code of Ethics, Baccalaureate Essentials and Nurse Practice Act are important teaching-learning guides.

.14   **Students**
Approximately 15 students participated in the discussion with Board staff. Students were highly complimentary of the program and faculty. They liked Notre Dame being a small liberal arts University, interdisciplinary collaboration with other health profession students, being listened to, and students felt empowered and are able to disagree with faculty. Students also stated that they did not wait until the end of a course to request change. Any time that something could be improved, they reported that implementation was immediate. Students knew where to locate grading, progression, withdrawal and grievance policies. They thought the latter was not needed. One student wished for more time in the program.

.15   **Evaluation**
The program compares nursing's objectives and six (6) curriculum outcomes (presence, praxis, advocacy, leadership, scholarship, and self-care) with those of the University. The six curriculum outcomes are identified with the course(s) in which they are satisfied. All courses use the program's evaluation tool.

Course evaluation data are an important resource for revisions. Course descriptions include objectives that are divided into the six outcomes. The program has an evaluation plan the involves nursing faculty, trustees, a Planning Council that includes campus faculty, and University administrators. The plan includes evaluation of missions, bylaws, discussions with clinical and community partners, pre-requisite and nursing courses, nursing position descriptions, faculty credentials and their maintenance, budget, catalogs, and all levels of policies.

.16   **NCLEX-RN Licensure Examination Performance**

NCLEX-RN 1st Time Candidate Performance for Notre Dame of Maryland University School of Nursing

FY 2015: July 1, 2014 - June 30, 2015[1]

BSN Degree Program	First time testers	Number Passing	Passing rate
Notre Dame of Maryland University	18	15	83.33%

Required Passing Rate for Maryland RN Programs/Schools	
	74.28%

[1]These statistics are provided by National Council State Boards of Nursing (NCSBN) and Pearson VUE.

Recommendation:

1. The Board grant full approval to the Notre Dame of Maryland University Entry Level Baccalaureate Program

Program strengths:

- Recognition by the University administration that the new baccalaureate program needed extra financial support
- Faculty commitment to the program and support of student learning and development of caring values
- The caring value that students learn to provide to clients/patients is demonstrated and received by students
- State of the art learning facilities
- An extensive evaluation plan

Board of Nursing

2e

To:	Maryland Board of Nursing Members
From:	A'lise Williams
	Director of Nursing Practice
Date:	November 10, 2015
RE:	Continuing Education Unit (CEU) Courses for Direct Entry Midwives

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The Chair of the Direct-Entry Midwife (DEM) Advisory Committee has submitted a listing of CEU's for Board approval. House Bill 9(HB9)-Maryland Licensure of Direct-Entry Midwives charges the DEM Advisory Committee with submitting a listing of CEU's for DEM's to the State Board of Nursing for approval. Attached is said list for consideration which will be posted to the Boards webpage upon approval.

Question for the Board:
Does the Board approve the attached list of CEU's for DEM's?

Direct-Entry Midwifery: Continuing Education Unit Courses for Board Approval

The bill requires that midwives complete specific bridge requirements as follows:

(II) If the applicant was certified by NARM as a certified professional midwife on or before January 15, 2017, through a non–MEAC accredited program, but otherwise qualifies for licensure, shall provide:

    1. Verification of completion of NARM–approved clinical requirements; and
    2. Evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accrediting Council for Continuing Medical Education, including:

        A. 14 hours of obstetric emergency skills training such as a Birth Emergency Skills Training (BEST) or an Advanced Life Saving in Obstetrics (ALSO) course; and
        B. The remaining 36 hours divided among and including hours in the areas of pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

COURSES FOR BOARD APPROVAL:

Obstetric Emergency Skills Trainings

- **Birth Emergency Skills Training for Out-of-Hospital Providers® (BEST)** is a certification course that prepares out-of-hospital midwives, physicians, nurses, and birth assistants to manage obstetrical emergencies with greater confidence and proficiency. The two-day course includes one 6-hour and one 8 hour day. The class includes didactic information, learning activities, hands on practice, and case studies, as well as trauma management and pregnancy complications scenarios. The BEST course includes a systematic approach to:
  - Recognizing the high-risk pregnancy
  - Pain and bleeding in pregnancy
  - Complications arising in pregnancy
  - Managing Complications of Birth
  - Postpartum Emergencies
  - Neonatal Emergencies

- **Advanced Life Support in Obstetrics (ALSO®)** by AAFP is an evidence-based multidisciplinary training program that prepares maternity health care providers to better manage obstetric emergencies. ALSO's evidence-based learning path bridges knowledge gaps and boosts skill sets using a team-based approach, hands-on training, and mnemonics to reduce errors and save lives. Two-day course including methods of managing pregnancy and birth emergencies, and demonstration of content and skill acquisition by

successful completion of the course written exam and megadelivery testing station.

Maryland Complete Bridge Program Course

- **Expect the Unexpected: Midwives Handling Complications in Out-of-hospital Settings** (36 hours, MEAC accredited) Specially designed by leading midwifery educators in collaboration with the Association of Independent Midwives of Maryand (AIMM), and accredited by MEAC, this four day intensive seminar gives interactive and hands-on training for midwives on successfully handing complications in the antepartum, intrapartum, postpartum and newborn periods, including pharmacology, laboratory testing, and working collaboratively to optimize home to hospital transports. Participants will prepare for the unexpected by being trained to anticipate complications and react swiftly and decisively, using role playing with clinical models. Instruction will build learner's complex competencies in psycho-motor skills, communication and clinical decision making skills plus evidence-based knowledge needed to perform these skills. Structured Objective Clinical Evaluations (OSCE) stations will be utilized for skills acquisition and verification simulation models, and written tests will cement learning.

Pharmacology

- **Administration of Medications and IV Fluids for Direct Entry Midwives.** (14 hours, MEAC accredited) The content of this workshop is designed to meet state requirements for medication and IV administration. There is hands-on practice for IV starts, fluid administration and rate calculation, and administration of medications including eye ointment, vitamin K, Rhogam, Pitocin, Cytotec, and Methergine.

Antepartum complications, Intrapartum complications, Postpartum complications, and Neonatal care

- **Suturing in Midwifery Practice** (8 hours, MEAC accredited). This workshop is designed for students and primary practitioners and who want to learn a simple and straightforward approach to suturing. Some of the topics include; preserving the perineum, the importance of history-taking, how prenatal nutrition relates to skin integrity, episiotomy, evaluating the laceration, informed consent, choosing supplies & equipment, choices for anesthesia and more. Demonstration and practice: hand & instrument ties, interrupted sutures, running sutures, subcutaneous sutures, perineal doubles, labial & periurethral tears, bleeders and after care.
- **The Ins & Outs of Venipuncture IV Certification & Blood Draws** (6 hours, MEAC accredited). This workshop is designed for midwives and students to learn venipuncture in midwifery practice. The workshop is for attendees who

wish to certify in IV catheterization and venipuncture and has a renewal component for those previously certified. Discussion: appropriate use of IV therapy, risks & benefits, solution & equipment choices, informed consent, charting, aseptic technique and tips for success. Attendees must have a successful, blood draw and I.V. start to obtain certification.

- **Intrapartum Fetal Surveillance for Midwives** (3.5 hours, MEAC accredited) This workshop is designed for midwives and midwifery students to learn the importance of intrapartum fetal assessment. It focuses on assessing overall well being through fetal heart rate. Learn how to listen and respond to the baby's needs during labor and delivery. This workshop is taught by lecture, visual aids, sample client charts, and fetal monitor strips for open review and discussion.

- **Understanding and Resolving Shoulder Dystocia** (3 hours, MEAC accredited) This workshop is designed to help midwives and midwifery students learn and recognize all aspects of shoulder dystocia. The knowledge gained in this workshop will give the participant the opportunity to review and practice managing shoulder dystocia, preparing them to more confidently handle an emergency dystocia in midwifery practice. Our topics will include incidence & risk factors, prevention, signs & symptoms, methods of resolving shoulder dystocia real or environmental, understanding neonatal & maternal trauma, statistics and outcomes. This workshop is taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.

- **Newborn Examination for Midwives From Apgars to Footprints.** (5 hours, MEAC accredited) This workshop is designed for midwives and midwifery students as first line primary providers for the newborn to learn the importance of the initial examination. It focuses on recognizing normal newborn and common variations seen in real midwifery practice. It breaks the exam process into quick noninvasive understandable assessments, discusses new testing guidelines and recording the information. The topics include clinical history, informed consents, setup & supplies, examination techniques, standard examination practices, review of recommended testing, forms and charting. This workshop is taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.

- **Midwifery Management of Neonatal Resuscitation.** (5 hours, MEAC accredited) This AAP certified NRP workshop covers neonatal transitional physiology (delayed cord clamping), the evidence-based studies behind the AAP/NRP guidelines such as the use of 100% O2, pulse oximetry, babies born through meconium stained waters, thermal management, all pertaining to the newborn specific to out-of-hospital management.

- **Resolving Shoulder Dystocia for the Active, Mobile Woman Course.** (3 hours, MEAC accredited) Earn 3 CE contact hours by completing the online education, Resolving Shoulder Dystocia for the Active, Mobile Woman. Gail Tully teaches this hands-on class for midwives, their active apprentices, and L & D nurses. Physicians and residents are also very welcome.

- **Breech Basics for Midwives** (3 hours, ACNM accredited) Every provider needs to know how to handle a breech, which can arise unexpectedly. Gail Tully teaches this course that covers:
    o Signs of a safe breech versus a shoulder dystocia;
    o Surprise, surprise! When is it too late to transport;
    o Upright breech benefits and myths;
    o What does "Hands-off-the-breech" really mean to us?;
    o Resolving breech shoulder dystocia and head entrapment.
- **Pregnancy Complications** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education) The purpose of this course is to provide nurses and other healthcare professionals with a review of the incidence, risk factors, signs/symptoms, medical management, nursing care, maternal/fetal implications, and relevant patient teaching related to the most common complications that affect women during the antepartum, intrapartum, and postpartum periods of pregnancy. Upon completion of this course, you will be able to:
    o List the most common pregnancy complications.
    o Describe the incidence and risk factors for the most common pregnancy complications.
    o Identify signs and symptoms in women affected by pregnancy complications.
    o Discuss the medical management and nursing care typically provided in response to pregnancy complications.
    o Describe maternal and fetal implications arising from common pregnancy complications.
    o Summarize relevant patient teaching offered to those experiencing pregnancy complications.
- **Part 1: Obstetric Emergencies** (22 hours (11 pharm hours), state-accredited/ACCME recognized, Western Schools) This exceptional high-level content course provides practical information to identify and treat the most commonly encountered obstetric emergent conditions. The course discusses such medical emergencies as pulmonary embolism, asthma exacerbation, thyroid storm, diabetic ketoacidosis, and epilepsy. Nurses will learn about the most frequent causes of abdominal pain during pregnancy and the appropriate diagnostic testing. The course also discusses ectopic pregnancy, cardiopulmonary resuscitation during pregnancy, perimortem cesarean delivery, hypertensive disorders of pregnancy such as preeclampsia/eclampsia, and bleeding and infection during pregnancy. In the discussion of chemical-biological warfare, participants will learn about assessment and management of the pregnant patient exposed to specific biological agents, toxins, chemicals, and radiation. The course describes care of patients with mosquito-borne illnesses such as West Nile Virus and the labor and delivery management of patients with human immunodeficiency virus (HIV) infection. Nurses will benefit from the discussion of placental separation, delivery techniques for shoulder dystocia, and types of lacerations. Transport of the pregnant patient is discussed, including

treatment and transfer decisions for the patient in preterm labor or with premature rupture of membranes. In the discussion of postpartum emergencies, participants will learn how to assess and intervene in complications in the postpartum period. Finally, drug therapy in pregnancy is discussed, and nurses will learn to how identify appropriate medications for various clinical conditions in the pregnant patient.

- **Postpartum Care** (2 hours, state-accredited ACCME recognized, Wild Iris Medical Education) COURSE OBJECTIVE: The purpose of this course is to provide healthcare professionals with a review of postpartum physiology, psychology, assessment, normal adaptation, complications, and teaching of the postpartum patient.
  LEARNING OBJECTIVES Upon completion of this course, you will be able to:
  - o Describe the normal physiologic and psychological adaptations to the postpartum period.
  - o Explain how to perform a postpartum nursing assessment.
  - o Identify the teaching topics that are relevant to postpartum patients.
  - o Identify indicators of intimate partner violence.
  - o Summarize the treatment of maternal complications seen during the postpartum period.
  - o List the symptoms that postpartum patients should report to their healthcare providers after discharge.
- **Assessment of risk in the term newborn** (6.4 hours, state-accredited/ACCME recognized, March of Dimes) Objectives: Provides perinatal and neonatal healthcare providers with essential, evidence-based information to assess a newborn's physiologic adaptation to extrauterinie life and to assess for infectious or metabolic disorders and positively support development. Gestational age assessment, physical assessment and newborn behavior patterns are discussed. The module outlines nursing management during the early newborn period, including identification of risk factors, and assessment, monitoring and intervention during hospitalization and postdischarge follow-up.
- **Bleeding in early pregnancy: When is it an emergency?** (1 hour, state-accredited/ACCME recognized) Objectives: The purpose of this program is to inform ED nurses about the major causes, critical signs and appropriate triage of bleeding in early pregnancy. After studying the information presented here, you will be able to: Identify the four major causes of bleeding in early pregnancy; Describe key questions to ask during triage; List the critical signs that suggest ectopic pregnancy or inevitable miscarriage.
- **Hypertensive disorders of pregnancy** (1 hour, state accredited/ACCME recognized) Objectives: The goal of this program is to provide nurses with information about the differentiation of hypertensive disorders of pregnancy, the effect on the mother and fetus, and recommended management. After studying the information here, you will be able to: State the four classifications of hypertensive disorders of pregnancy; Identify adverse maternal and fetal outcomes associated with these disorders; Describe management of the disorders to optimize maternal and fetal outcomes.

- **Perinatal Infections** (3 hours, state-accredited/ACCME recognized) Objectives: The goal of this continuing education program is to update nurses' knowledge of the identification, care and management of patients with perinatal infections. After studying the information presented here, you will be able to:
    - Discuss changes in the prevalence of certain perinatal infections in relation to effective screening and vaccination programs
    - Differentiate between universal screening and high-risk prenatal screening protocols
    - Explain the modes of transmission of various pathogens from an infected mother to her fetus/newborn
    - Recognize maternal and fetal/newborn acute clinical manifestations and long-term sequelae that occur in association with perinatal infections
    - Describe the standards for diagnosis and management of selected perinatal infections recommended by national guidelines
    - Discuss the role of the nurse as a health educator in caring for the woman who presents with, or is at increased risk for developing, a perinatal infection
- **Postpartum care** (5.4 hours, state-accredited/ACCME recognized, March of Dimes) Objectives: Provides the perinatal nurse with critical knowledge to safely and effectively care for mothers during the postpartum period. Offers strategies for prenatal education, discharge planning and postpartum care. Comprehensive physical, learning needs and psychological assessments are outlined.

Lab interpretation in pregnancy

- **Physiologic Changes and Laboratory Values** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education) COURSE OBJECTIVE: The purpose of this course is to review normal and abnormal physiologic changes that may occur during pregnancy and the laboratory values that indicate these changes. LEARNING OBJECTIVES: Upon completion of this course, you will be able to: Describe normal and abnormal physiologic changes of pregnancy. Identify laboratory results for normal and abnormal physiologic changes during pregnancy.

TRANSMITTAL MEMO   **3.b.**

FROM: **Shirley A. Devaris, RN, JD**
                Director of Legislation
                Maryland Board of Nursing

  TO: **The Board**

 DATE: **July 22, 2014**
 In RE: **Request to repeal COMAR 10.27.27.02 B. – Clinical Nurse
                Specialist**

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The Clinical Nurse Specialist   (CNS) regulations were adopted in 2012, providing
recognition for their advanced registered nurse practice.   This paragraph was adopted
as part of those regulations to allow existing clinical nurse specialists who did not meet
current certification requirements to be able to obtain certification.   There are very few
national CNS certifications available   and many of the more senior CNSs do not
practice in those areas of practice.

It has been more than three years since the regulations were adopted allowing
sufficient time to grandfather in any applicant for certification who does not meet
current requirements for national certification.   This paragraph should be repealed to
eliminate confusion and discourage individuals from applying who are not qualified
applicants.

10.27.27.02

.02 Certification.

A. An applicant for certification as a clinical nurse specialist shall:

        (1)   Be a registered nurse currently licensed in Maryland;

        (2)   Successfully complete a graduate degree at the master's or higher level at an
accredited college or university that prepares a registered nurse for certification as a clinical
nurse specialist;

(3) Successfully complete a national certifying exam recognized by the Board for certification as a clinical nurse specialist in the applicant's area of practice;

(4) Be currently certified as a clinical nurse specialist by a national certifying body recognized by the Board;

(5) Complete in full the application for certification as a clinical nurse specialist on a form approved by the Board; and

(6) Pay all applicable fees established by the Board in COMAR 10.27.01.

[B. Beginning on October 1, 2012, the Board shall deem that an applicant meets the qualifications to be certified as a clinical nurse specialist if the applicant has:

(1) Been licensed as a registered nurse in Maryland;

(2) Obtained a master's degree or higher in Nursing;

(3) Practiced as a clinical nurse specialist; and

(4) One of the following:

(a) An active certification as a clinical nurse specialist from a national certification body recognized by the Board;

(b) An active national certification at the highest level in the applicant's area of practice; or

(c) A national certification at the highest level in the applicant's area of subspecialty.]

STATE OF MARYLAND

MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900   (410) 358-3530 FAX
(410) 585-1978 AUTOMATED VERIFICATION
1-888-202-9861 TOLL FREE

3. c.

December 8, 2015

In Re: Board of Nursing Annual Report

The Honorable Lawrence J. Hogan, Jr.
Office of the Governor
100 State Circle
Annapolis, MD 21401-3901

Dear Governor Hogan:

The Board of Nursing submits the following annual report for Fiscal Year 2014, as required by the Health Occupations Article, § 8-205(a)(8).

FISCAL YEAR 2015

License Renewal and Certification

Initial Licenses and Certificates Issued by the Board ………....24,401
Renewal Licenses and Certificates Issued by the Board………97,376

Criminal History Record Checks (CHRC)

The exact number of positive and negative CHRCs is unavailable due to staff turnover.   The Board is providing estimates.

Estimated total positive CHRCs ……………….…………….. 1,552
Estimated total negative CHRCs……………..………... 24,157

Denial of Licenses and Certificates

Denial for Positive Criminal History Record Check …....................76
Denial for other reasons 5

Complaints

For Violation of Nurse Practice Act………...........................1172

Most Common Grounds for Complaints

Positive Criminal History Record Check   ……………1,163

Standard of care violations ……………………………308
Discipline in another State ……………………………537
Substance Abuse …………………………………………134
Abuse (includes verbal and physical abuse)…………………144

Number and types of disciplinary action taken by the Board

Summary Suspension..47
Revocation..111
Reprimand 62
Probation... ..13
Denial of License or Certificate 81
Fines..$6000.00

Respectfully submitted,

Mary Kay Goetter, PhD, RN, NEA-BC
Executive Director
Maryland Board of Nursing

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The NCSBN established Commitment to Ongoing Regulatory Excellence (CORE) committee released its fiscal year 2014 Maryland report for Licensure. This report is a performance measure and benchmarking tool for boards of nursing. The overall purpose of the tool is to track the efficiency of BONs processes nationally and to provide a tool to assist BONs in improving performance and providing accountability to higher levels of authority and the public.

The data collected and presented is generated from surveys of BONs, nurses', employers, and educators in participating states. Data is intended to assist BONs track performance over time and compare their performance against Boards of a similar size and structure. The Licensure Report is one of four CORE surveys that will be provided for the Boards to review.

FY2014 CORE State Report
Maryland State Board of Nursing
Volume 2: Licensure

Background and Purpose

Commitment to Ongoing Regulatory Excellence (CORE) is a comparative performance measurement and benchmarking process for boards of nursing (BONs). Its purpose is to track the effectiveness and efficiency of nursing regulation nationally, as well as on an individual BON level, to assist BONs in improving program performance and providing accountability to higher levels of authority and the public.

CORE incorporated surveys of BONs, as well as three external stakeholder groups: 1) nurses; 2) employers; and 3) educators. Data from these surveys are used to operationalize measures of outputs and outcomes for each of the four pillars of nursing regulatory board programs: practice, nursing education, licensure, and discipline. Data is intended to help BON track its performance over time, as well as compare its own performance against that of other BONs of similar size and structure.

Data Collection and Processing

The four CORE surveys were conducted in a staggered schedule starting in the autumn of 2014 and ending in the spring of 2015. A total of 54 BONs had a hardcopy of the CORE survey available to them. A reminder email was sent to BONs that had not responded to the initial survey. Ultimately, 30 BONs responded to the CORE survey. NCSBN staff reviewed all returned surveys for completeness and consistency.

A simple random sample of 1,500 nurses with an active license from 43 BON were drawn from Nursys® or directly from BONs that do not contribute data to Nursys®. Hard copy surveys were mailed to these nurses, with an additional option to complete the survey online. The nurse response rate was 14%.

Approximately 300 employers of nurses within the purview of each BON were mailed hard copies of the employers' survey. A simple random sample of these employers were selected from Medicare-listed nursing homes, the American Hospital Association, and Medicare-listed home health care programs. Employers were given the option of completing the survey online. The employer response rate was 12%.

For nursing education programs, surveys were distributed to the program directors of all nursing education programs in the U.S. with an NCLEX code; 2,096 were distributed online and 1,317 were sent a hard copy through the mail. The educator response rate was 18%.

In addition to the four surveys, two outside data sources were used. NCLEX-RN® and NCLEX-PN® examinations data and Nursys® disciplinary data.

Table 1 summarizes the number of surveys sent to and completed by each of the four stakeholder groups.

Table 1. Response Rates for 2014 CORE Surveys

Group	Surveys Distributed	Surveys Returned	Response Rate
BONs	54	30	55.6%
Nurses	60,500	8,301	13.7%
Employers	12,772	1,478	11.6%
Educators	3,413	607	17.8%

Organization of the Report

The results presented in this report are organized according the State Board of Nursing CORE Logic Model. It begins with measures of the overall longer term outcomes: *Consumers receive safe and competent care from nurses*, and then maps backward through Intermediate Outcomes, Immediate Outcomes, Outputs, Process and Activities, and Resources of the licensure component. Where applicable, licensure data measures are reported as trends for FY009, FY2012, and FY2014 or FY2012 and FY2014.   Only BONs that have responded to the measure for every year that is represented are included in the reported results. The data is represented in line charts to view any changes to measures throughout the past three CORE cycles.

Limitations

Limitations of the report include missing or incomplete data and inconsistencies among the BONs as to how certain data are reported. Because each BON maintains its own information systems that accumulate transactional data on an ongoing basis, BONs do not keep track of the same information and do not count measures the same way. Although the BONs were provided with definitions of the measures or informational items being solicited, there were still some inconsistencies.

With respect to the other three surveys, and in particular the survey of employers, the number of responses for some individual states is low; therefore caution is needed regarding sampling error.

It should be understood that the results presented in this report are descriptive data only. While almost all of the data presented represent indicators of the performance of their respective BONs, the data are indicators only and are therefore subject to possible problems regarding measurement validity and reliability. Furthermore, these performance measures have not been subjected to analysis of associations or relationships among them, nor does this report constitute a cause/effect evaluation of BON performance. Thus, the data provided in this report should be taken at face value and not over interpreted. Nevertheless, the data presented in this report do provide a clear, comprehensive and well-balanced indication of what the performance of the Maryland Board of Nursing looks like and how that compares with its counterparts around the country.

Table of Contents

Section I: Longer Term Outcomes

Consumers receive safe and competent care from nurses

State Board of Nursing CORE Logic Model

5/8/2012

Components & Inputs	Program Components & Resources	Processes & Activities	Outputs	Immediate Outcomes	Intermediate Outcomes	Longer Term Outcomes

Practice
Questions, inquiries, and practice issues

Practice
- Staff
- Dollars

Drafting legislative changes → Legislation proposed → Legislation passed

Making rules → Rules promulgated

Nursing regulations are current and reflect state of the art practice

- Responding to inquiries
- Communicating with nurses & other stakeholders

Advice and clarification provided; information disseminated, e.g. website, newsletters, etc

Nurses and other stakeholders knowledgeable about regulations and the role of the Board

Education
Initial and continuing nursing education program applications

Education
- Staff
- Dollars

Establish philosophy, policy, standards, etc

- Reviewing applications
- Reviewing faculty credentials & qualifications
- Conducting site visits
- Providing consultation

Decisions regarding approval of programs

Students are adequately supervised

Consumers receive safe and competent care from student nurses

Programs are high quality

Nursing programs graduate competent, knowledgeable and safe practitioners

Licensure
Applications for RN, LPN, & APRN licenses

Licensure
- Staff
- Dollars

Establish philosophy, policy, standards, etc

- Reviewing initial and renewal applications
- Following up on incomplete applications

Initial and renewal licenses and certificates issued or denied

Only qualified nurses are practicing

Discipline
Complaints and reports of misconduct or incompetent practice

Discipline
- Staff
- Dollars

Establish philosophy, policy, standards, etc

- Triaging cases to determine risk and course of action
- Conducting investigations
- Reviewing complaints with subjects and complainants

Board actions taken:
- Cases dismissed
- Nurses disciplined
- Nurses remediated without discipline

Unsafe or incompetent practitioners are removed from practice

Nurses are remediated

Nurses are deterred from violating regulations

Nurses adhere to regulations and standards of practice

Consumers receive safe and competent care from nurses

Consumers receive safe and competent care from nurses

Table 1. Figure 1. Percent of Nurses You Work with Who Provide Safe and Competent Care in 2014.

Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
100% - 96%	45.9%	50.1%	46.9%	48.6%
95% - 91%	25.1%	30.2%	30.1%	30.1%
90% - 86%	18.4%	11.4%	12.9%	12.1%
85% - 80%	8.7%	5.1%	6.2%	5.6%
Fewer than 80%	1.9%	3.2%	3.9%	3.6%
Total	100%	100%	100%	100%
Number of Responses	n = 207	n = 4,145	n = 3,764	n = 7,909
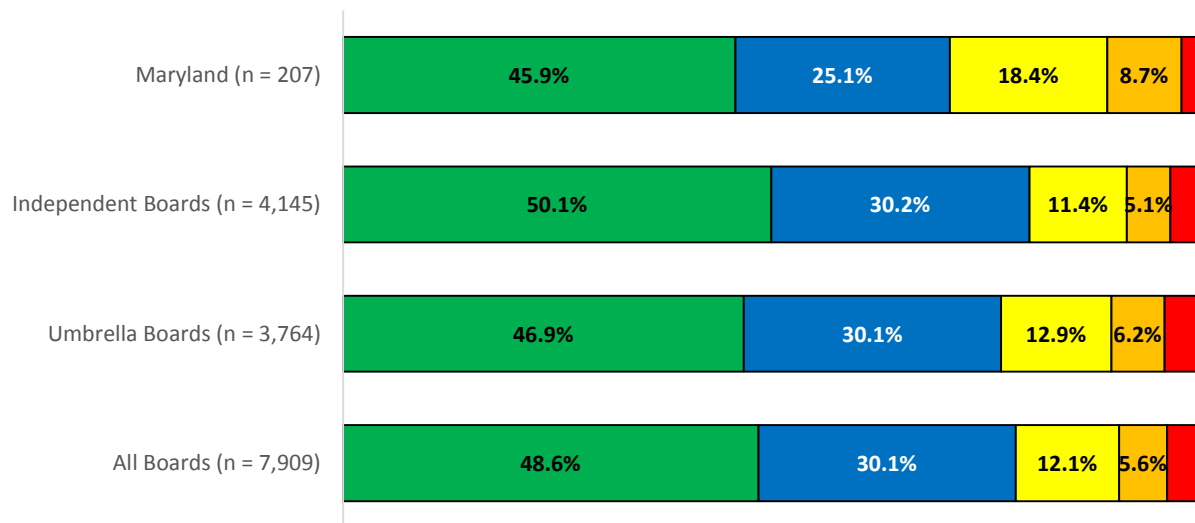
Nurses were asked what percent of nurses they work with provide safe and competent care. Overall, 78.7% of nurses from all boards indicated that over 90% of nurses they work with provide safe and competent care. Among nurses, 80.3% in states with an independent board indicated working with these nurses, while 77% in states with an umbrella board indicated working with them. In Maryland, 71% of nurses indicated that over 90% of the nurses they work with provide safe and competent care, which is approximately equal to the aggregate.

Table 2. Frequency that Nurses, Employers, and Educators Worked With or Received Reports About Nurses Committing Near Misses or Patient Harm in 2014.

Nurses Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Seldom or Never	67.0%	68.0%	66.9%	67.5%
Occasionally	29.1%	28.3%	29.5%	28.8%
Fairly Often	3.9%	3.7%	3.6%	3.7%
Total	100%	100%	100%	100%
Number of Responses	n = 206	n = 4,148	n = 3,768	n = 7,916

Employers Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Seldom or Never	58.6%	51.5%	56.1%	53.3%
Occasionally	37.9%	38.6%	35.5%	37.4%
Fairly Often	3.5%	9.9%	8.4%	9.3%
Total	100%	100%	100%	100%
Number of Responses	n = 29	n = 865	n = 583	n = 1,448

Educators Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Seldom or Never	83.3%	91.1%	87.2%	88.8%
Occasionally	16.7%	8.1%	12.2%	10.5%
Fairly Often	0%	0.8%	0.6%	0.7%
Total	100%	100%	100%	100%
Number of Responses	n = 6	n = 247	n = 344	n = 591

Figure 2. Frequency of Nurses, Employers, and Educators Who Worked With or Received Reports About Nurses Committing Near Misses or Patient Harm in 2014.

Nurses

	Seldom or Never	Occasionally	Fairly Often
Maryland (n = 206)	67.0%	29.1%	3.9%
Independent Boards (n = 4,148)	68.0%	28.3%	3.7%
Umbrella Boards (n = 3,768)	66.9%	29.5%	3.6%
All Boards (n = 7,916)	67.5%	28.8%	3.7%

Employers

	Seldom or Never	Occasionally	Fairly Often
Maryland (n = 29)	58.6%	37.9%	3.5%
Independent Boards (n = 865)	51.5%	38.6%	9.9%
Umbrella Boards (n = 583)	56.1%	35.5%	8.4%
All Boards (n = 1,448)	53.3%	37.4%	9.3%

■ Seldom or Never ☐ Occasionally ■ Fairly Often

Employers

	Seldom or Never	Occasionally	Fairly Often
Maryland (n = 6)	83.3%	16.7%	0.0%
Independent Boards (n = 247)	91.1%	8.1%	0.8%
Umbrella Boards (n = 344)	87.2%	12.2%	0.6%
All Boards (n = 591)	88.8%	10.5%	0.7%

■ Seldom or Never ☐ Occasionally ■ Fairly Often

Overall, a higher percent (88.8% overall; 91.1% among states with an independent board and 87.2% among states with an umbrella board) of employers indicated they seldom or never received reports about student nurses committing near misses or patient harm, while the lowest percent (53.3% overall; 51.5% among states with an independent board and 56.1% among states with an umbrella board) were among employers. The percentage of nurses indicating they seldom or never worked with these nurses was 68% overall, 66.9% among states with an umbrella board and 67.5% among states with an independent board. In Maryland, 83.3% of educators indicated they seldom or never received reports on student nurses committing near misses or patient harm, while 67% of nurses have seldom or never worked with these nurses, and 58.6% of employers have seldom or never received reports on these nurses.

Section II: Intermediate Outcomes

Only qualified nurses are practicing

State Board of Nursing CORE Logic Model — 5/8/2012
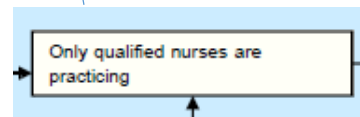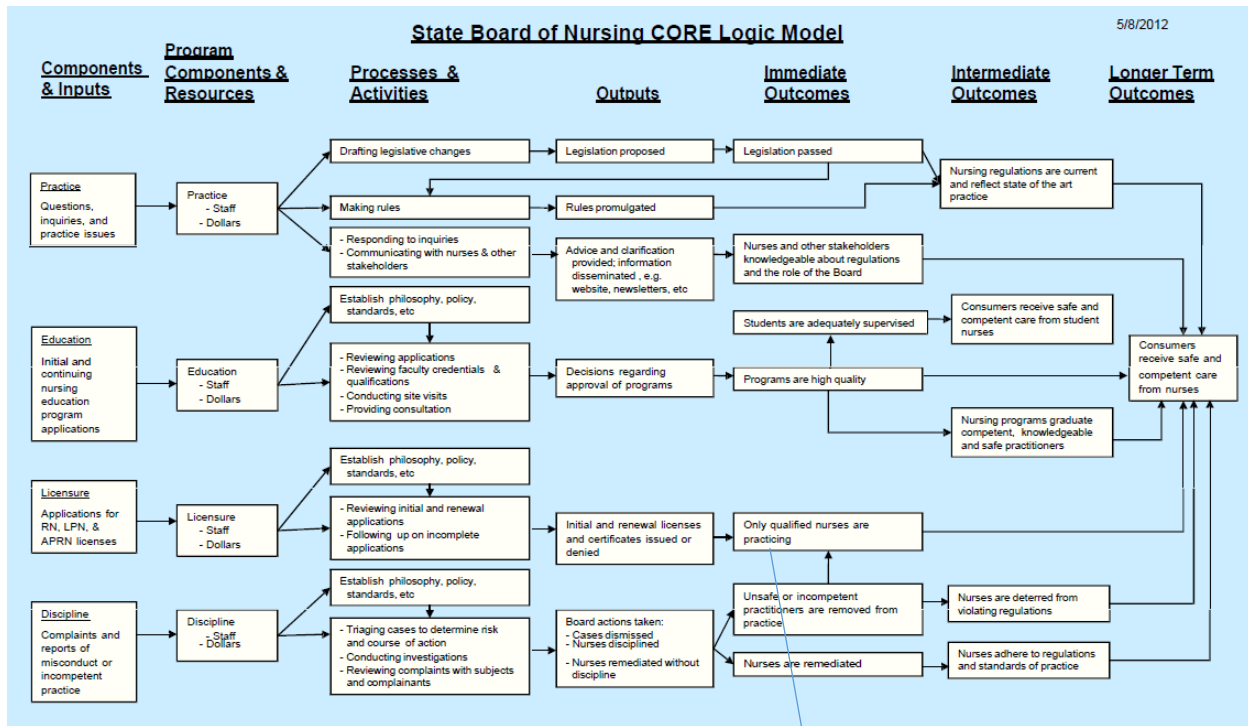
Table 3. Figure 3. Average Percent of Active Nurses without Action against License in Nursys® in FY2014.

	Maryland	Independent Boards	Umbrella Boards	All Boards
Average Percent	99.6%	98.4%	99.1%	98.8%
Total Boards of Nursing	n = 1	n = 23	n = 27	n = 50
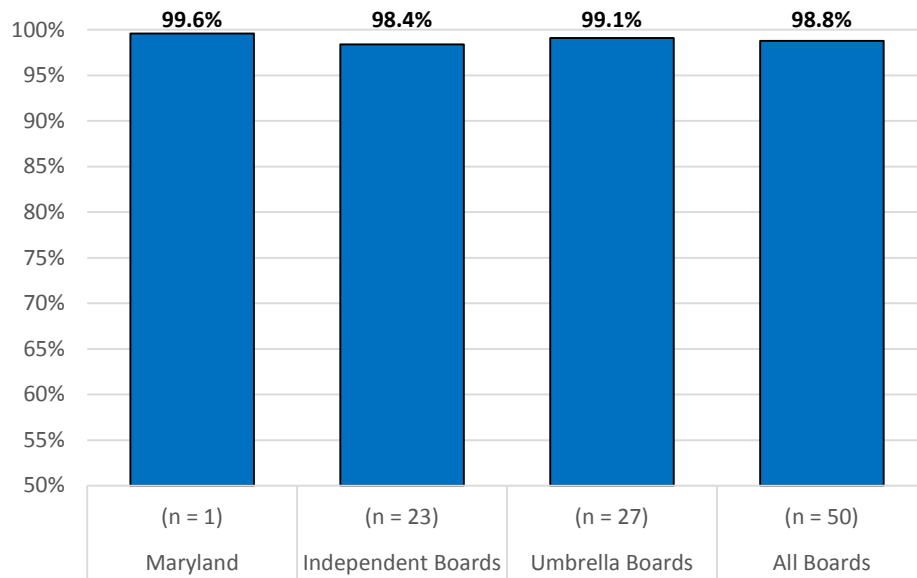
Data represented counts the number of individuals who have an active license at some point during FY2014. Nurses with discipline are removed from this data set based on:

- *Nurses with the discipline flag set on the license without any discipline case details*
- *Nurses with a discipline case with an initial action date before FY2014 and without a 1280 revision*
- *Nurses with a discipline case with an initial action date before FY2014 and without automatic reinstatement*
- *Nurses with discipline cases with an initial action date within FY2014*
- *Nurses with discipline cases with an initial action date before FY2014, that are cleared with 1280 revision within FY2014 or afterwards*
- *Nurses with discipline cases with an initial action date before FY2014 and automatic reinstatement with an end date in FY2014 or afterwards*

The majority (98.8%) of nurses from all boards have no discipline action against their license in Nursys® (98.4% among states with an independent board and 99.1% among states with an umbrella board). In Maryland, 99.6% of nurses have no discipline action against their license in Nursys® in FY2014.

Figure 4. Number of Active Nurses without Action against License in Nursys® in FY2014.
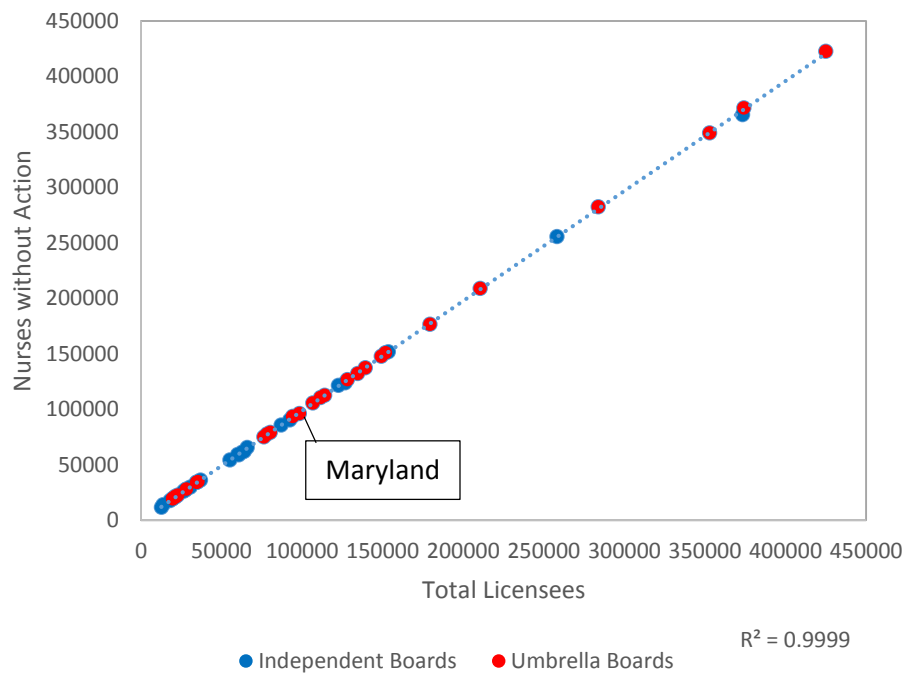
The number of active nurses without action against their license in Nursys® in FY2014 has a positive linear relation with the size of the board as represented by the number of licensees. Understandably, larger boards tend to have a greater total number of active nurses who do not have any action against their license than do smaller boards, as they have more nurses. The number of active nurses without action against their license in FY2014 in Maryland BON is similar to other similar size boards and is what would be expected given the overall association shown above.

Table 4. Figure 6. Average Percent of Active Nurses without Action against License in Nursys® in FY2009, FY2012, and FY2014.*

Average Percent	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2009	99.6%	93.6%	99.1%	96.2%
FY2012	99.6%	98.2%	99.0%	98.6%
FY2014	99.6%	98.4%	99.1%	98.7%
Total Boards of Nursing	n = 1	n = 21	n = 19	n = 40
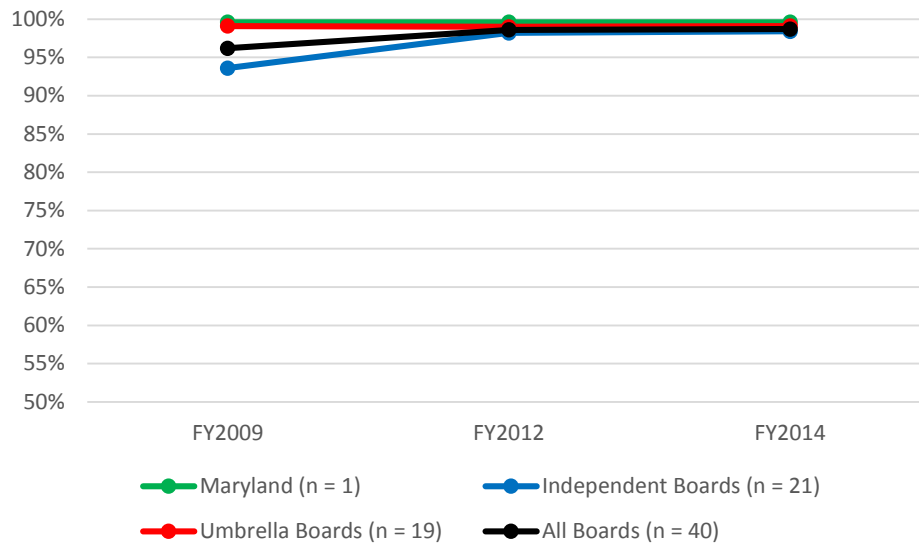
Data represented counts the number of individuals who have an active license at some point during FY2009, FY2012, and FY2014. Nurses with discipline are removed from this data set based on:

- *Nurses with the discipline flag set on the license without any discipline case details*
- *Nurses with a discipline case with an initial action date before FY2009, FY2012, and FY2014 and without a 1280 revision*
- *Nurses with a discipline case with an initial action date before FY2009, FY2012, and FY2014 and without automatic reinstatement*
- *Nurses with discipline cases with an initial action date within FY2009, FY2012, and FY2014*
- *Nurses with discipline cases with an initial action date before FY2009, FY2012, and FY2014, that are cleared with 1280 revision within FY2014 or afterwards*
- *Nurses with discipline cases with an initial action date before FY2009, FY2012, and FY2014 and automatic reinstatement with an end date in FY2009, FY2012, and FY2014 or afterwards*

Overall, among all boards, the percent of nurses without action against their license increased in FY2012 and remained steady in FY2014. The percent of nurses among states with an independent boards increased in FY2012 and remained steady in FY2014, while the percent among states with an umbrella boards remained steady throughout FY2009, FY2012, and FY2014. In Maryland, the percent of nurses without action against their license remained steady throughout FY2009, FY2012, and FY2014.

*Only BONs that have data available for this measure in FY2009, FY2012, and FY2014 are represented in this graph.

Section III: Outputs

Initial and renewal licenses and certificates issued or denied

State Board of Nursing CORE Logic Model — 5/8/2012
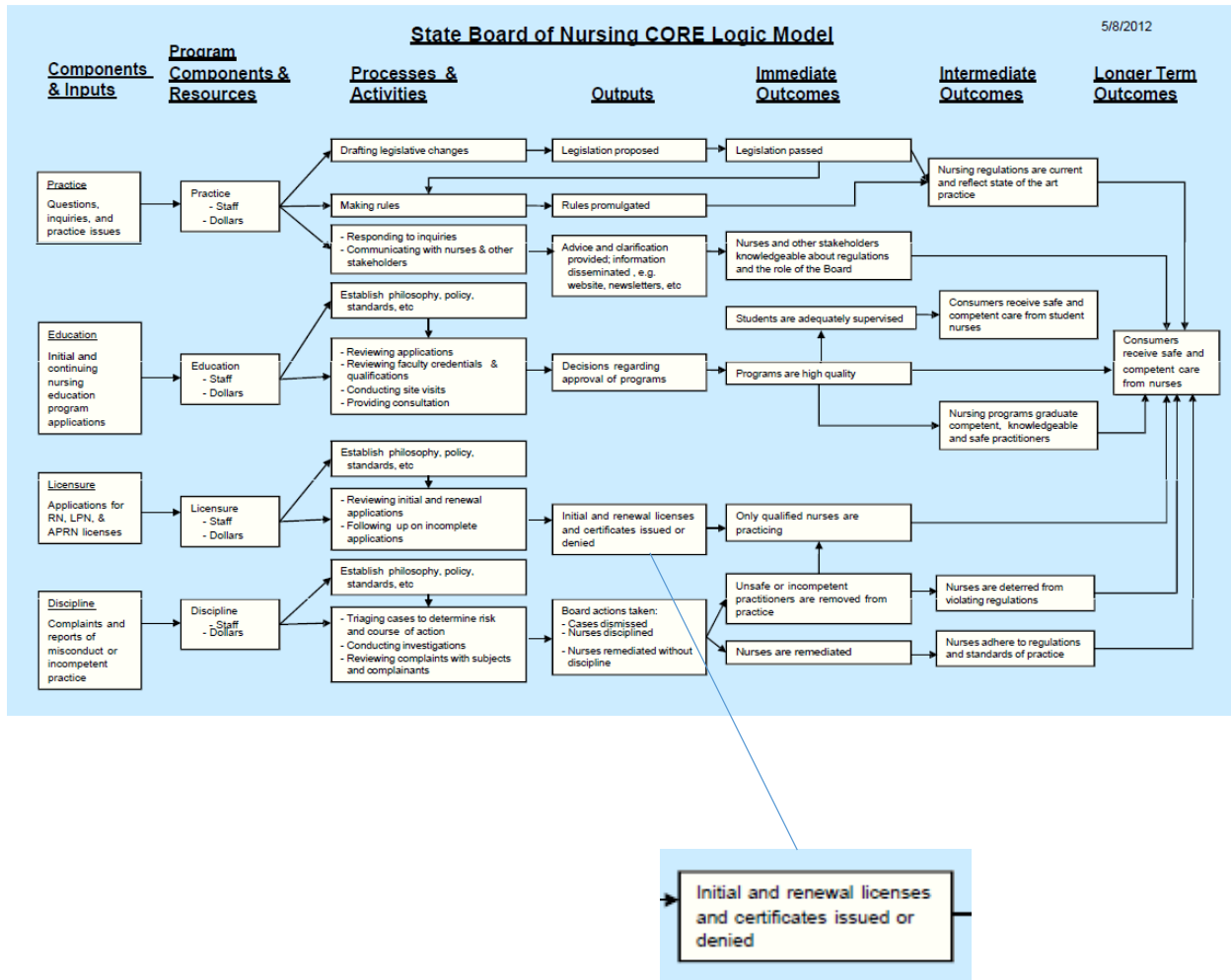
Table 5. Figure 7. Average Number of Days to Process Applications for Nurse Licensure by Initial Exam, Endorsement, and Renewal in FY2014.

Number of days	Maryland	Independent Boards	Umbrella Boards	All Boards
Initial Exam	15.0	6.2	9.1	7.2
Endorsement	15.0	12.7	11.7	12.3
Renewal	2.5	1.8 (n = 17)	4.3 (n = 8)	2.6 (n = 25)
Total Boards of Nursing	n = 1	n = 18	n = 9	n = 27
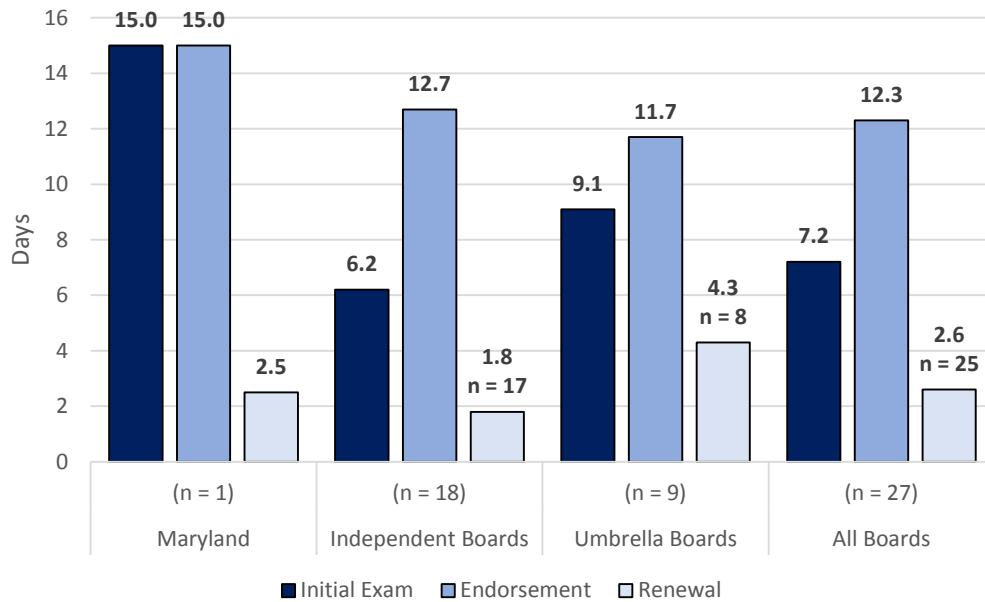
Boards of nursing were asked the number of days to process application for nurse licensure from receipt of all required information to issuance of licensures by initial exam, endorsement, and renewal. Overall, the quickest issuance for licensure is by renewal (2.6 days overall; 1.8 days among states with an independent board and 4.3 days among states with an umbrella board). The second quickest issuance for licensure is by initial exam (7.2 days overall; 6.2 days among states with an independent board and 9.1 days among states with an umbrella board). Endorsements took the longest to issue (12.3 days overall; 12.7 days among states with an independent board and 11.7 days among states with an umbrella board). In Maryland, quickest issuance for licensure is by renewal (2.5 days). Issuance for licensure by initial exam and licensure by endorsement was the same (15 days).
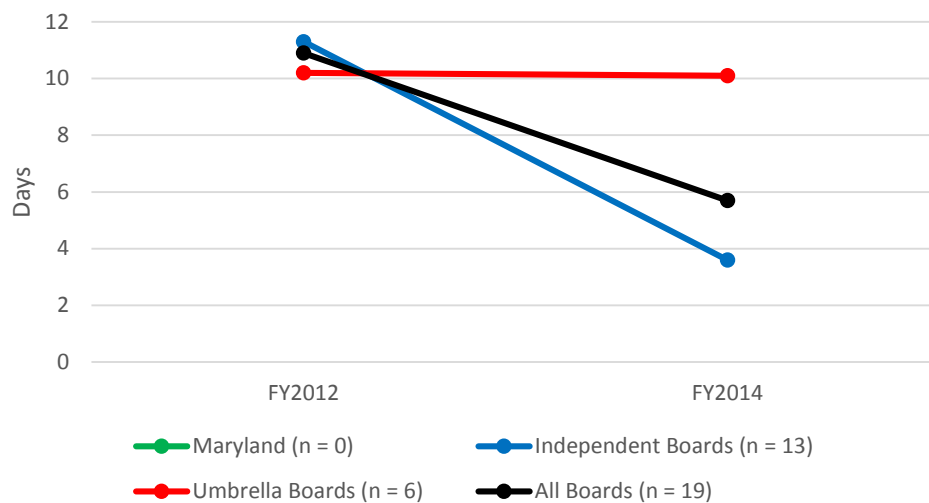
Figure 8. Number of Days to Process Applications for Nurse Licensure by Initial Exam FY2014.
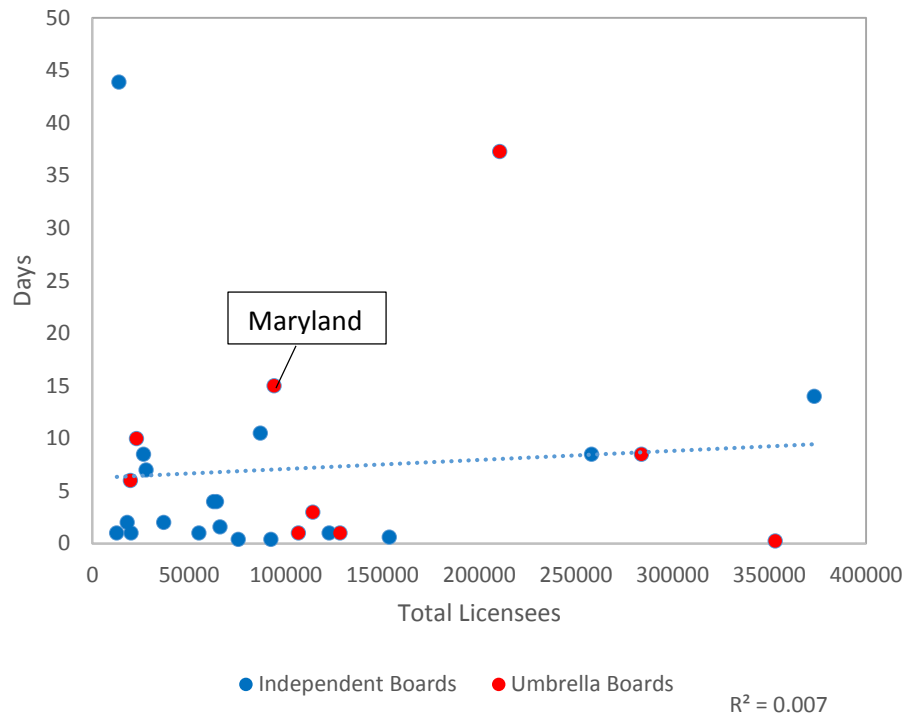
R² = 0.007

The number of days to process an application from receipt of all required information to issuance of license by initial exam in FY2014 bears no linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards have no systematic tendency to take more (or less) days to issue a license by initial exam than do smaller boards. The number of days to process an application from receipt of all required information to issuance of license by initial exam as reported by the Maryland BON is on the high end of the range for other similar size boards.

Figure 9. Number of Days to Process Applications for Nurse Licensure by Endorsement FY2014.
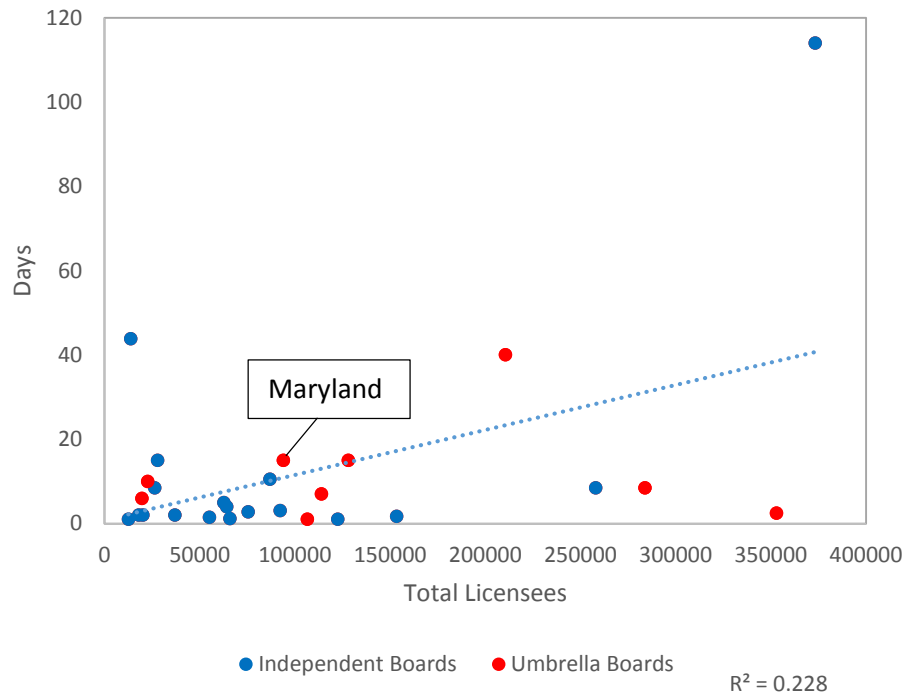
The number of days to process an application from receipt of all required information to issuance of license by endorsement in FY2014 has a positive linear relationship with the size of the board as represented by the number of licensees, indicating that the larger boards tend to take longer to issue a license by endorsement than do smaller boards. The number of days to process an application from receipt of all required information to issuance of license by endorsement as reported by the Maryland BON is in the high end of the range for other similar size boards, and it is slightly higher than what would be expected given the overall association shown above.

Figure 10. Number of Days to Process Applications for Nurse Licensure by Renewal FY2014.
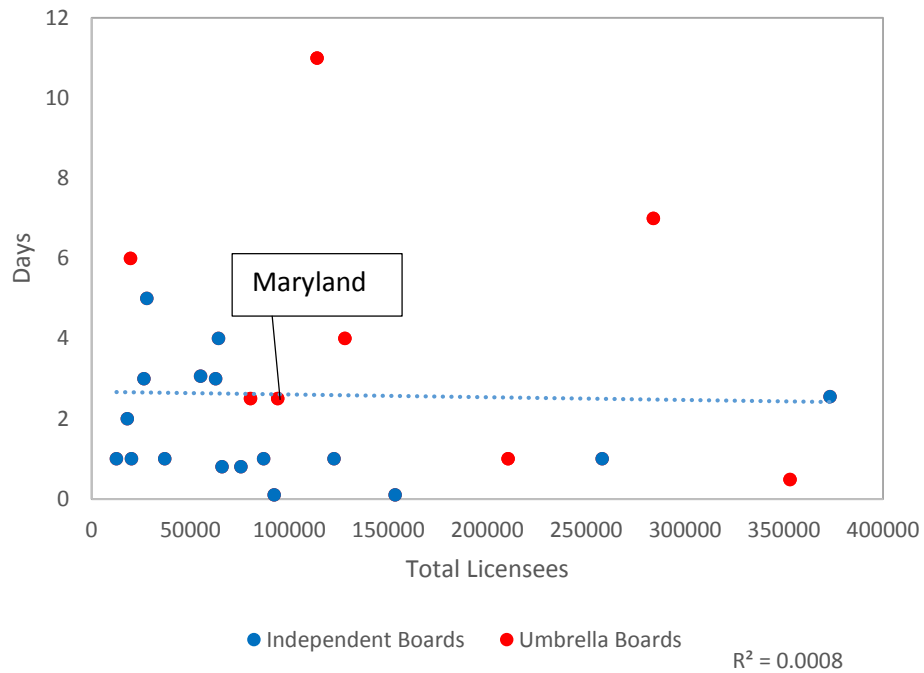
The number of days to process an application from receipt of all required information to issuance of license by renewal in FY2014 bears no linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards have no systematic tendency to take more (or less) days to process a license for renewal than do smaller boards. The number of days to process an application from receipt of all required information to issuance of license by renewal as represented by the Maryland BON is in the middle end of the range for other similar size boards.

Table 6. Figure 11. Average Number of Days to Process Applications for Nurse Licensure by Initial Exam in FY2012 and FY2014.*

| Days	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	11.3	10.2	10.9
FY2014	.	3.6	10.1	5.7
Total Boards of Nursing	n = 0	n = 13	n = 6	n = 19

Overall, the average number of days to process applications for nurse licensure by initial exam from receipt of all required information to issuance of license decreased significantly in FY2014. Among states with an independent board, the average number of days decreased significantly, while the average number of days among states with an umbrella board remained fairly steady between FY2012 and FY2014. This measure was not reported on by the Maryland BON in FY2012 and FY2014.

*Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.*

Licensure: Maryland

Table 7. Figure 12. Average Number of Days to Process Applications for Nurse Licensure by Endorsement in FY2012 and FY2014.*

Days	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	13.7	12.0	13.3
FY2014	.	11.4	13.6	12.0
Total Boards of Nursing	n = 0	n = 16	n = 6	n = 22
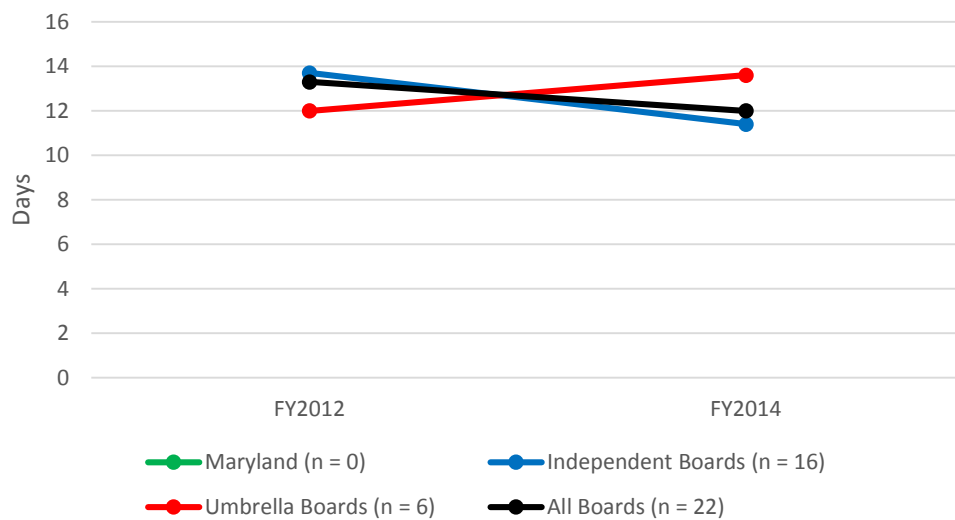
Overall, the average number of days to process applications for nurse licensure by endorsement from receipt of all required information to issuance of license decreased slightly in FY2014. Among states with an independent board, the average number of days decreased, while the average number of days among states with an umbrella board remained increased in FY2014. This measure was not reported on by the Maryland BON in FY2012 and FY2014.

*Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.

Licensure: Maryland

Table 8. Figure 13. Average Number of Days to Process Applications for Nurse Licensure by Renewal in FY2012 and FY2014.*

Days	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	2.3	7.5	3.5
FY2014	.	1.8	4.7	2.4
Total Boards of Nursing	n = 0	n = 17	n = 5	n = 22
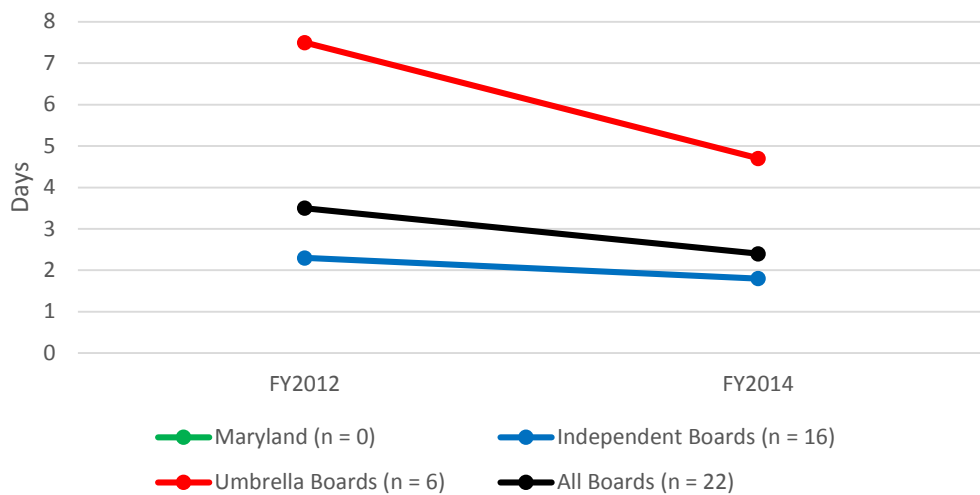
Overall, the average number of days to process applications for nurse licensure by renewal from receipt of all required information to issuance of license decreased in FY2014. Among states with an independent board, the average number of days decreased, while the average number of days among states with an umbrella board decreased significantly in FY2014. This measure was not reported on by the Maryland BON in FY2012 and FY2014.

*Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.

Licensure: Maryland

Table 9. Figure 14. Average Number of Applications for Nursing Licensure Received by Initial Exam, Endorsement, and Renewal in FY2014.

Number of applications	Maryland	Independent Boards	Umbrella Boards	All Boards
Initial Exam	3,481	4,397	5,707	4,877
Endorsement	2,339	2,789	4,884	3,557
Renewal	91,467	38,012 (n = 18)	84,509 (n = 9)	53,511 (n = 27)
Total Boards of Nursing	n = 1	n = 19	n = 11	n = 30
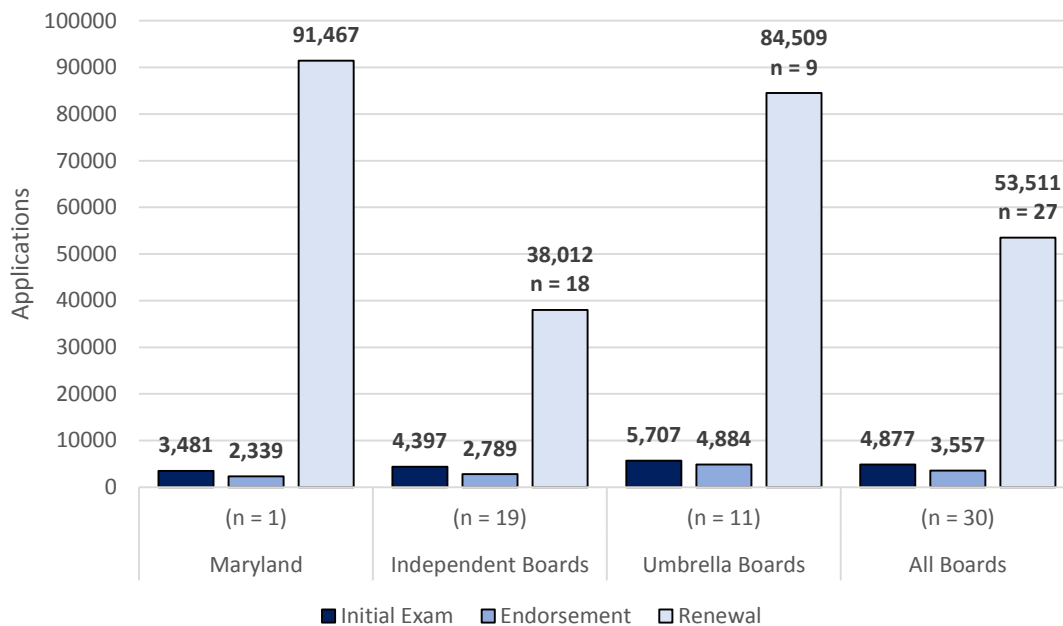
Boards of nursing were asked the number of nursing applications received by initial exams, endorsements, and renewals. The most applications for nursing licensure received was for renewals (average of 53,511 overall; 38,012 among states with an independent board and 84,509 among states with an umbrella board). The second most applications for nursing licensure received was for licensure by initial exam (average of 4,877 overall; 4,397 among states with an independent board and 5,707 among states with an umbrella board). The least amount of applications received were for endorsements (average of 3,557 overall; 2,789 among states with an independent board and 4,884 among states with an umbrella board). In Maryland, the most applications were for licensure by renewal (91,467) followed by licensure by initial exam (3,481), then licensure by endorsement (2,339).
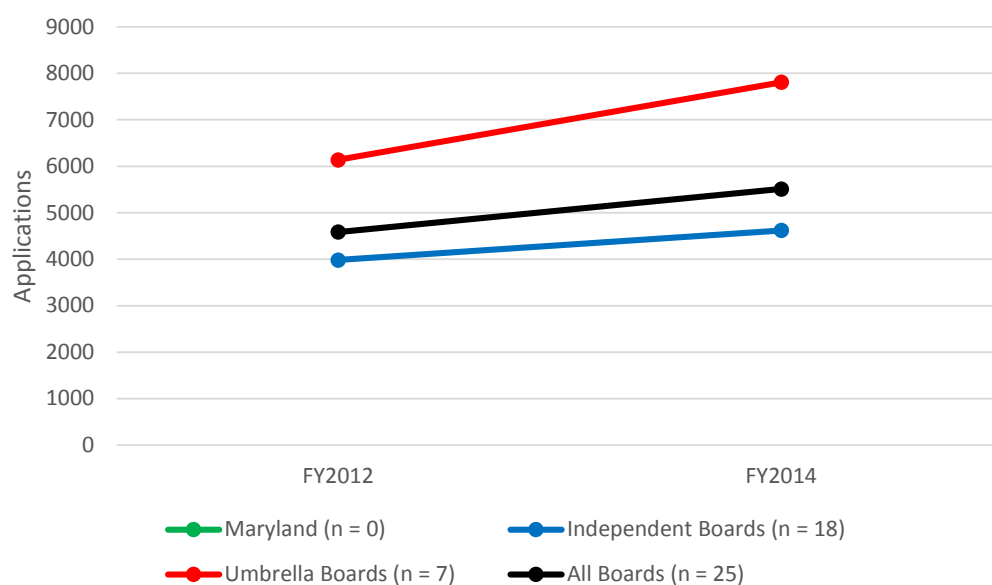
Figure 15. Number of Applications for Nursing Licensure Received by Initial Exam in FY2014.
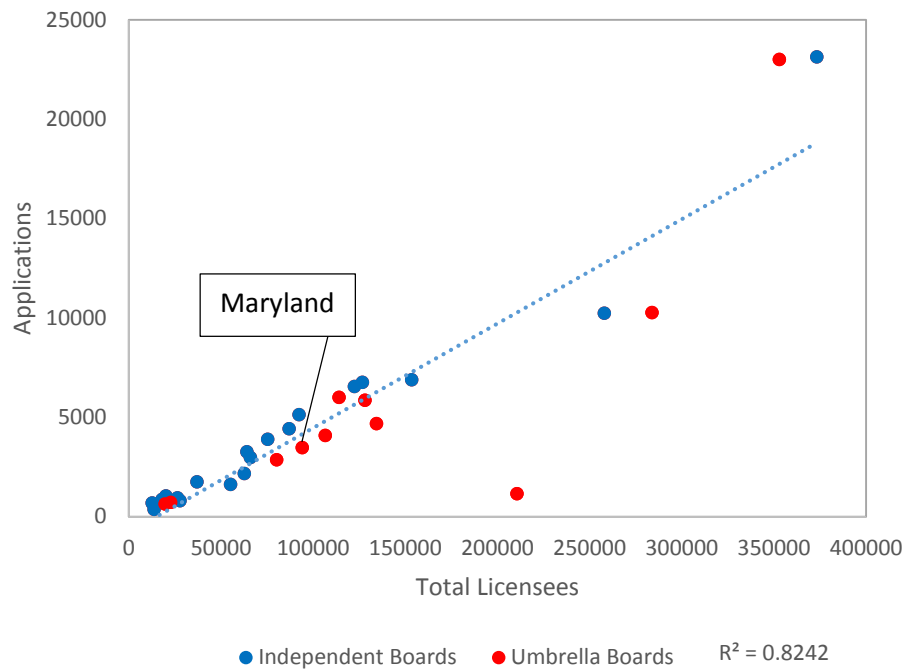
The number of nursing applications received by initial exams in FY2014 has a very strong positive linear relationship with the size of the board as represented by number of licensees, indicating that larger boards tend to receive more applications for nurse licensure by initial exams than do smaller boards. The number of nursing applications received by initial exams as reported by the Maryland BON is in the middle-to-lower end of the range for other similar size boards, and it is slightly lwoer than what would be expected given the overall association shown above.

Figure 16. Number of Applications for Nursing Licensure Received by Endorsement in FY2014.

R² = 0.5309
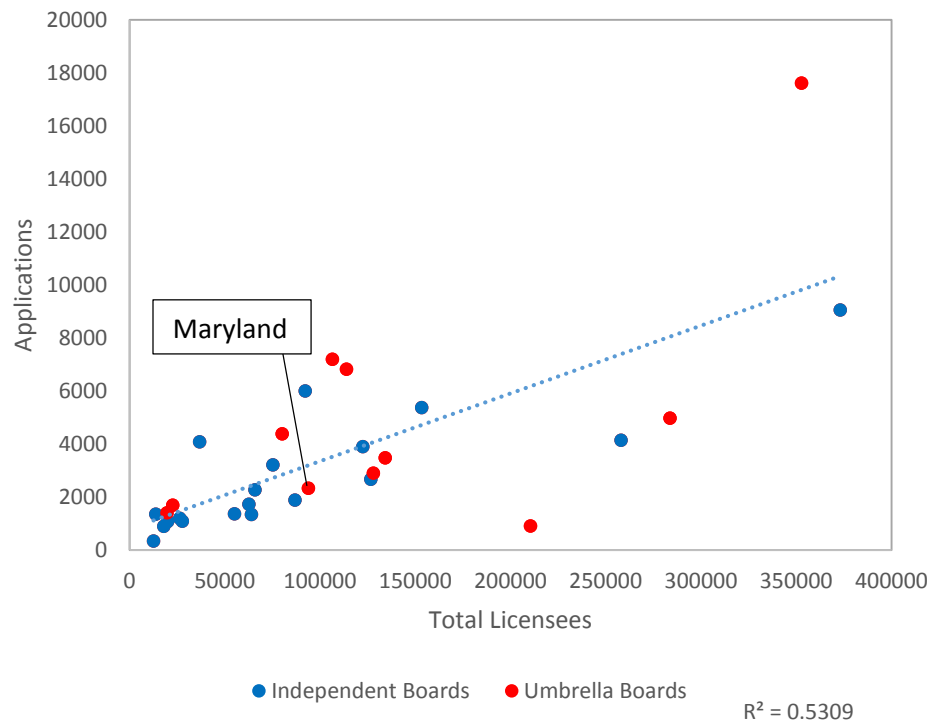
The number of nursing applications received by endorsements in FY2014 has a strong positive linear relationship with the size of the board as represented by number of licensees, indicating that larger boards tend to receive more applications for nurse licensure by endorsements than do smaller boards. The number of nursing applications received by endorsements as reported by the Maryland BON is in the low end of the range for other similar size boards, and it is lower than what would be expected given the overall association shown above.

Figure 17. Number of Applications for Nursing Licensure Received by Renewal in FY2014.

R² = 0.7385

● Independent Boards   ● Umbrella Boards
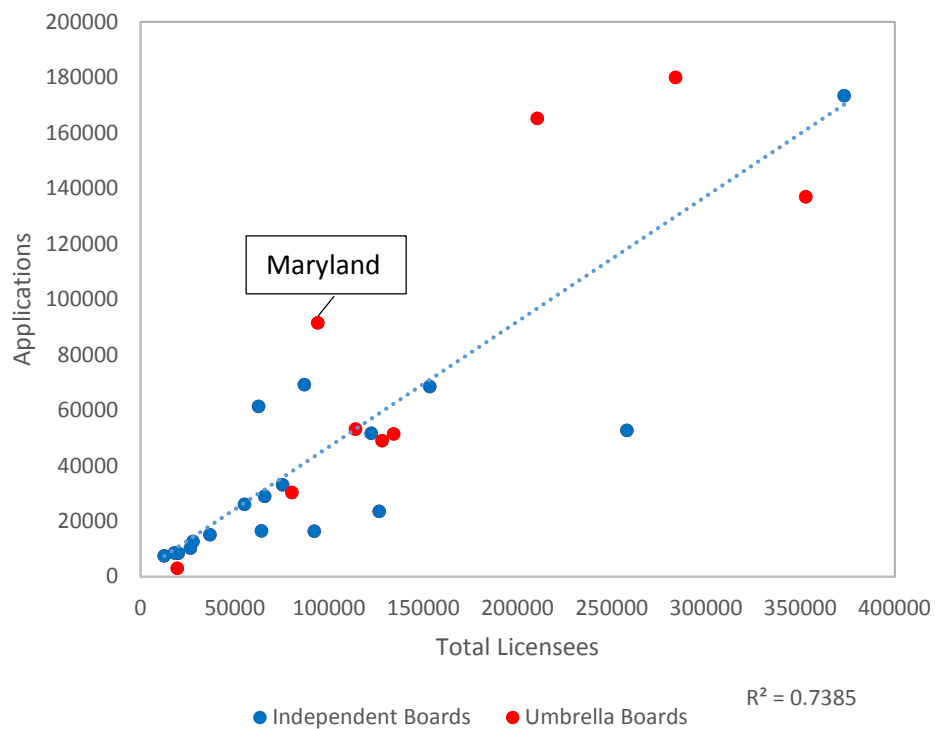
The number of nursing applications received by renewals in FY2014 has a very strong positive linear relationship with the size of the board as represented by number of licensees, indicating that larger boards tend to receive more applications for nurse licensure by renewals than do smaller boards. The number of nursing applications received by renewals as reported by the Maryland BON is in the high end of the range for other similar size boards, and it is significantly higher than what would be expected given the overall association shown above.

Table 10. Figure 18. Average Number of Applications for Nursing Licensure Received by Initial Exam in FY2012 and FY2014.*

Applications	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	3,982	6,137	4,586
FY2014	.	4,621	7,805	5,512
Total Boards of Nursing	n = 0	n = 18	n = 7	n = 25

Among all boards, the average number of applications received for nursing licensure by initial exam increased in FY2014. Among states with an independent board the average increased in FY2014, as the average among states with an umbrella board. This measure was not reported on by the Maryland BON in FY2012 an FY2014.

Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.

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Table 11. Figure 19. Average Number of Applications for Nursing Licensure Received by Endorsement in FY2012 and FY2014.*

Applications	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	2,226	4,552	2,877
FY2014	.	2,869	6,386	3,853
Total Boards of Nursing	n = 0	n = 18	n = 7	n = 25
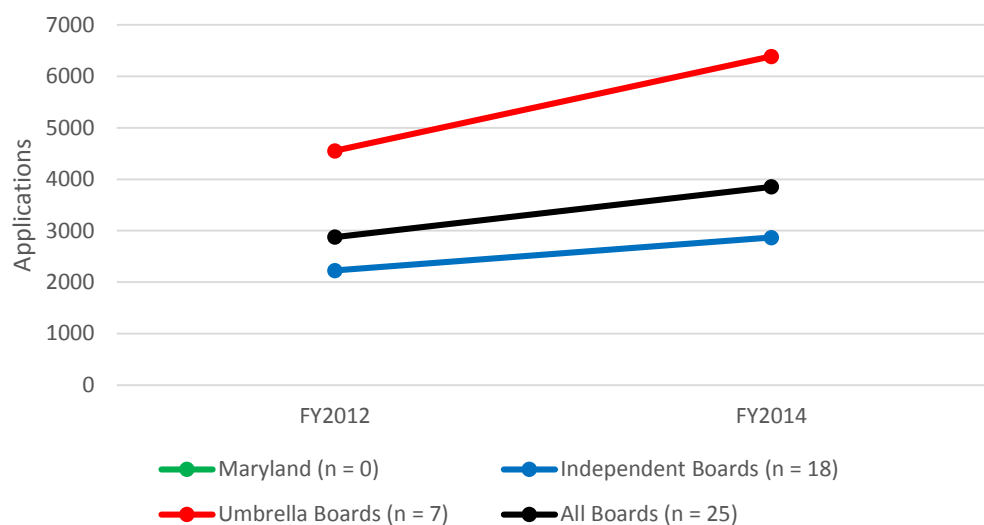
Among all boards, the average number of applications received for nursing licensure by endorsement increased in F2014. The average number of applications received among states with an independent board increased slightly in FY2014, while the average number among states with an umbrella board increased significantly in FY2014. This measure was not reported on by the Maryland BON in FY2012 and FY2014.

Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.

Table 12. Figure 20. Average Number of Applications for Nursing Licensure Received by Renewal in FY2012 and FY2014.*

Applications	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2012	.	34,661	86,257	45,877
FY2014	.	38,012	94,117	50,209
Total Boards of Nursing	n = 0	n = 18	n = 5	n = 23
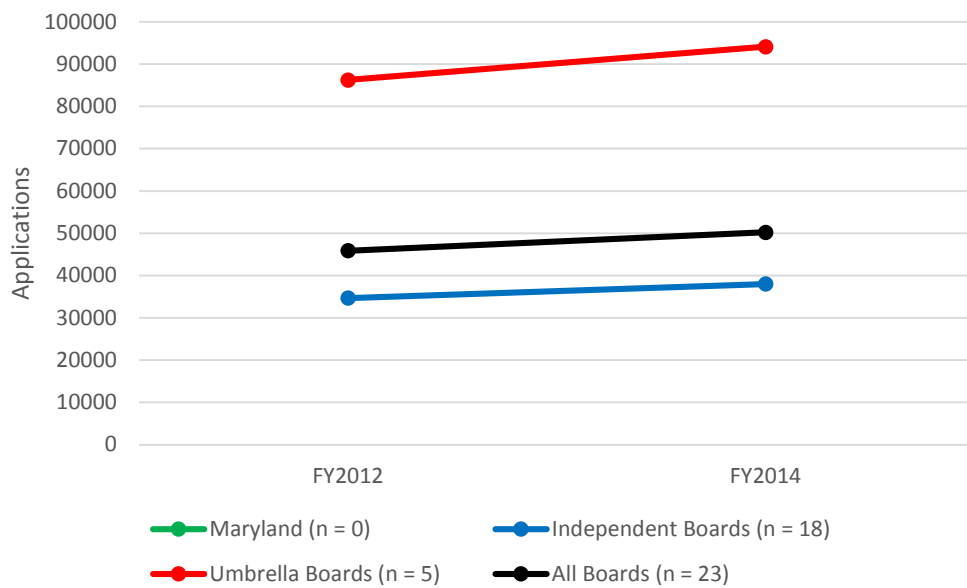
Overall, among all states, the average number of applications received for nursing licensure by renewal increased significantly in FY2014. The average number of applications among states with an independent board increased slightly in FY2014, while the average among states with an umbrella boards increased significantly. This measure was not reported on by the Maryland BON in FY2012 and FY2014.

Only BONs that have provided data for this measure in FY2012 and FY2014 are represented in this graph.

Table 13. Figure 21. Average Number of Denials for Licensure per 1,000 Nurses Recorded in Nursys® in FY2014.

	Maryland	Independent Boards	Umbrella Boards	All Boards
Average per 1,000 Nurses	0.02	0.12	0.13	0.13
Total Boards of Nursing	n = 1	n = 25	n = 27	n = 52
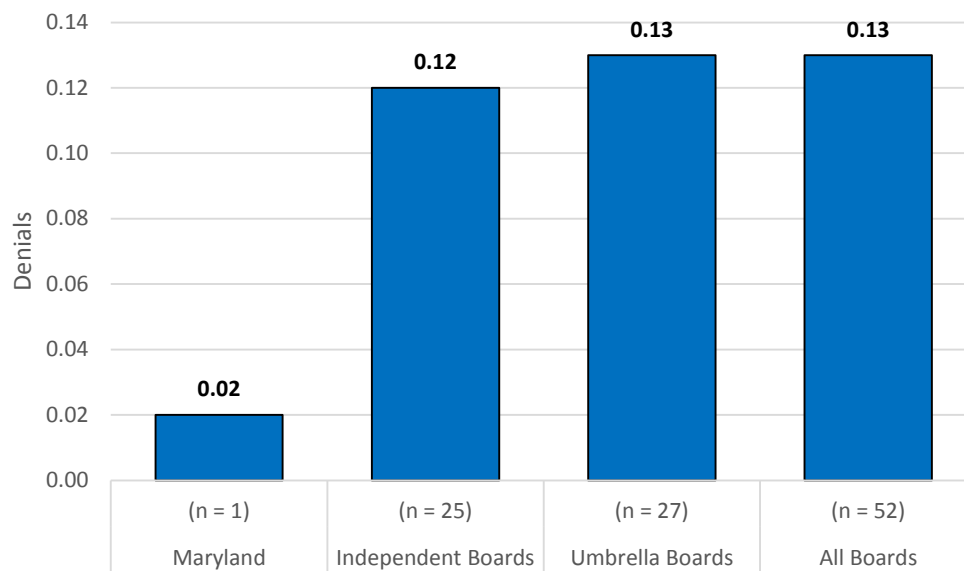
Data represented counts the number of individuals who received any of the below three actions without any revision action code in FY2014. An individual is counted only once.

- *1148 – Denial of Licensure Renewal*
- *1149 – Denial of Initial License*
- *1285 – License Restoration or Reinstatement, Denied*

Overall, the average number of denials in FY2014 was 0.13 per 1,000 nurses. The average among states with an independent board was 0.12 per 1,000 nurses; for umbrella boards, the average number of nurses was 0.13 per 1,000 nurses. In Maryland, the average number of denials in FY2014 was significantly lower than the overall aggregate at 0.02 per 1,000 nurses.

Figure 22. Number of Denials for Licensure Nurses Recorded in Nursys® in FY2014.
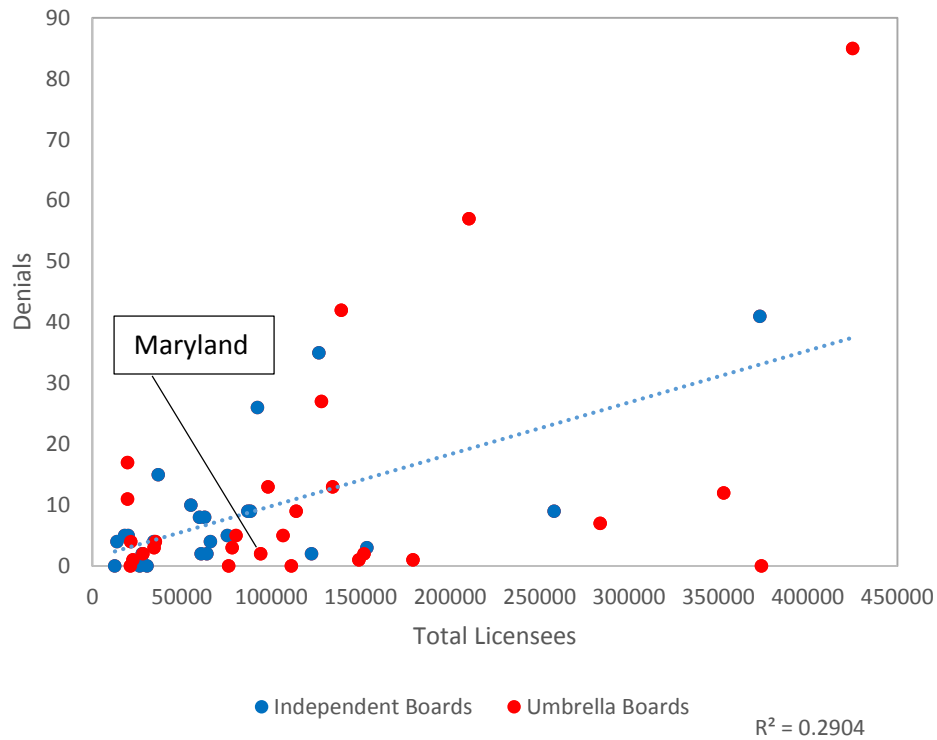
The number of denials for licensure in FY2014 has a positive linear relationship with this size of the board, as represented by the number of licensees, indicating that the larger boards tend to have a greater total number of denials for licensure than do smaller boards. The total number of denials for licensure in FY2014 as reported by the Maryland BON is at the low end of the range for other similar size boards, and it is lower than what would be expected given the overall association shown above.

Table 14. Figure 23. Average Number of Denials for Licensure per 1,000 Nurses Recorded in Nursys® in FY2009, FY2012, and FY2014.*

Average per 1,000 Nurses	Maryland	Independent Boards	Umbrella Boards	All Boards
FY2009	0	0.12	0.04	0.08
FY2012	0.03	0.09	0.03	0.06
FY2014	0.02	0.12	0.14	0.13
Total Boards of Nursing	n = 1	n = 22	n = 21	n = 43
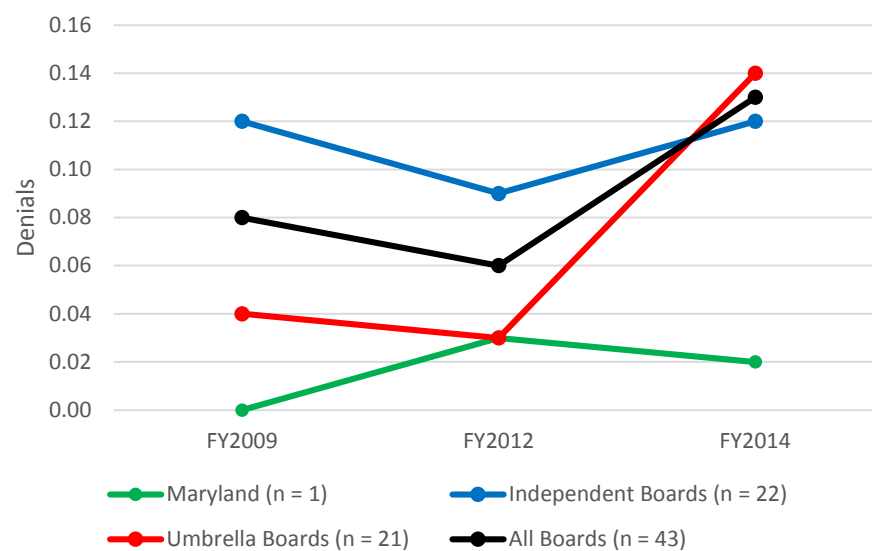
Data represented counts the number of individuals who received any of the below three actions without any revision action code in FY2014. An individual is counted only once.

- *1148 – Denial of Licensure Renewal*
- *1149 – Denial of Initial License*
- *1285 – License Restoration or Reinstatement, Denied*

Overall, the average number of denials per 1,000 nurses for all boards had a slight decreased in FY2012 then increased in FY2014. The average number of denials in states with an independent board decreased in FY2012 then increased in FY2014, while the average number of denials among states with an umbrella board had a slight decline in FY2012 then increased in FY2014. In Maryland, the number of denials for licensure increased in FY2012 then decreased in FY2014.

*Only BONs that have data available for this measure in FY2009, FY2012, and FY2014 are represented in this graph.

Section IV: Processes & Activities

- Reviewing initial and renewal applications
- Following up on incomplete applications

State Board of Nursing CORE Logic Model

Licensure: Maryland
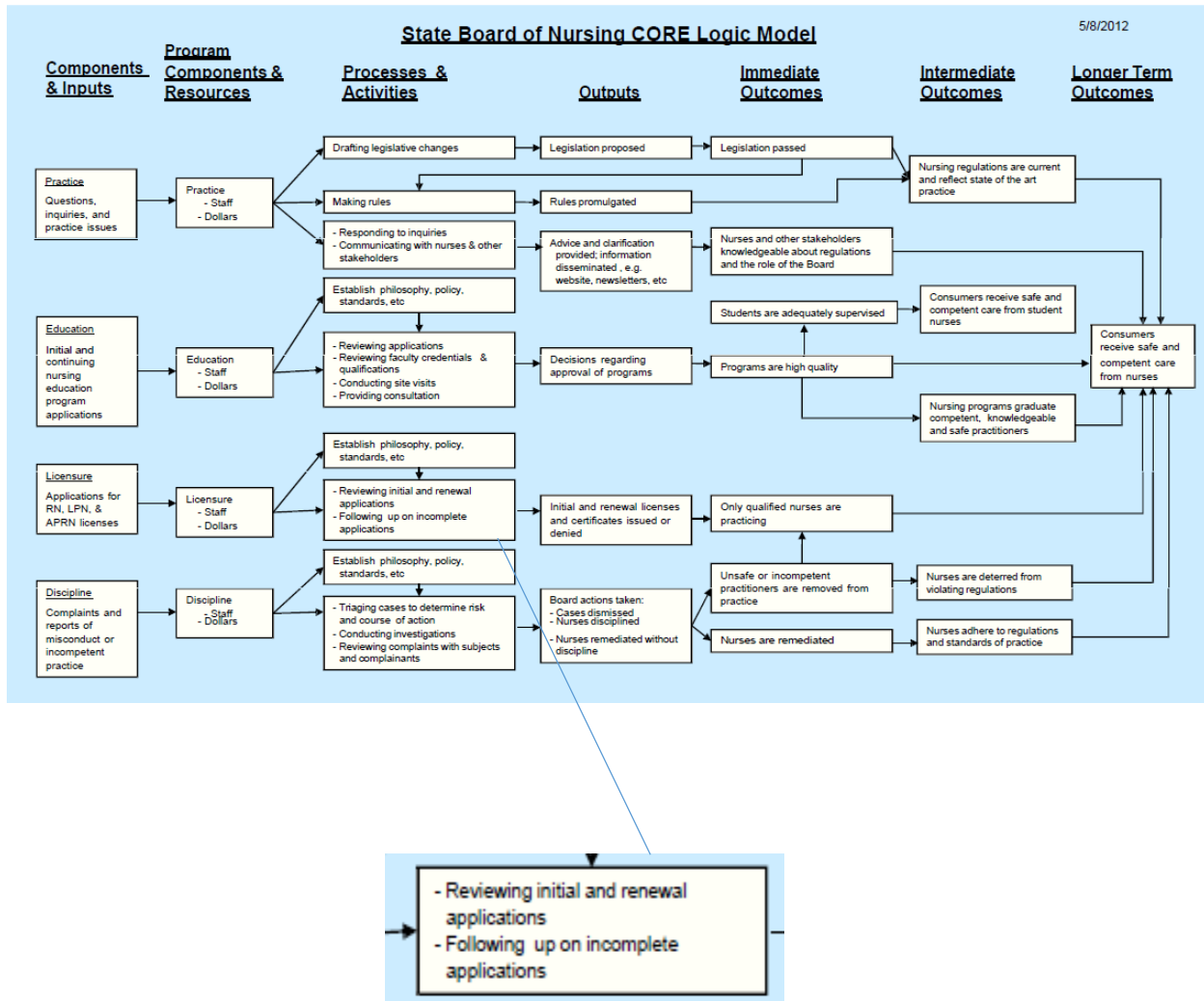
Table 15. Figure 24. Percent of Boards of Nursing Who Perform Audits of Their Nurse Licensure Process FY2014.

| Response	Maryland	Independent Boards	Umbrella Boards	All Boards
Yes	100%	68.4%	81.8%	73.3%
No	0%	31.6%	18.2%	26.7%
Total	100%	100%	100%	100%
Total Boards of Nursing	n = 1	n = 19	n = 11	n = 30
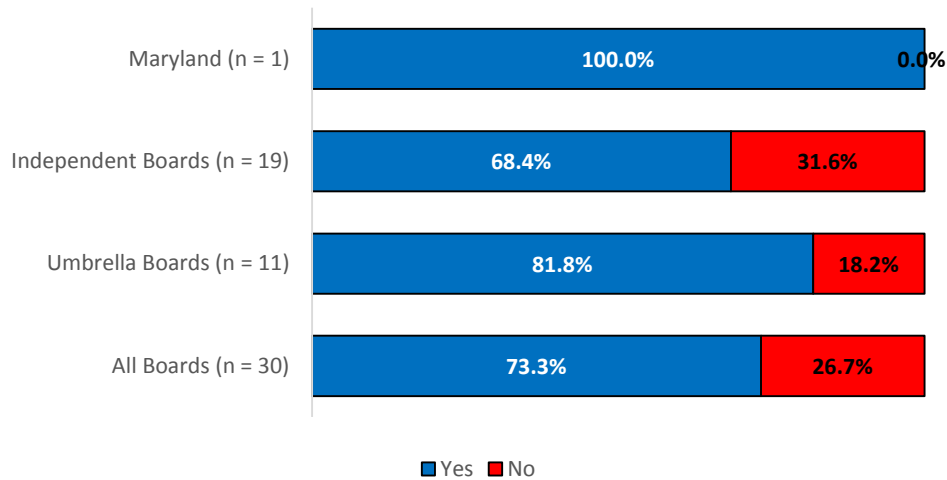
Boards of nursing were asked if they perform audits of their nurse licensure process. Overall, 73.3% of all boards indicating they do perform audits. Among states with an independent board, 68.4% perform audits, while the percent among states with an umbrella board was much higher (81.8%). The Maryland BON indicating that they perform audits of their nurse licensure process.

Table 16. Figure 25. Percentage of Initial Nursing Licenses and Renewal Nursing Licenses Processed Online in FY2014.

Percentage	Maryland	Independent Boards	Umbrella Boards	All Boards
Initial	90.0%	45.9%	49.2%	47.0%
Renewal	98.0%	92.7% (n = 18)	72.3%	85.4% (n = 28)
Total Boards of Nursing	n = 1	n = 19	n = 10	n = 29
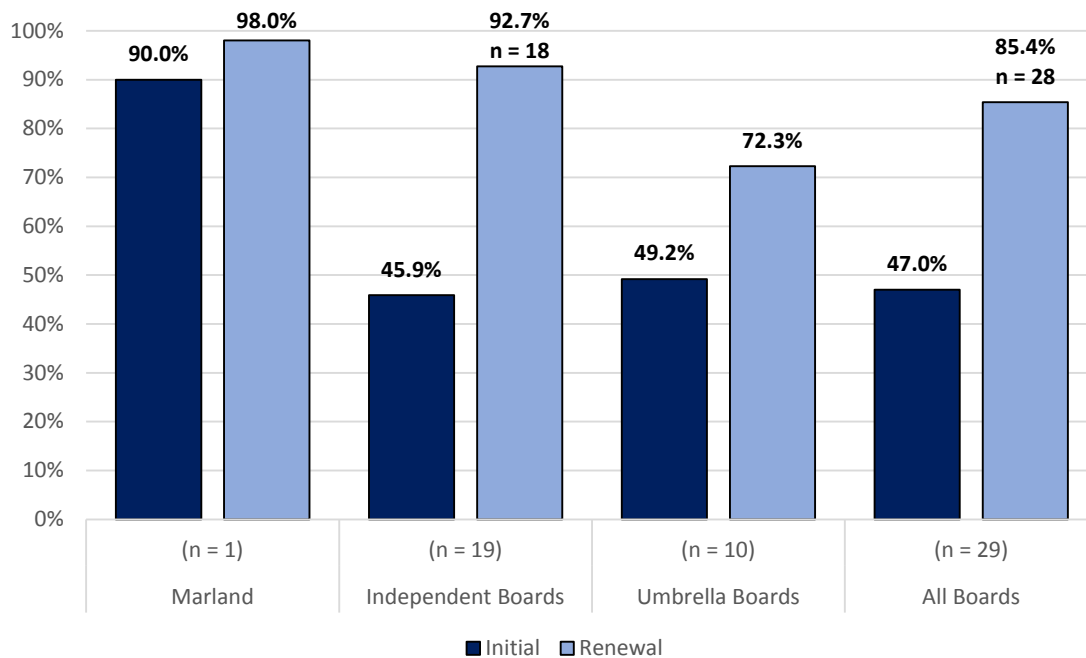
Boards of nursing were asked the percentage of initial licenses and renewal licenses that are processed online. The highest percentage processed online were for renewal nursing licenses. Overall, 85.4% of renewal licenses were processed online. Among states with an independent board, 92.7% of renewals were processed online, while the percent among states with an umbrella board were significantly less at 72.3%. The percent of initial nursing licenses processed online was 47% overall (45.9% among states with an independent board and 49.2% among states with an umbrella board). In Maryland, the percent of renewals processed online was 98% and the percent of initial licenses processed online was 90%.

Figure 26. Percentage of Initial Nursing Licenses Processed Online in FY2014.
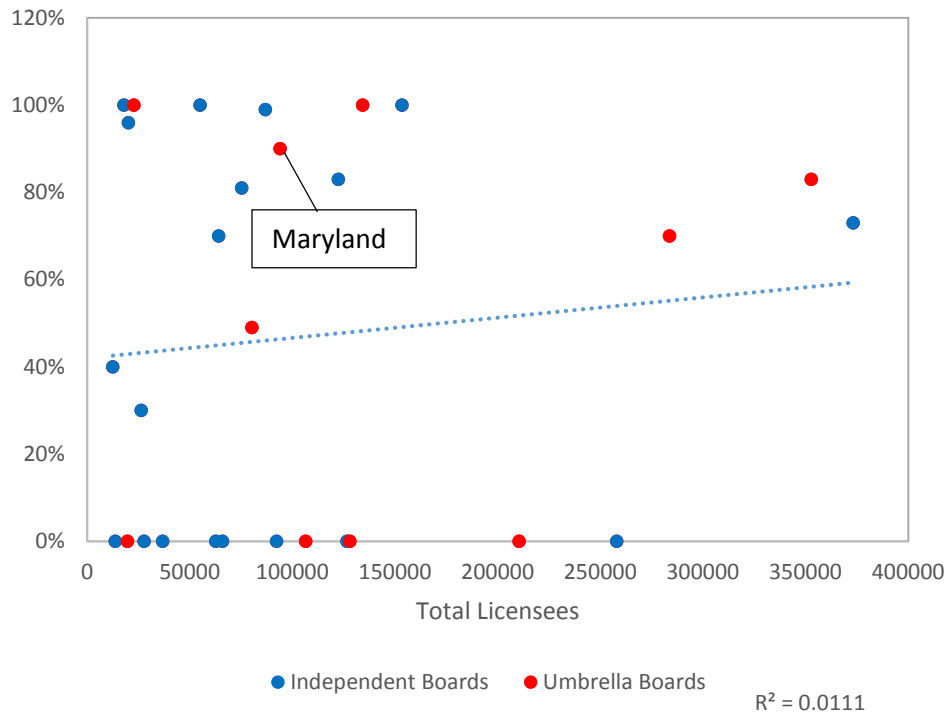
The percent of initial nursing licenses processed online in FY2014 has a very weak positive linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards have only a small systematic tendency to process a higher percentage of initial nursing licenses online than do smaller boards. The percent of initial nursing licenses processed online as reported on by the Maryland BON is in the middle-to-high end of the range for other similar size boards, and it is higher than what would be expected given the overall association shown above.

Figure 27. Percentage of Renewal Nursing Licenses Processed Online in FY2014.

R² = 0.0623
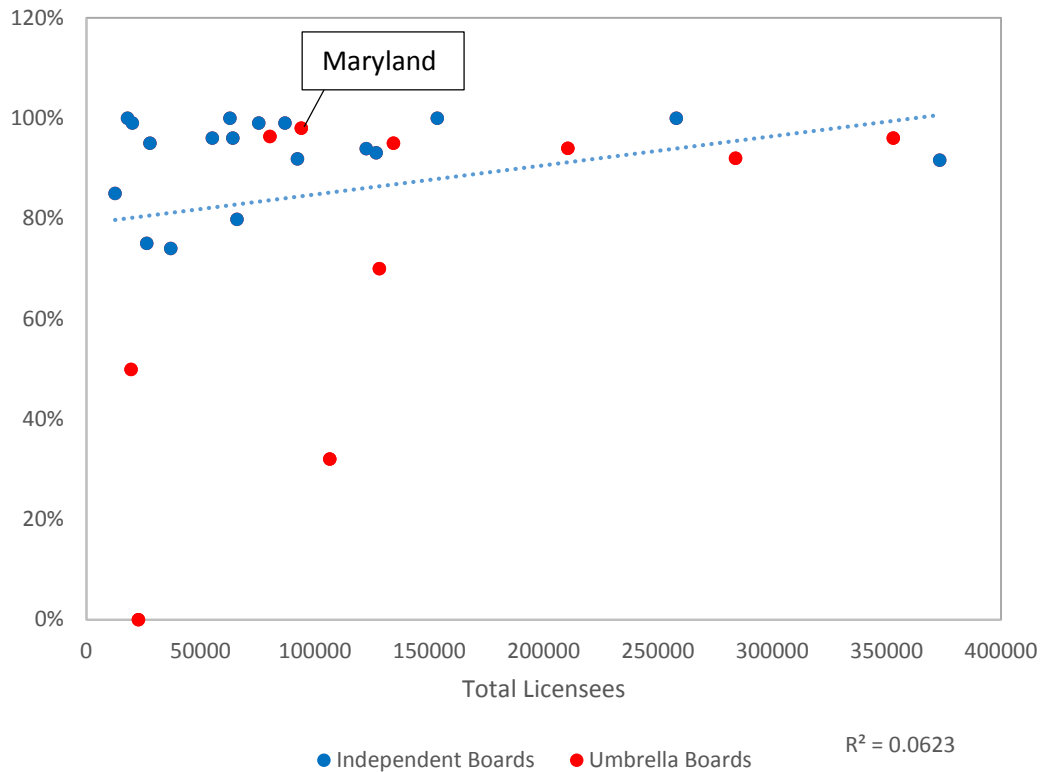
The percent of renewal nursing licenses processed online in FY2014 has a moderate positive linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards tend to have a higher percentage of renewal processed online than do smaller boards. The percent of renewal nursing licenses processed online as reported by the Maryland BON is in the high end of the range for other similar size boards, and it is higher than what would be expected given the overall association shown above.

Table 17. Figure 28. Percentage of Nurses Satisfied with the Initial Licensure Process in 2014.

Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Satisfied	92.5%	95.2%	92.5%	94.0%
Not Satisfied	7.5%	4.8%	7.5%	6.0%
Total	100%	100%	100%	100%
Number of Responses	n = 40	n = 758	n = 641	n = 1,399
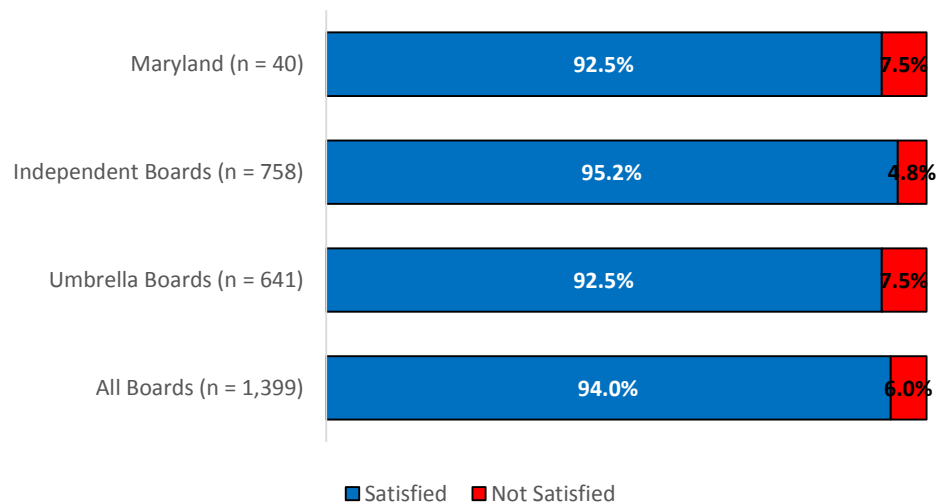
Nurses who have graduated from their basic nursing education program in the past 5 years were asked if they were satisfied with the initial licensure process. Overall, 94% indicating that they were satisfied with the process. In states with an independent board, 95.2% indicated they were satisfied, while 92.5% of nurses from states with an umbrella board were satisfied. In Maryland, 92.5% of nurses were satisfied with the initial licensure process, which was slightly lower than the overall aggregate.

Table 18. Figure 29. Percentage of Nurses Satisfied with the Renewal Licensure Process in 2014.
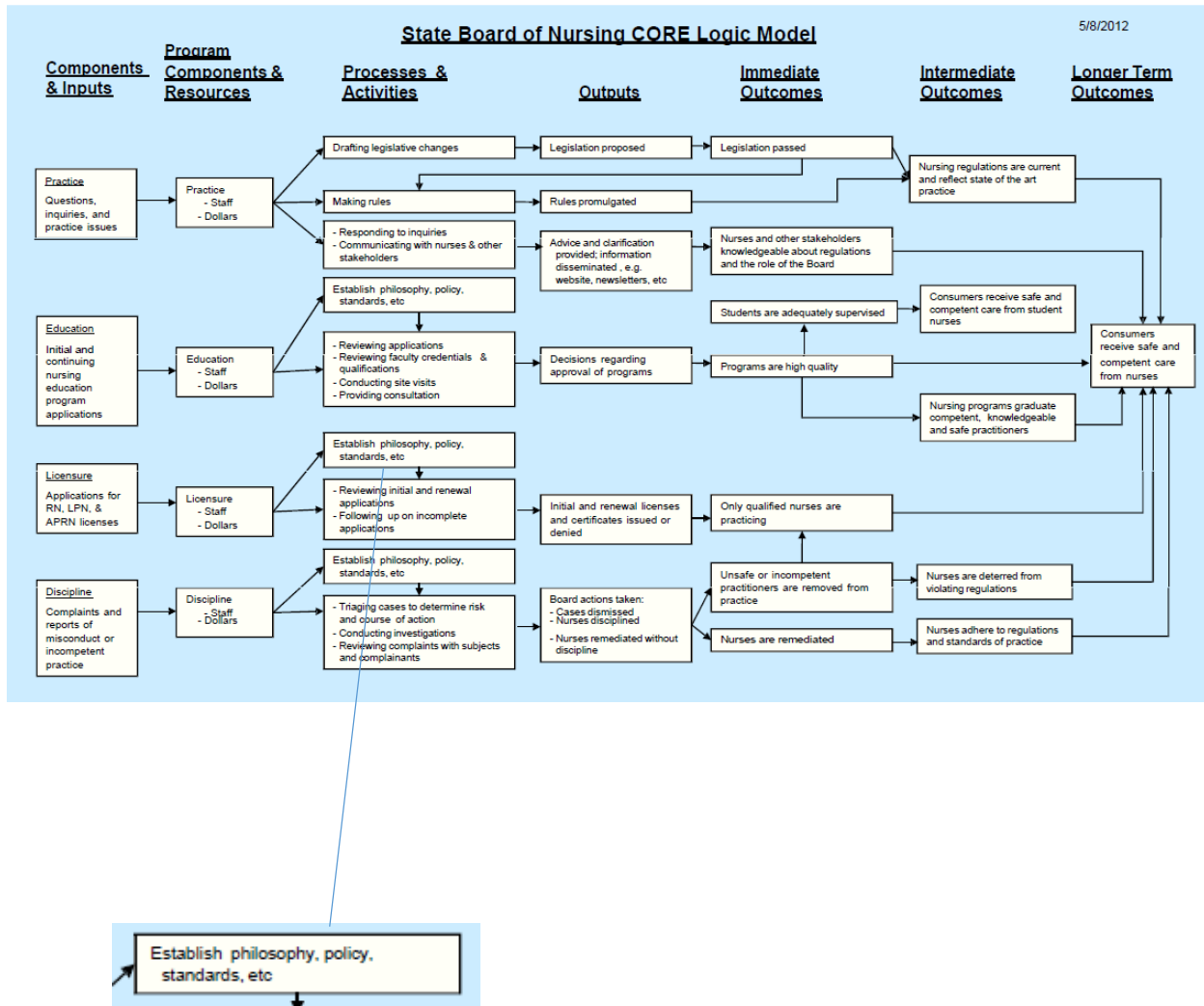
Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Satisfied	91.9%	95.1%	93.6%	94.4%
Not Satisfied	8.1%	4.9%	6.4%	5.6%
Total	100%	100%	100%	100%
Number of Responses	n = 185	n = 3,636	n = 3,322	n = 6,958
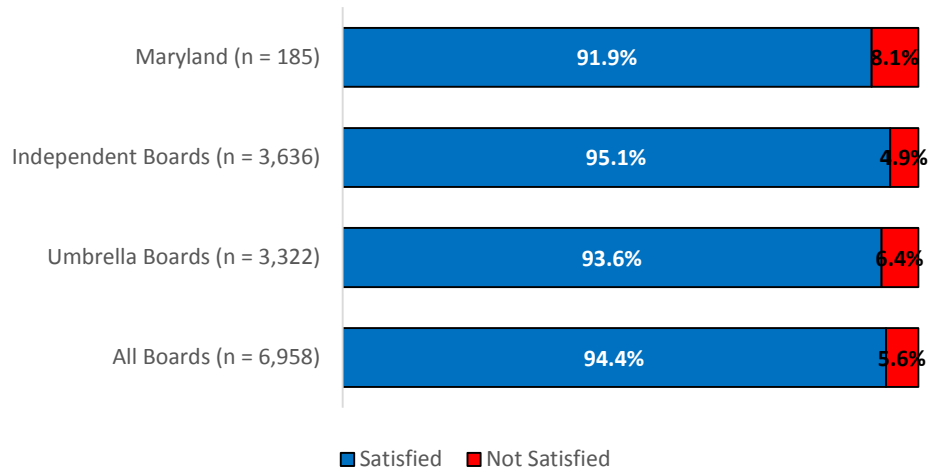
Nurses who have renewed their nursing license during the past 24 months were asked if they were satisfied with the renewal process. Overall, 94% indicating that they were satisfied with the process. In states with an independent board, 95.2% indicated they were satisfied, while 92.5% of nurses from states with an umbrella board were satisfied. In Maryland, 91.9% of nurses were satisfied with the initial licensure process, which was slightly lower than the overall aggregate.

Section V: Processes & Activities
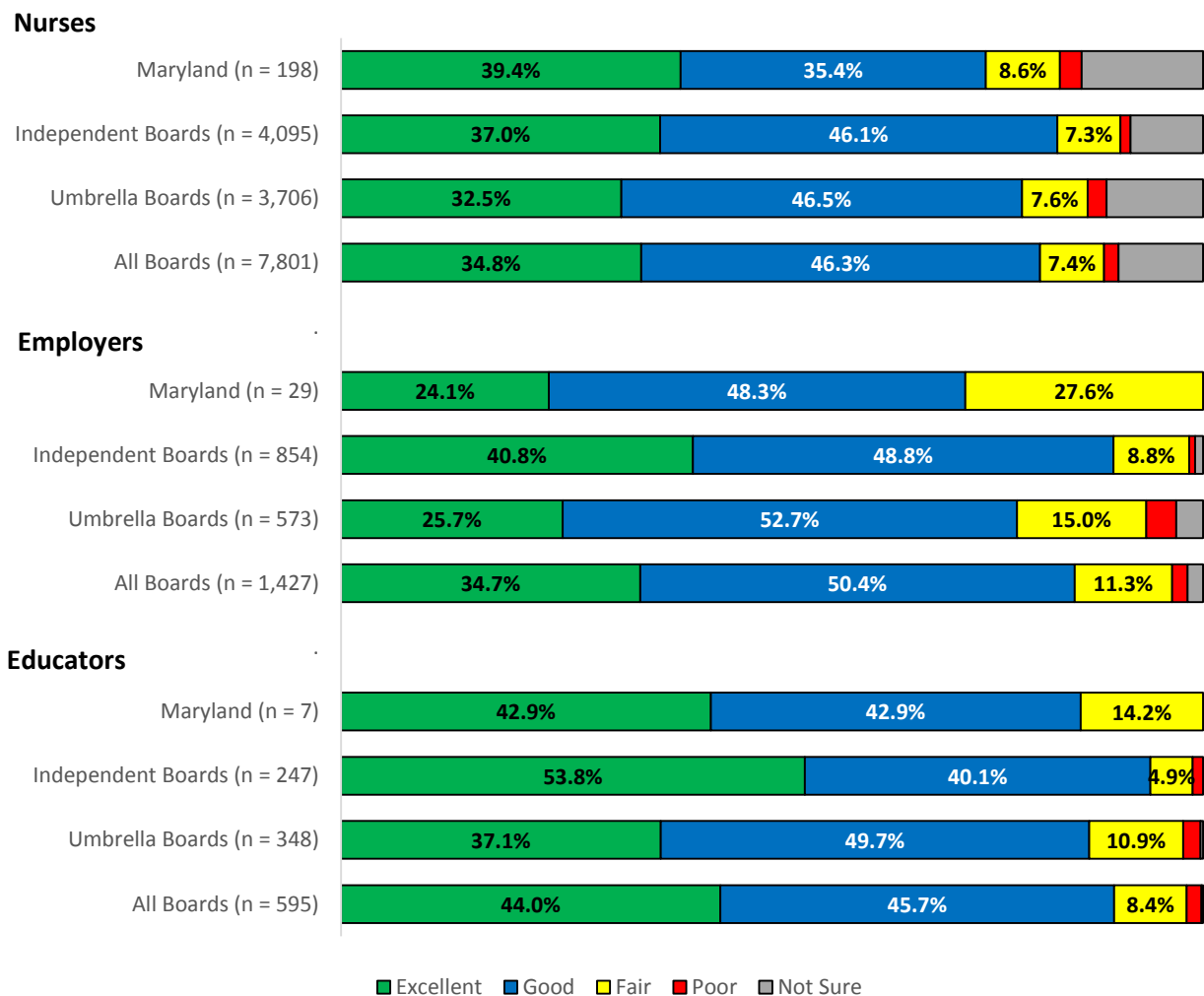
Establish philosophy, policy, standards, etc.

State Board of Nursing CORE Logic Model

Table 19. Nurses, Employers, and Educators Ratings Regarding Their State's Nursing Practice Act in Terms of Being Current and Reflecting State-of-the-Art Nursing in the Area of Licensure in 2014.
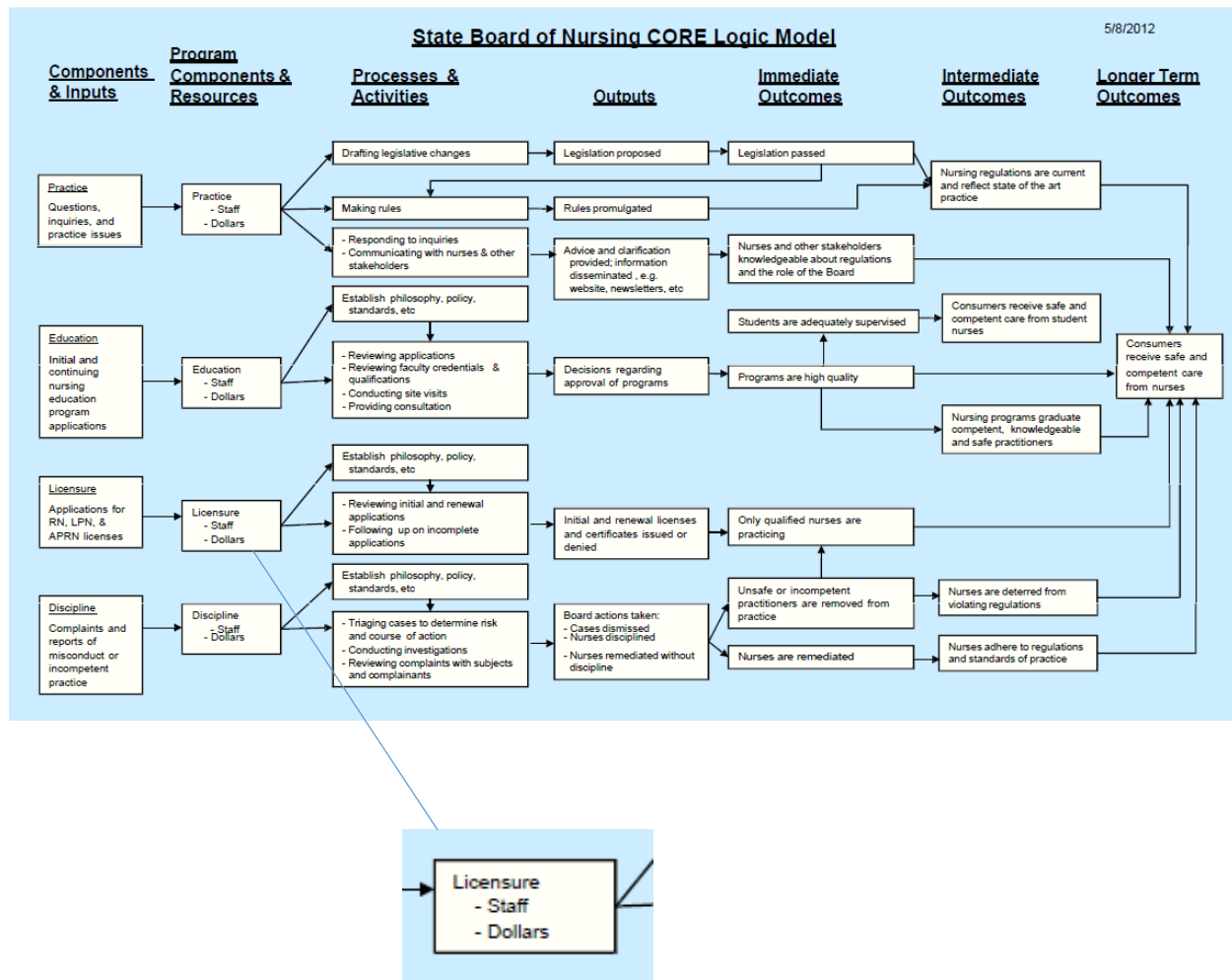
Nurses Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Excellent	39.4%	37.0%	32.5%	34.8%
Good	35.4%	46.1%	46.5%	46.3%
Fair	8.6%	7.3%	7.6%	7.4%
Poor	2.5%	1.2%	2.2%	1.7%
Not Sure	14.1%	8.4%	11.2%	9.8%
Total	100%	100%	100%	100%
Number of Responses	n = 198	n = 4,095	n = 3,706	n = 7,801

Employers Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Excellent	24.1%	40.8%	25.7%	34.7%
Good	48.3%	48.8%	52.7%	50.4%
Fair	27.6%	8.8%	15.0%	11.3%
Poor	0%	0.7%	3.5%	1.8%
Not Sure	0%	0.9%	3.1%	1.8%
Total	100%	100%	100%	100%
Number of Responses	n = 29	n = 854	n = 573	n = 1,427

Educators Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Excellent	42.9%	53.8%	37.1%	44.0%
Good	42.9%	40.1%	49.7%	45.7%
Fair	14.2%	4.9%	10.9%	8.4%
Poor	0%	1.2%	2.0%	1.7%
Not Sure	0%	0%	0.3%	0.2%
Total	100%	100%	100%	100%
Number of Responses	n = 7	n = 247	n = 348	n = 595

Figure 30. Nurses, Employers, and Educators Ratings Regarding Their State's Nursing Practice Act in Terms of Being Current and Reflecting State-of-the-Art Nursing in the Area of Licensure in 2014.

Nurses

Maryland (n = 198)	Excellent 39.4% / Good 35.4% / Fair 8.6%
Independent Boards (n = 4,095)	Excellent 37.0% / Good 46.1% / Fair 7.3%
Umbrella Boards (n = 3,706)	Excellent 32.5% / Good 46.5% / Fair 7.6%
All Boards (n = 7,801)	Excellent 34.8% / Good 46.3% / Fair 7.4%

Employers

Maryland (n = 29)	Excellent 24.1% / Good 48.3% / Fair 27.6%
Independent Boards (n = 854)	Excellent 40.8% / Good 48.8% / Fair 8.8%
Umbrella Boards (n = 573)	Excellent 25.7% / Good 52.7% / Fair 15.0%
All Boards (n = 1,427)	Excellent 34.7% / Good 50.4% / Fair 11.3%

Educators

Maryland (n = 7)	Excellent 42.9% / Good 42.9% / Fair 14.2%
Independent Boards (n = 247)	Excellent 53.8% / Good 40.1% / Fair 4.9%
Umbrella Boards (n = 348)	Excellent 37.1% / Good 49.7% / Fair 10.9%
All Boards (n = 595)	Excellent 44.0% / Good 45.7% / Fair 8.4%

■ Excellent ■ Good □ Fair ■ Poor ■ Not Sure

Among nurses from all boards, 81.1% indicated the Nurse Practice Act in the area of licensure as excellent or good (83.1% among states with an independent board and 79% among states with an umbrella board). The percentage of employers indicating the Nurse Practice Act as excellent or good was slightly higher at 85.1% (89.6% among states with an independent board and 78.4% among states with an umbrella board). The percent of educators indicating the Nurse Practice Act as excellent or good was 89.7% (93.9% among states with an independent board and 86.8% among states with an umbrella board). In Maryland, 74.8% of nurses, 72.4% of employers, and 85.8% of educators indicated the Nurse Practice Act was excellent or good in term so of being current and reflecting state-of-the-art nursing in the area of licensure.

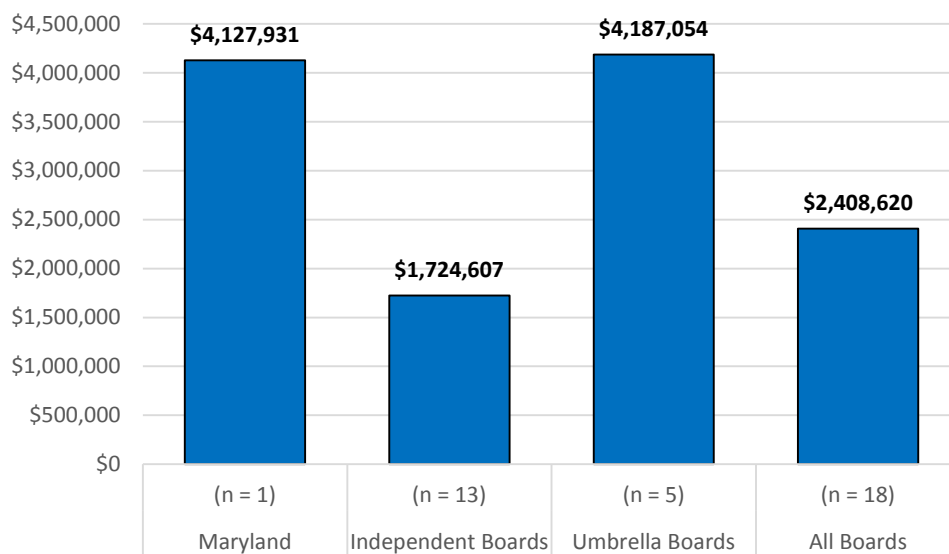# Section VI: Program Components & Resources

Licensure

- Staff
- Dollars

**Table 20. Figure 31. Average Budget Allocated to Licensure in FY2014.**

Survey Responses	Maryland	Independent Boards	Umbrella Boards	All Boards
Licensure Budget	$4,127,931	$1,724,607	$4,187,054	$2,408,620
Total Boards of Nursing	n = 1	n = 13	n = 5	n = 18

Overall, the average budget allocated to licensure in FY2014 was $2,408,620 among all boards. In states with an independent board, the average licensure budget was $1,724,607, while the average among states with an umbrella board was significantly higher ($1,724,607). In Maryland, the average budget allocated to licensure was $4,127,931 in FY2014.

Figure 32. Budget Allocated to Licensure in FY2014.

Total Licensees

● Independent Boards   ● Umbrella Boards

R² = 0.8342
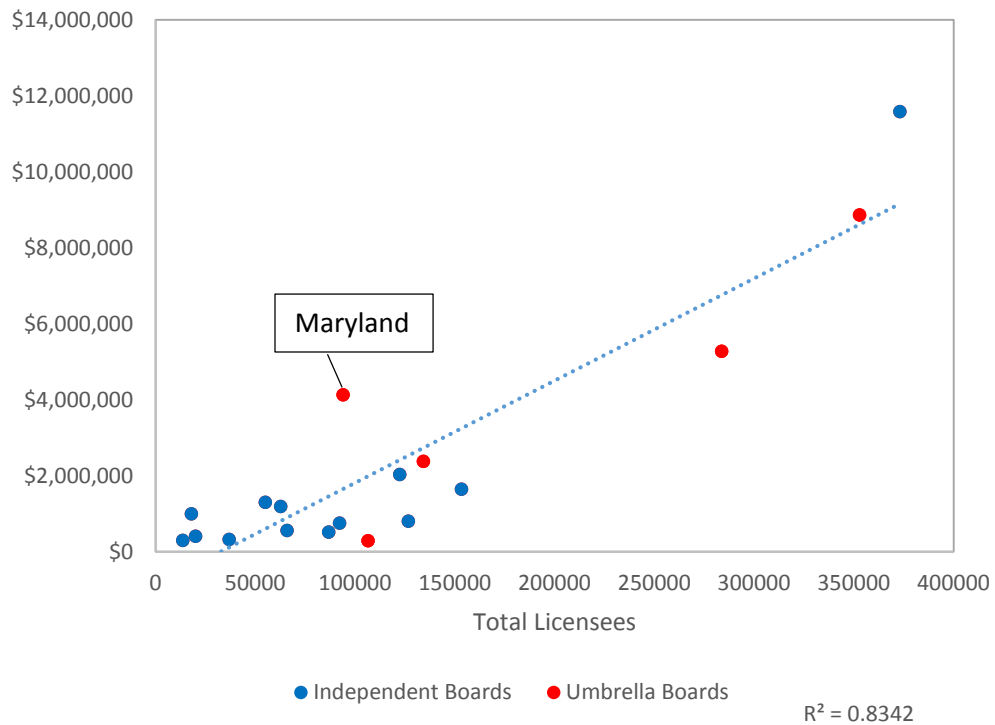
The total budget allocated to licensure in FY2014 was a very strong linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards tend to allocate a substantially greater total amount to licensure than do small boards. The total budget allocated to licensure as represented by the Maryland BON is in the high end of the range for other similar size boards, and it is higher than what would be expected given the overall association shown above.

Table 21. Figure 33. Average Percent of Total Budget Allocated to Licensure in FY2014.

	Maryland	Independent Boards	Umbrella Boards	All Boards
Percent	55.8%	29.9%	39.1%	32.6%
Total Boards of Nursing	n = 1	n = 12	n = 5	n = 17
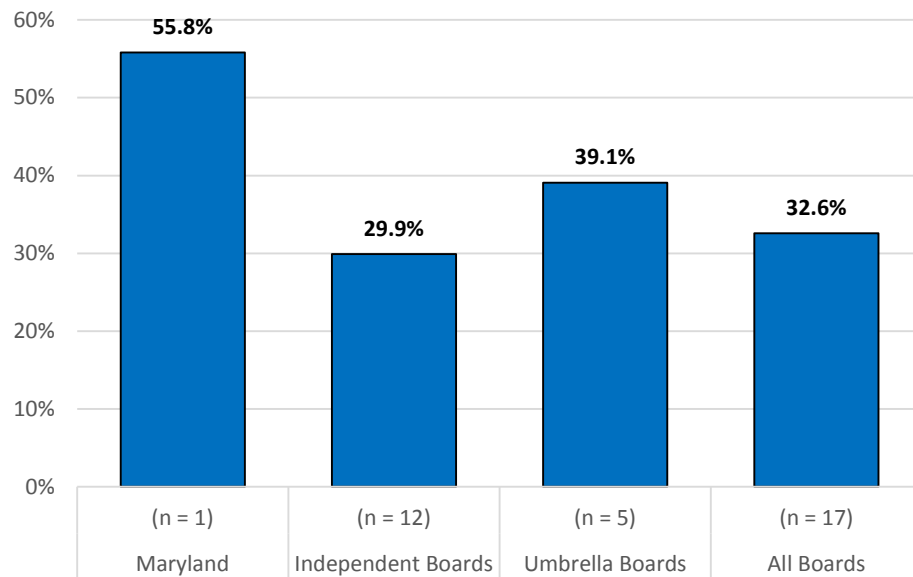
The average percent of total budget allocated to licensure was 32.6% among all boards in FY2014. In states with an independent board, the average percent was 29.9%, while the average percent among states with an umbrella board was higher (39.1%). In Maryland, the percent of total budget allocated to licensure was 55.8% in FY2014.

Licensure: Maryland

Figure 34. Percent of Total Budget Allocated to Licensure in FY2014.
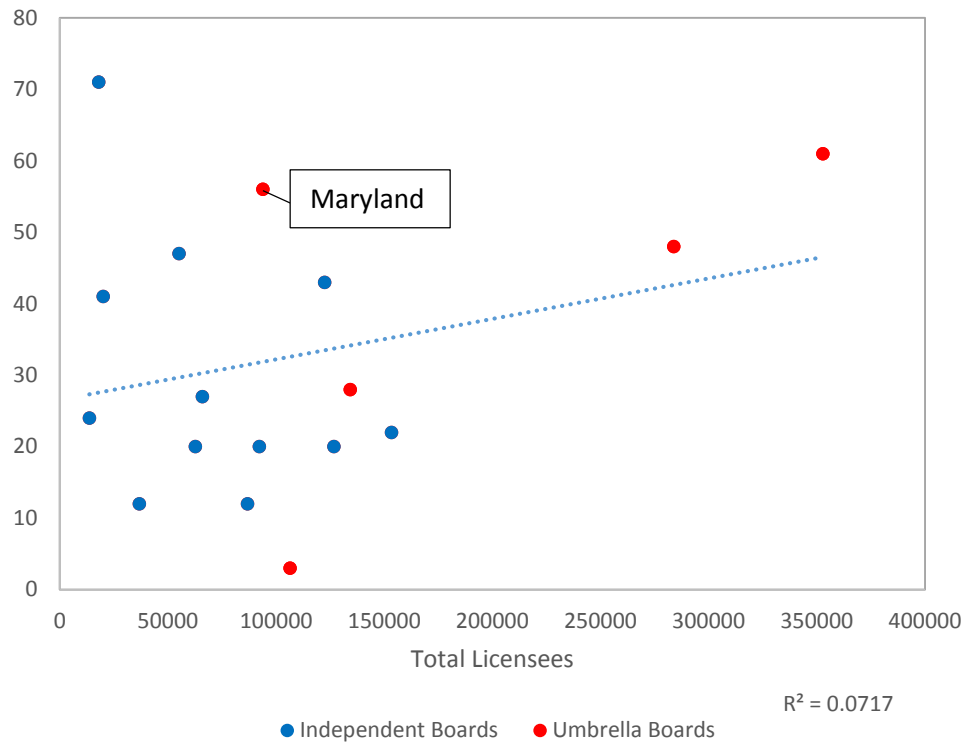
R² = 0.0717

● Independent Boards   ● Umbrella Boards

The percent of total budget allocated to licensure in FY2014 has a positive linear relationship with the size of the board as represented by the number of licensees, indicating that larger boards tend to have a higher percentage allocated to licensure than do smaller boards. The percent of total budget allocated to licensure as represented by the Maryland BON is in the high end of the range for other similar size boards, and it is higher than would be expected given the overall association shown above.

Table 22. Figure 35. Average Percent of Total Budget Allocated to Licensure in FY2009, FY2012, and FY2014.*

Percent	Maryland	All Boards
FY2009	.	14.2%
FY2012	.	13.4%
FY2014	.	26.5%
Total Boards of Nursing	n = 0	n = 10
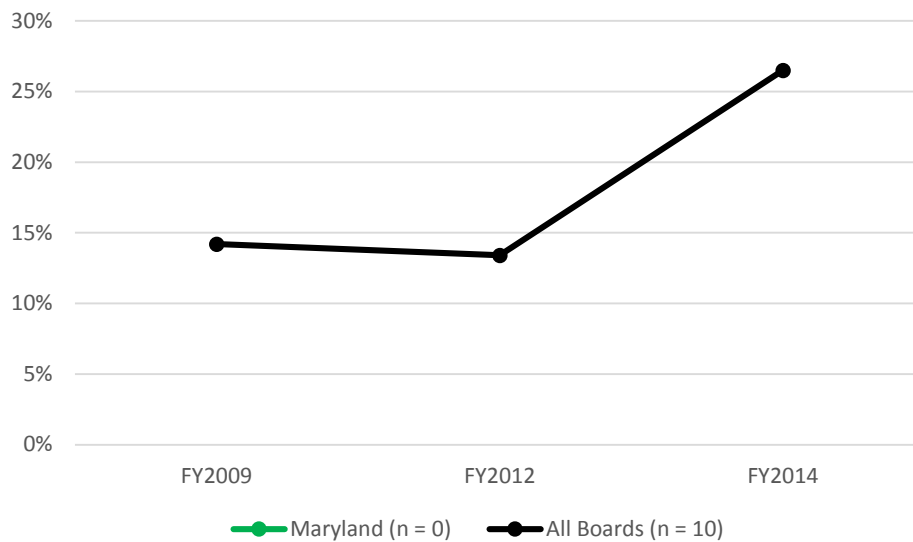
The percent of budget allocated to licensure remained fairly steady between FY2009 and FY2012 then increased significantly in FY2014. This measure was not reported on by the Maryland BON in FY2009, FY2012, and FY2014.

Table 23. Figure 36. Average Dollars per Application Received for Nurse Licensure in FY2014.*

	Maryland	Independent Boards	Umbrella Boards	All Boards
Dollars	$42	$44	$32	$40
Total Boards of Nursing	n = 1	n = 13	n = 6	n = 19
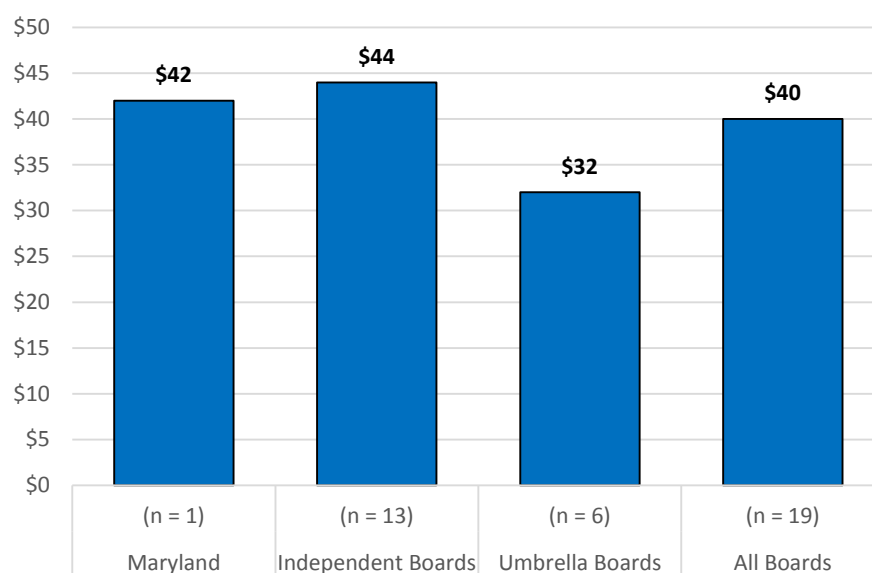
Overall, among all boards, the average cost per application received for nurse licensure was $40 in FY2014. Among states with an independent board, the average cost was $44 per application, while the average cost among umbrella boards was less at $32 per application. In Maryland, the average cost per application received was $42.

This measure is calculated by the number of applications received for nursing licensure divided by budget allocated to licensure.

Figure 37. Dollars per Application Received for Nurse Licensure in FY2014.
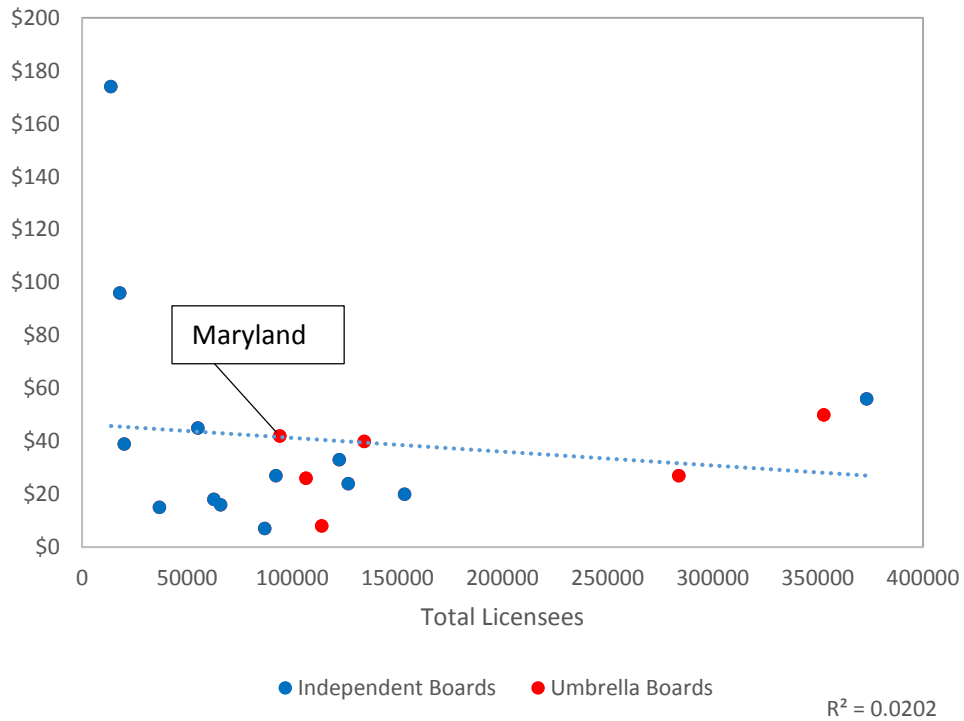
The dollars per application received for nurse licensure in FY2014 has a very weak negative linear relationship with the size of the board, indicating that larger boards tend to have less dollars per application received for nursing licensure than do smaller boards. The dollars per application received for nurse licensure as reported by the Maryland BON is in the higher end of the range for other similar size boards, and it is what would be expected given the overall association shown above.

Licensure: Maryland

Table 24. Figure 38. Average Dollars per Application Received for Nurse Licensure in FY2009, FY2012, and FY2014.*

Dollars	Maryland	All Boards
FY2009	.	$47
FY2012	.	$14
FY2014	.	$30
Total Boards of Nursing	n = 0	n = 13
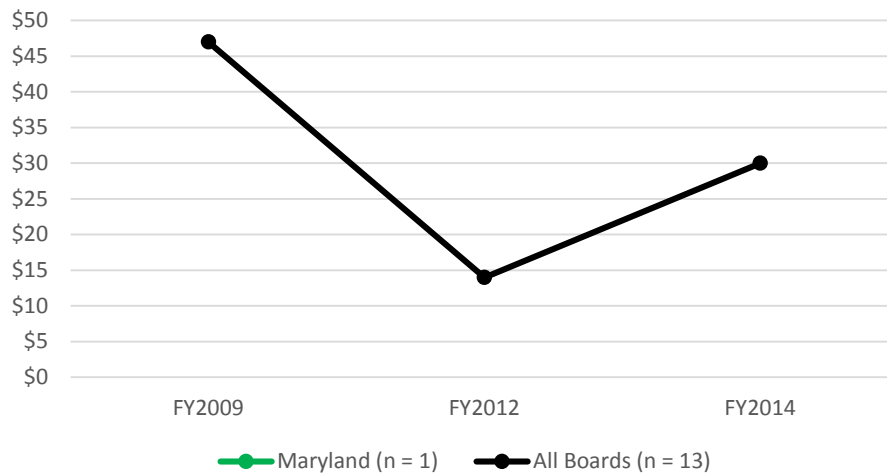
Overall, among all boards, the average dollars per application decreased significantly in FY2012 then increased significantly in FY2014. This measure was not reported on by the Maryland BON in FY2009, FY2012, and FY2014.

*Only BONs that have data available for this measure in FY2009, FY2012, and FY2014 are represented in this graph.

Table 25. Figure 39. Average FTEs Involved in the Licensure Process that are Board of Nursing Employees in FY2014.

	Maryland	Independent Boards	Umbrella Boards	All Boards
FTE	17.0	11.4	7.6	10.2
Total Number of Boards	n = 1	n = 9	n = 4	n = 13
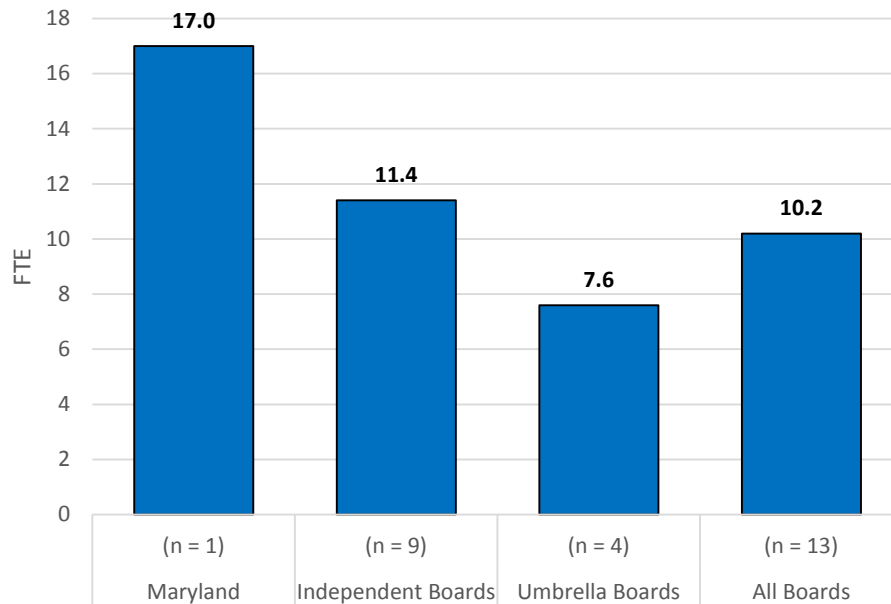
Among all boards, the average number of FTEs involved in the licensure process was 10.2 in FY2014. Among states with an independent board, the average was 11.4 FTEs, while the average among states with an umbrella board was 7.6 FTEs. In Maryland, the number of FTEs involved in the licensure process was 17 in FY2014.

Appendix A

Responses to open ended questions

Responses are verbatim

Employers' comments regarding the Board of Nursing's Guidelines and Regulations Regarding Supervision of Student Nurses in Assuring Safe and Competent Nursing Care.

- Need more direct supervisors. New nurses are not prepared for actual duties.
- Not always clear

Educators' comments regarding the Board of Nursing's Guidelines and Regulations Regarding Supervision of Student Nurses in Assuring Safe and Competent Nursing Care.

- *No comments from educators in Maryland.*

Nurses' comments regarding more information they would like in order to more fully understand the board of nursing's role in their state.

- Would like to get nurse practice act booklets rather than have to print or view on-line. Enjoyed having newsletter sent rather than go on-line
- I try not to deal with Maryland BON. I submit payment online for license renewal.
- Very rarely interact with the board.
- Yes, why is license # so easily obtainable? Are there no concerns for nurse impersonators? Anyone can do a look up.
- If a medical assistant working at the same office is found to have ordered prescriptions for herself & others-who is in charge of her licenses? Whom are we to report this to?
- Yes, updates
- What are the Board's expectations of nurses & the Board of Nursing?
- Professional nursing association and the Board of nursing roles.
- Need to keep up with current trends and procedures
- How rules/practices become part of the scope of practiced. Based on evidence-based research on change policies of state/government?
- I would love to have clear written scope of practice with examples.
- I never hear anything from the MD-BON
- A book on Nursing Practice Law and rules to understand the difference between Board of Nursing and professional nursing associations.
- Who makes up the board - members?
- Maryland Board of Nursing is complicated. Website messy with multiple different fonts, underlining, italics, colors and declarations.
- Better instruction on submitting NP's CME online to have license renewed.
- What the LPN cannot do, the limitation of LPN
- Easier access & response to phone calls
- More information on long term care on the newsletter.
- Why do the phones always goes to the voice mail and never answered until the day after or 2 days after? This issue is very upsetting.
- I try to avoid MBON at all costs. They have always been rude and difficult
- Handbook
- Clear website
- Copy of most recent publication of Nurse Practice Act, and also information on the role of the BON.
- I have no knowledge of the Board of Nursing's role except to charge a large amount of money for licensure
- I would like better information currently being addressed by the Board. Newsletters posted at the Hospital!! My Hospital rarely addresses the Board of Nursing and all the things they are involved with
- Change RN renewal to every 2-4 years
- How foreign students/students that study out of the United States get accredited.
- The Maryland Board of Nursing stopped printing the Nurse Practice Act and it is now divided into 2 sections on 2 different web sites, both are difficult to navigate and hard to search. The web site has names of people to contact and the time I did that the answer was vague. / / I would like to know how to manage the online versions of the Nurse Practice Act

- I think it should be involved more when it comes to disciplinary action taken against RN to ensure that boss is not biased due to personal like or dislike and ensure the nondiscrimination action

Employers' comments regarding more information they would like in order to more fully understand the board of nursing's role in their state.

- I think the Board could give an overview via a webcast. I originally received my license from another state. Once in Maryland, I drove 3 hours to get a temporary license, the Nurse Practice Act, and a disagreeable "welcome". The license procedure is different, the Nurse Practice Act is no longer in hard copy, but the staff at the Board is still disagreeable. Who's going to complain? They hold our licenses!
- License renewal could be faster

Educators' comments regarding more information they would like in order to more fully understand the board of nursing's role in their state.

- Only that we have a new executive director in Maryland who is working very hard to improve board responsiveness - greatly appreciated
- New executive director is accessible and very responsive. Thank you

Nurses comments regarding any suggestions, if any do they have for improving the Board of Nursing's activities for the protection of the public.

- Make it easier to contact staff by phone
- -Answer the phone! It just rings & rings. -Respond to emails! I inquired about changing my name since I was married. Still waiting for a response. That was Fall 2013!! -User friendly website. Impossible to find the information I'm inquiring about. -Where
- I will first and foremost suggest a National Registration. All the most important aspects are lost in all the red tape. And patient care should and does not change from state to state. Once the nurse has passed NCLEX then registry in a different state should be effortless. Too much effort is spent on forms and a National Data Base will alleviate unnecessary hire x effort and more focus on safety will be possible.
- Maryland might as well require 30 contact hours for renewal-DE, NJ, PA does. Theoretically you could compact in Maryland and not have the contact hour requirement and I believe work in a compact state that has the contact hour requirement.
- I would like to see updates related to community diseases i.e.. Viruses and infections. New drug alerts, safe practices. At present it seems to promote the political ladder ascent.
- Start a retirement program for nurses who work in agencies and change jobs and job sites frequently so they don't earn 20-30 yr. retirement. Community health fairs.
- -Website onerous to use, too many words, not user friendly -Instructions are hard to understand-it's like reading a drug insert packet -The board was not prepared to process NP's with dual degrees (adult & geriatric education) -The board is not helpful, d
- Send out w/dates when necessary-Inform us of the changes that may impact our scope of practice. Hold bi-annual meetings to keep us up-to-date. The one time in my career that I reported a nurse for misconduct-she had committed fraud by blatantly posing as one of our patients & picked up her pain medication at the pharmacy. She was caught on tape. I was never able to find anything about her from the Nursing Board.
- The only issue that I have with the Maryland Board of Nursing is the timeliness of response and helpfulness from the office. I have had to go to the office twice to get things accomplished because using the phone or email does not work well, you do not get a response and the thing that you need completed could take hours, days or weeks.
- Increased communication from BON via email, publications, newsletters, etc. Mandatory 'customer service' training for all employees at BON (this has been a significant problem!) Increased access to free continuing education credits; especially re: ethics, mandatory reporting & safety-related issues
- Website does not have up to date information. Do not receive any info about the BON from my state.
- I work as a delegate nurse in various facilities. I feel that Board of Nursing do not have specific time of year to inform delegate nurse of various changes in documentation or the changes in various form that are required. Two-third of the times, delegate nurses receive information from Assisted Living Manager.
- I was a victim of manager abuse in the workplace in 2009. I attempted to bring my state board of nurses into the event. I attempted to file a complaint, I spent a lot of time on it, but never heard back from the board. Since then, I have no faith in them. The event lost me my job. The board was useless.

- Update website-MBON hard to navigate. Have more phone representatives; it takes days to speak with someone on the phone.
- Accountability of the board's staff to the nurses they serve. Phones that ring without being answered; long hold times; difficulty getting responses to emails--all these inefficiencies speak to a huge issue with management and logistics.
- New board with current experience (not 30 yrs. ago)
- The disciplinary process is slow.
- Initial process of obtaining license more clearly. More organized process.
- Needs to be more in front of nurses like weekly e-mail updates, facts, where to find scholarships.
- The BON is doing an excellent job in protecting the public on the disciplinary actions on the license in some areas are very hard, by keeping records that seems forever. One is keeping up with their licenses and renewing yearly a check is always there, maybe after 10 or more years that should be taken down unless there's another occurrence as we do renew yearly and will be repeated.
- Make reporting/accessing information via website easier, more user friendly. COMAR on-line is difficult to navigate would prefer option to purchase printed version or other formatting
- Better accreditation of foreign nurses including education and identity validation.
- Organize education and seminar for practicing nurses. 2) Provide frequent review or overview of nursing practice law and regulations as it relates to practice in Board of Nursing's publications and magazine.
- Maryland BON website is cluttered, instructions are overly-wordy and it uses too many colors, font sizes, italics & bolding to call attention to "important" information. A skilled editor is needed for their website and documents. Thank you for eliciting our opinions
- There should be an educational awareness campaign
- Answer emails timely-regarding renewal
- The website needs improvement, difficult to make a change in address.
- When complaints are filed there should be more timely investigations with quicker decisions Our agency provides case management to clients who may have private duty nursing (LPN) in the home. Many of these nurses are poorly trained and do not function independently (by their agency) and have poor oversight. The caliber of the nurse in the home caring for very sick patients needs to be elevated.
- Please answer telephones in a timely manner because people calling in desperate situation for answers. The phones usually go to the answering machine and voice mails are never answered until the following day.
- I think they are doing a wonderful job protecting the public and the nurses!
- Reported nurses with drug and alcohol abuse should not be allowed to regain licensure after completing an "online" rehab. Class. The licensure should be approved after MD documentation of stable and continued counseling/rehab. Possible re-entry into hospital nursing with mentor and strict follow-up with drug and alcohol testing.
- They are doing a great job.
- The Maryland BON is extremely difficult to get in touch with via phone (phone tree goes in circles, voicemail boxes always full, do not return calls) & by email (do not return emails or several different people become involved & they obviously don't communicate). Very little communication comes from the Maryland BON to the nurses. Maryland BON does not appear to have a strong stance on patient safety issues (for example safe staffing ratios). They need to start advocating for better/safer working conditions for the nurses so that patient care & safety

Licensure: Maryland

- can be ensured. They need to hold hospitals & LTC facilities accountable & support their nurses that they license.
- MBON was not published any journals or magazines in years. Developing a monthly magazine to distribute would help them to be more involved.
- If you are to call, it is difficult to get a hold of somebody and then it is hard to get a clear concise answer.
- Improvement needed on customer service for nurses and all medical practitioners so we can do our job successfully serving the public. For example, too much delay in issuing or renew license, will delay the service to the public and staff will continue to be short. Maybe nursing board need to hire more staff to correct this.
- improved public presence at state and local level 2) improved customer service skills 3) website modifications to optimize use 4) provide greater clarity to Nurse Practice Act-it is too broad and generalized to be of use to licensed providers 5) increase timeliness of response to inquiries
- I strongly admit that the board is doing a good or excellent job!
- When epidemics become present in a state or area-have information available to all nurses right away so they are equipped to be able to work with situations/patients who have or were exposed to whatever problem or disease is present.
- More active on site support of nursing not just when something happens
- More public meetings and board of nursing staff need the nursing staff.
- I think the Board should encourage new nurses into the field with open arms and not to get them into losing their license, post-graduation and integration into the field is greeted w/jealously and enviousness. I have witnessed young nurses lose their licenses over simple error that could have been resolved and taught right. I'm urging the Board to keep doing what it does, but be more lenient w/incoming new nurses, as the field needs them.
- Again, I would like the Boards positions etc.: more available at the Hospital. I belong to the AACN and read their journals and newsletters.
- Appreciate all nurses work or encourage the colleges to grant work experiences for credits.
- -Make their phone service more customer friendly. -When complaints file about nurses' care, do the follow up I filled a formal complaint in 2006-lead to death of relative-NEVER heard back from board. -The CNA skills standards need major revisions.
- The Board of Nursing sets up barriers to practice for Advanced Practice Nurses the Attestation was not meant to be an administrative monster that takes 2 months. This does not HELP the public which needs health care
- I don't find the publication very helpful.
- Provide current licensing of CNA's, GNA's, RN's to the website in a timely manner. Answer the phone at MBON!
- Nicer. Don't bounce you from person. Get more staff like Quandra Horton, she is the only courteous & helpful person I have interacted with at MBON.
- Be more accessible by phone
- I left two phone messages regarding renewing my license in the state of MD and NEVER received a return phone call. VERY disappointing and frustrating.
- The website is cumbersome to navigate & not all links work on Mac computers which is really inconvenient.
- RNs in the State of MD are not required to have CMEs to renew their license. This does not help MD nurses and in some instances nurses have not felt it necessary to continue learning. I would like to see this changed.
- The board of nursing is doing an excellent job in all areas of protecting the public.

- Make the Nurse Practice Act easy to find on the board website, make it more specific to practice questions and actions. Also Act needs to be clear on practice rules do's and don'ts. Make nurses aware of changes to Act by mail or email. Make a hard copy available by request.
- Keeping nurses current and well advised of their scope of practice protects the public

Employers' comments regarding any suggestions, if any do they have for improving the Board of Nursing's activities for the protection of the public.

- Respond more rapidly when emails or voicemails are left on the Boards message.
- Answer the phone when called, put on hold too often for very long periods of time. Nurses wanting to process their license from another state have significant delays
- Be friendlier. Every time you call MBON you get a difference answer.
- Be more timely
- Streamline the process for reporting abuse. Updates/follow-up when abuse is reported. Follow-up when drug diversion is reported. Follow-up on negligent reports.
- Improve the clinical skills of graduates in Maryland nursing skills. Need good basis nursing skills and critical thinking. Need good bedside nursing skills.
- Be more responsive
- Provide adequate funding and resources to the board in order for it to provide the level of service required. There is often a delay from the board in responding to inquiries, which is frustrating.
- Answer your phone and emails. Be more specific in the Nurse Practice Act regarding allowed and disallowed tasks for different types of licenses.

Educators' comments regarding any suggestions, if any do they have for improving the Board of Nursing's activities for the protection of the public.

- telephone issues

Appendix B

CORE Surveys

Board of Nursing Survey

NCSBN
Leading in Nursing Regulation

Instructions to Board EO's:

1. Submit Board Survey data as soon as possible but no later than end of November 2014. Please email responses to coreinfo@ncsbn.org, fax to 312.279.1032, or mail to:

    NCSBN
    Attn: CORE
    111 E Wacker Dr, Suite 2900
    Chicago, IL 60601.

2. Suggest EO/designee print out hard copy Board Survey or send electronically to staff who will be completing the data.
3. Request EO review all data before submission and signify approval with signature.

You will be able to review your responses on CORE's passport application after the survey is returned to NCSBN.

Part I: Licensure

1. How many applications for nursing licensure were received in FY2014? Please indicate the number of applications received in each of the following three categories.

    Initial Exam: _____

    Endorsement: _____

    Renewal: _____

2. What percentage of **initial** nursing licenses were processed online?

    _____ %

3. What percentage of nursing licensure renewals were processed online?

    _____ %

Over →

4. During FY2014, what was the average number of calendar days it took to process applications for nurse licensure <u>from receipt of all required information to issuance of license</u>? Exclude disciplinary and/or unusual situations.

Nurse licensure by initial examination: _____

Nurse licensure by endorsement: _____

Nurse licensure by renewal: _____

5. Do you perform audits of your nurse licensure process?
   ☐   Yes
   ☐   No

Over →

Part II: Education

6. Does your Board of Nursing approve nursing education programs?
   - ☐ Yes
   - ☐ No *(go to question 12)*

7. What is the total number of approved nursing education programs at the end of FY2014?

   Total: _____

8. What is the status of all nursing education programs at the end of FY2014?

	VN/PN	RN	APRN
Number of education programs new to the state with initial approval:			
Number of education programs with full approval:			
Number of education programs placed on conditional, provisional, or probationary status:			

9. Does your board approve nursing education programs where the domicile is outside your state?
   - ☐ Yes: Please indicate total number of these nursing education programs that are domiciled outside your state:_____
   - ☐ No

10. How many nursing education program actions/decisions were made in FY2014?

    Number of education programs received initial approval in FY2014: _____

    Number of education programs received full approval in FY2014: _____

    Number of education programs placed on conditional, provisional, or probationary status: _____

    Number of programs had their approval withdrawn or closed in FY2014: _____

    Number of programs denied initial approval in FY2014: _____

    Other (*specify*): _____

11. How many nursing education program applications were pending at the end of FY2014?

    Total: _____

    Over →

Part III: Discipline

12. In FY2014, how many cases* with action were...

        Cases* closed with disciplinary action* taken and
                    reported to data bank: _____

       Cases* closed with action taken that was considered
        non-disciplinary* and not reported to data bank: _____

13. In FY2014, how many cases* were closed without action*: no violation of the Nurse Practice Act, no jurisdiction, referred to other agency, or does not meet threshold to open?

        Cases* closed with no action: _____

14. Of the cases* brought to final resolution* by the Board of Nursing in FY2014 (which includes consent agreements, board orders, or dismissals) what was the average number of calendar days between the time the complaint* was received by the state to the date when the agency took a final action?

        Average number of days:_____

15. Of the cases* brought to final resolution* by the Board of Nursing in FY2014 (final board order e.g. consent agreement, board orders, dismissals), how many had been open for:

              6 months or less _____

            7 months – 12 months _____

            13 months – 2 years _____

              Over 2 years _____

16. How many formal hearings* were conducted by the Board of Nursing or by the Administrative Law Judge in FY2014?

        Formal Hearings*: _____

17. What was the average number of calendar days from the date the complaint* is received by the state to the final action date of the formal hearing* cases* conducted in FY2014?

        Average number of days:_____

Over →

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* Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

18. How many new complaints* were received in FY2014 whether they were opened as a case* for investigations or not?

      □ Number of new complaints*:_____

      □ Not applicable, do not count or keep track of complaints* coming in that do not get assigned to investigations.

19. How many cases* were assigned to investigations in FY2014? _____

20. Does staff have delegated authority to...

	Yes	No
Close complaints* through approved guidelines and policies for allegations that fall below threshold to investigate	□	□
Expedite closure of cases* where a violation has not been established	□	□
Identify priority or risk level at time of complaint* assignment	□	□
Make and accept settlement offers through consent agreements (agreed orders)	□	□

Other (*specify*): _____

21. Does your Board of Nursing....

	Yes	No
Provide the option of online complaint* submission utilizing a standardized form to promote the receipt of critical information during the submission of a complaint*	□	□
Assign cases* to particular investigators with expertise in the area of the allegation/practice	□	□
Use interview templates to guide investigative interviews	□	□
Use standardized templates for report preparation	□	□
Use an expedited process for complaints* where the respondent is admitting the allegations	□	□
Utilize approved guidelines, policies, or matrix to determine type and conditions of discipline	□	□
Delegate authority to a subcommittee of the Board to review and resolve cases*	□	□
Make use of automatic suspension clauses in consent agreements/agreed orders for noncompliance	□	□

Other (*specify*): _____

Over →

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* Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

Licensure: Maryland

Part IV: Administrative

Please enter the number of full-time equivalent (FTEs) staff. An FTE[*] of 1.0 means that the person is equivalent to a full-time worker; while an FTE of 0.5 signals that the worker is only half-time. (Staff who may have overlapping responsibilities should have FTE time adjusted in the appropriate categories.)

22. Number of FTEs involved in the <u>licensure process</u> who are...

        Licensing staff: _____

        Other (*specify*): _____

23. Number of FTEs involved in the <u>education program approval and monitoring</u> process who are...

        Education Consultant/Manager: _____

        Administrative Support Staff: _____

        Contract Personnel: _____

        Other (*specify*): _____

24. Number of FTEs involved in the <u>investigative process</u> that are Board of Nursing employees who are...

        Nurse Investigators: _____

        Non-Nurse Investigators: _____

        Administrative Support Staff: _____

        Attorney (who are not investigators): _____

        Other (*specify*): _____

25. Number of FTEs involved in the <u>investigative process</u> that are contracted personnel, not employed by the Board of Nursing:

        Nurse Investigators: _____

        Non-Nurses Investigators: _____

        Administrative Support Staff: _____

        Attorney (who are not investigators): _____

        Other (*specify*): _____

Over →

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[*] Please refer to CORE definitions and CORE Investigation/Discipline Flowchart attached to this survey

Licensure: Maryland

Part V: Budget

FY2014 Budget Worksheet

Please indicate expenses for the following budget items. Adding the total expenses for all items should match your total FY2014 expenditures. **When a member of the Board staff contributes to more than one category, please allocate a proportion of their salary among the appropriate times.**

<u>Note</u>: Please do not include one-time capital expenditures or expenses related to the regulation of Certified Nursing Assistants (CNAs) or other Assistive Personnel in any of the following categories.

**If you are unable to answer a question or are not sure of the exact value, please leave the question blank, as approximations will alter the results and the integrity of the data.

The Board of Nursing's total fiscal year* 2014 expenditures (excluding capital expenditures and CNA expenses) _____

Complaint*/Discipline total salaries and related expenses _____

Investigator (non-board staff) fees _____

Hearing* costs (including board expenses related to hearings*) _____

Expenses related to monitoring compliance with probation _____

Expenses related to alternative programs _____

Miscellaneous expenses _____

Over →

Licensure (including renewal) total salaries and related expenses   _____

Total salaries (including fringe) of board staff involved in licensure   _____

Expenses related to endorsement (excluding board staff salaries)   _____

Expenses related to examination (excluding board staff salaries)   _____

Expenses related to renewal (excluding board staff salaries)   _____

Miscellaneous expenses related to licensure   _____

Education program total salaries and related expenses   _____

Total salaries (including fringe) of board staff involved in education program approval   _____

Travel expenses related to education program approval   _____

Expenses related to distribution of information and materials   _____

Miscellaneous expenses related to approval of nursing programs   _____

X_____   _____

Executive Director Signature   **Date (MM/DD/YYYY)**

Thank you for your help and participation

CORE Definitions →

CORE Definitions

FISCAL YEAR

A twelve-month period for which the Board of Nursing plans the use of its funds. The dates correspond to an individual Board's own fiscal year.

COMPLAINT

An allegation received by the Board related to a specific licensee(s).

CASE

A complaint(s) that rises to the board threshold that a potential violation of the Nurse Practice Act has occurred and merits investigation/collecting evidence.

DATE OF RECEIPT OF COMPLAINT

Date complaint is received by the state from the complainant

HEARING

An evidentiary proceeding before a hearing examiner/administrative law judge or board (board is the judge) in which evidence in contested cases are heard as required by law.

CASE RESOLUTION

Resolution may be disciplinary or non-disciplinary when the agency makes a final action.

Resolution includes consent agreements, board orders, closures, and dismissals.

This action is distinct from an appeal or any appeal process that might occur. The time for appeals or any waiting or appeal period following final action by the Board should not be used when calculating how long it took to resolve a complaint.

DISCIPLINARY ACTIONS

After an investigation, any administrative, civil, equitable or criminal action permitted by the state's laws which are imposed on a nurse by the state's Board of Nursing or other authority, including actions against an individual's license, such as revocation, suspension, probation or any other action which sanctions or affects a nurse's authorization to practice and is reportable to the national data banks.

NON-DISCIPLINARY ACTION

No action is taken against the person's license and is not reportable to the national data banks. Examples are alternative to discipline programs for substance use, alternative to discipline programs for practice conditions, or may include an activity directing the nurse to complete coursework or supervisory evaluation that is not a case/complaint resolution.

CLOSED WITHOUT ACTION

When a Board makes a decision that evidence does not exist or cannot be collected and ceases to pursue further action or activity. Such actions may also be taken based on Board policies whereby the allegations do not meet triage thresholds resulting in an investigation.

APPEAL

Request to consider a decision regarding administrative proceeding or superior court final decision on the ground that it was based upon an erroneous application of law.

Licensure: Maryland

MONITORING

The process of ongoing monitoring supervision or testing of a nurse or nursing program as directed by the Board of Nursing as a condition of remediation and disciplinary action. This may include observing and checking the nurse's progress over a period of time through systematic review of competencies or compliance.

FTE

A government, FTE is defined by the Government Accountability Office (GAO) as the number of total hours worked divided by the maximum number of compensable hours in a work year as defined by law. For example, if the work year is defined as 2,080 hours, then one worker occupying a paid full time job all year would consume one FTE. An employee working for 1,040 hours would be an .5 FTE.

NON-BOARD STAFF

Individuals or organizations providing services through a contract that are completing Board business.

CORE Investigation/Discipline Flowchart →

CORE Investigation/Discipline Flowchart

CORE Investigation/Discipline Flowchart*
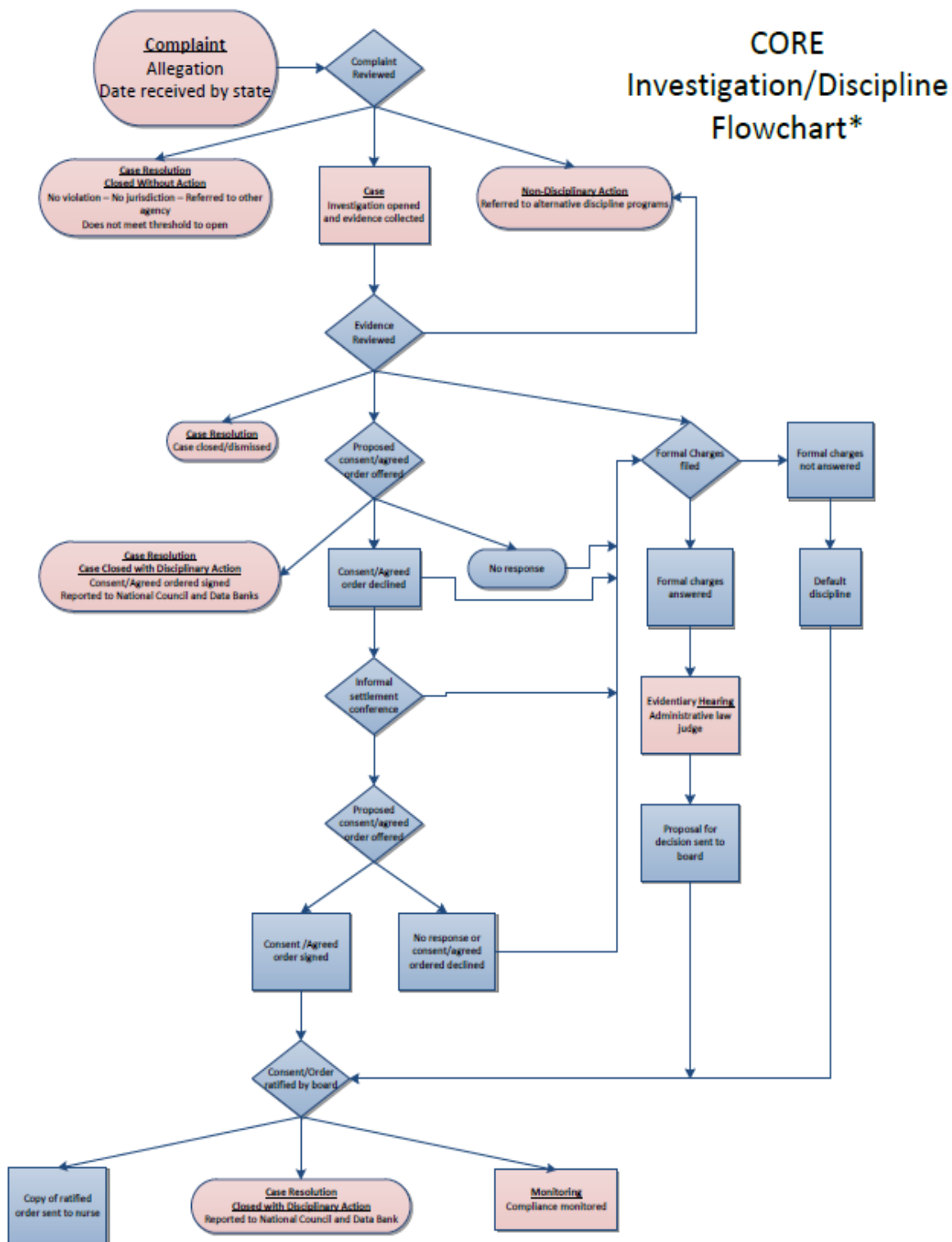
*CORE understands that not all Boards of Nursing follow the same disciplinary process. This flowchart is intended to cover CORE's key definitions to help Boards better understand what data CORE is trying to capture.

NCSBN
Leading in Nursing Regulation

National Council of State Boards of Nursing Survey of Nurses

1. Have you actively worked as a nurse or utilized your nursing license anytime in the past 24 months?
   - ☐ Yes
   - ☐ No *(Please end survey)*

2. What type(s) of active nursing license/certifications do you hold? *(Check all that apply)*
   - ☐ Licensed practical/vocational (LPN/VN)
   - ☐ Registered nurse (RN)
   - ☐ Advanced practice (APRN) includes, CNM, CRNA, NP, CNS, etc.

3. Where did you receive your basic nursing education for your LPN/VN or RN license? *(If you have both, please report for the RN education only)*
   - ☐ United States: *(specify State/territory)* _____
   - ☐ Outside of the United States: *(Specify Country)* _____

4. Did you graduate from that nursing program in the past 5 years?
   - ☐ Yes
   - ☐ No *(Go to Question 8)*

5. Rate your entry-level nursing education in preparing you to provide safe and competent care.
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

6. In which state/territory were you initially licensed?
   State/Territory: _____

Over ▶

7. How satisfied were you with the initial licensure process?
   - ☐ Satisfied
   - ☐ Not Satisfied

8. Whether you practice in one state or multiple states, answer all the following questions based on only one Board of Nursing and please indicate that Board.

   State/Territory Board of Nursing: _____

9. Rate the Board of Nursing's performance in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability	☐	☐	☐	☐	☐
Promoting quality of education	☐	☐	☐	☐	☐
Responding to health care changes	☐	☐	☐	☐	☐
Responding to innovation in education	☐	☐	☐	☐	☐
Addressing emerging issues	☐	☐	☐	☐	☐
Assuring the competence of practicing nurses	☐	☐	☐	☐	☐

10. During the past 24 months, have you renewed your nursing license?
    - ☐ Yes
    - ☐ No *(Go to Question 12)*

11. How satisfied were you with the renewal process?
    - ☐ Satisfied
    - ☐ Not Satisfied

12. Which of the following best describes your practice setting? *(Please check one)*
    - ☐ Hospital
    - ☐ Long-term care facility
    - ☐ Community-based or ambulatory care facility/organization *(including public health department, visiting nurses association, home health, physician's office, clinic, school health services, correctional facility)*
    - ☐ Temporary service/employment agency
    - ☐ Managed care organization
    - ☐ Nursing education program
    - ☐ Other *(specify)*: _____

Over ▶

Licensure: Maryland

13. Do you believe <u>student</u> nurses you work with are well supervised to provide safe and competent care?
- ☐ Yes
- ☐ No
- ☐ Not Applicable

14. The Board of Nursing's disciplinary process deters nurses from violating regulations.
- ☐ Strongly Agree
- ☐ Somewhat Agree
- ☐ Somewhat Disagree
- ☐ Strongly Disagree

15. What percentage of the nurses you work with provide safe and competent care?
- ☐ 100% - 96%
- ☐ 95% - 91%
- ☐ 90% - 86%
- ☐ 85% - 80%
- ☐ Less than 80%

16. During the past 24 months, have you worked with nurses whose practice has led to near misses or patient harm?
- ☐ Seldom or Never
- ☐ Occasionally
- ☐ Fairly Often

17. Does your organization emphasize a culture of safety such as the Just Culture™, that promotes the reporting of errors without fear of retribution?
- ☐ Yes
- ☐ No
- ☐ Don't Know

18. Are the statutes/rules that govern nursing practice <u>readily accessible</u>?
- ☐ Yes
- ☐ No
- ☐ Don't Know

19. Are the statutes/rules that govern nursing practice <u>clear</u>?
- ☐ Yes
- ☐ No
- ☐ Don't Know

20. Do you know how to report a suspected violation of the nursing statutes or rules?
- ☐ Yes
- ☐ No

21. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?
- ☐ Understand
- ☐ Do Not Understand

22. During the past 24 months, have you been involved in any aspect of your state Board of Nursing's complaint/discipline process (e.g. subject of a complaint, filed a complaint, provided a report, served as a witness)?
- ☐ Yes
- ☐ No (Go to Question 26)

Indicate whether you agree or disagree with the following statements regarding the complaint/discipline process:

23. The process used by the Board of Nursing to investigate and resolve the problem was fair.
- ☐ Agree
- ☐ Disagree

24. The Board of Nursing acted in a timely manner.
- ☐ Agree
- ☐ Disagree

25. The Board of Nursing kept you informed throughout the disciplinary process.
- ☐ Agree
- ☐ Disagree

26. To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?
- ☐ Fully Understand
- ☐ Partially Understand
- ☐ Do Not Understand

Licensure: Maryland

27. Rate your state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being <u>current and reflecting state-of-the-art nursing</u> in the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	☐	☐	☐	☐	☐
Education	☐	☐	☐	☐	☐
Licensure	☐	☐	☐	☐	☐
Discipline	☐	☐	☐	☐	☐

28. Which of the following do you reference when making decisions regarding nursing practice? *(Check all that apply)*
- ☐ Nursing practice law and rules
- ☐ Board newsletter/magazine
- ☐ Board website
- ☐ Association newsletter/magazine
- ☐ Association website
- ☐ Personal communication with Board staff or member
- ☐ Public meetings/educational workshops
- ☐ Public hearings
- ☐ Other (*specify*): _____

_____

29. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?
- ☐ Understand the Difference
- ☐ Do Not Understand the Difference

30. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

_____

_____

_____

_____

31. During the past 24 months, have you accessed the Board of Nursing's <u>website</u> for information on a specific question?
- ☐ Yes
- ☐ No *(Go to Question 33)*

Over ▶

32. Rate your experience in using the Board of Nursing's <u>website</u> in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	☐	☐	☐	☐
Helpfulness of content	☐	☐	☐	☐

33. During the past 24 months, have you made any inquires via <u>telephone</u> to the Board of Nursing?
   - ☐ Yes
   - ☐ No *(Go to Question 35)*

34. Rate your experience regarding your <u>telephone</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	☐	☐	☐	☐
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

35. During the past 24 months, have you made any inquiries via <u>email</u> to the Board of Nursing?
   - ☐ Yes
   - ☐ No *(Go to Question 37)*

36. Rate your experience regarding <u>email</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

37. Have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc. in the past 24 months?
   - ☐ Yes
   - ☐ No *(Go to Question 39)*

38. How useful was the information provided by the Board of Nursing during the event?
   - ☐ Useful
   - ☐ Not Useful

Over ▶

39. During the past 24 months, did you ask the Board of Nursing about practice issues?
   - ☐ Yes
   - ☐ No (Go to Question 41)

40. How helpful was the response you received from the Board of Nursing regarding your practice issue?
   - ☐ Helpful
   - ☐ Not Helpful

41. How useful are the Board of Nursing's publications/magazine?
   - ☐ Useful
   - ☐ Not Useful
   - ☐ Do Not Use
   - ☐ Not Aware

42. Overall, rate the Board of Nursing's performance in fulfilling its role in protecting the health and safety of the public.
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

43. What suggestions, if any do you have for improving the Board of Nursing's activities for the protection of the public?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

CORE Employer Survey

NCSBN
Leading in Nursing Regulation

National Council of State Boards of Nursing Survey of Employers

1. **Which of the following best describes your type of organization?** (*check one*)

   □ Hospital

   □ Long-term care facility

   □ Community-based or ambulatory care facility/organization (*including public health department, visiting nurses association, home health, physician's office, clinic, school health services, correctional facility*)

   □ Temporary service/employment agency

   □ Managed care organization

   □ Nursing education program

   □ Other (*specify*): _____

   _____

2. **Rate the Board of Nursing's performance in each of the following areas:**

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability	□	□	□	□	□
Promoting quality education	□	□	□	□	□
Responding to health care changes	□	□	□	□	□
Responding to innovation in education	□	□	□	□	□
Addressing emerging issues	□	□	□	□	□
Assuring the competence of practicing nurses	□	□	□	□	□

3. **To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?**

   □ Fully Understand

   □ Partially Understand

   □ Do Not Understand

Over ▶

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Licensure: Maryland

4. Rate you state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being <u>current and reflecting state-of-the-art nursing</u> in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	☐	☐	☐	☐	☐
Education	☐	☐	☐	☐	☐
Licensure	☐	☐	☐	☐	☐
Discipline	☐	☐	☐	☐	☐

5. Are the Board of Nursing's guidelines and regulations regarding supervision of student nurses adequate to assure safe and competent nursing care?

☐ Adequate

☐ Inadequate (*explain*): _____

_____

Indicate the extent to which you agree or disagree with the following statements:

6. The nursing education programs in your state are high quality programs.

☐ Strongly Agree

☐ Somewhat Agree

☐ Somewhat Disagree

☐ Strongly Disagree

7. New graduates from nursing education programs in your state are well prepared to provide safe and competent care.

☐ Strongly Agree

☐ Somewhat Agree

☐ Somewhat Disagree

☐ Strongly Disagree

8. The Board of Nursing's disciplinary process deters nurses from violating regulations.

☐ Strongly Agree

☐ Somewhat Agree

☐ Somewhat Disagree

☐ Strongly Disagree

9. In the past 24 months, have you received reports on nurses whose practice has led to near misses or patient harm?

☐ Seldom or Never

☐ Occasionally

☐ Fairly Often

Over ▶

10. Does your nursing organization emphasize a culture of safety such as the Just Culture™, that promotes the report of errors without the fear of retribution?

- ☐ Yes
- ☐ No
- ☐ Don't Know

11. During the past 24 months, have you been involved in any aspect of your state's Board of Nursing's complaint/discipline process (e.g. filed a complaint, provided a report, a witness, an interviewee, etc.)?

- ☐ Yes
- ☐ No (*Go to Question 15*)

Indicate whether you agree or disagree with the following statements regarding the complaint/discipline process:

12. The process used by the Board of Nursing to investigate and resolve the problem was fair.
- ☐ Agree
- ☐ Disagree

13. The Board of Nursing acted in a timely manner.
- ☐ Agree
- ☐ Disagree

14. The Board of Nursing kept you informed throughout the disciplinary process.
- ☐ Agree
- ☐ Disagree

15. Which of the following do you reference when making decisions regarding nursing practice? (*Check all that apply*)
- ☐ Nursing practice statutes and laws
- ☐ Board newsletter/magazine
- ☐ Board website
- ☐ Association newsletter/magazine
- ☐ Association website
- ☐ Personal communication with Board staff or member
- ☐ Public meetings/educational workshops
- ☐ Public hearings
- ☐ Other (*specify*): _____

_____

Over ▶

16. During the past 24 months, have you accessed the Board of Nursing's <u>website</u> for information on a specific question?

☐ Yes

☐ No (*Go to Question 18*)

17. Rate your experience in using the Board of Nursing's <u>website</u> in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	☐	☐	☐	☐
Helpfulness of content	☐	☐	☐	☐

18. During the past 24 months, have you made any inquiries via <u>telephone</u> to the Board of Nursing?

☐ Yes

☐ No (*Go to Question 20*)

19. Rate your experience regarding your <u>telephone</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	☐	☐	☐	☐
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

20. During the past 24 months, have you made any inquires via <u>email</u> to the Board of Nursing?

☐ Yes

☐ No (*Go to Question 22*)

21. Rate your experience regarding your <u>email</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

Over ▶

22. During the past 24 months, have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc.?

    ☐   Yes

    ☐   No (*Go to Question 24*)

23. How useful was the information provided by the Board of Nursing during the event?

    ☐   Useful

    ☐   Not Useful

24. How useful are the Board of Nursing's publications/magazine?

    ☐   Useful

    ☐   Not Useful

    ☐   Not Used

    ☐   Not Aware

25. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?

    ☐   Understand the Difference

    ☐   Do Not Understand the Difference

26. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

_____

_____

_____

_____

_____

_____

_____

27. Are the statutes/rules that govern nursing practice <u>readily accessible</u>?

    ☐   Yes

    ☐   No

    ☐   Don't Know

28. Are the statutes/rules that govern nursing practice <u>clear</u>?

    ☐   Yes

    ☐   No

    ☐   Don't Know

Over ▶

Licensure: Maryland

29. Do you know how to report a suspected violation of the nursing statutes or rules?

  □ Yes
  □ No

30. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?

  □ Understand
  □ Do Not Understand

31. Overall, rate the Board of Nursing's performance in fulfilling its role in protecting the health and safety of the public.

  □ Excellent
  □ Good
  □ Fair
  □ Poor

32. What suggestions, if any do you have for improving the Board of Nursing's activities for the protection of the public?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

33. In what state/territory is your organization located?

  State/Territory: _____

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

CORE Educator Survey

Survey of Nursing Education Program Directors
National Council of State Boards of Nursing

1. Rate the performance of the Board of Nursing in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Assuring accountability of nurses	□	□	□	□	□
Promoting quality of education	□	□	□	□	□
Responding to health care changes	□	□	□	□	□
Addressing emerging issues	□	□	□	□	□
Assuring the competence of practicing nurses	□	□	□	□	□

2. To what extent do you understand the scope/legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules?
   - □ Fully Understand
   - □ Partially Understand
   - □ Do Not Understand

3. Rate your state's Nurse Practice Act (statutes and administrative rules/regulations) in terms of being current and reflecting state-of-the-art nursing in each of the following areas:

	Excellent	Good	Fair	Poor	Not Sure
Practice	□	□	□	□	□
Education	□	□	□	□	□
Licensure	□	□	□	□	□
Discipline	□	□	□	□	□

4. Are the Board of Nursing's guidelines and regulations regarding supervision of student nurses adequate to assure safe and competent nursing care?
   - □ Adequate
   - □ Inadequate, *please explain*: _____
   _____
   _____

5. Does the Board of Nursing review or approve your nursing program?
   - □ Yes
   - □ No (*Go to Question 8*)

Over ▶

6. Rate the Board of Nursing's performance in the initial and ongoing review or approval process with regards to the following:

	Excellent	Good	Fair	Poor	Not Applicable
Consultation regarding pertinent rules, regulations, and polices	☐	☐	☐	☐	☐
Notification of Board visits	☐	☐	☐	☐	☐
Communication with Board staff	☐	☐	☐	☐	☐
Timeliness in feedback provided	☐	☐	☐	☐	☐
Usefulness of feedback provided	☐	☐	☐	☐	☐
Fairness/objectivity of Board findings	☐	☐	☐	☐	☐
Due process for disagreements regarding findings and plan of corrections	☐	☐	☐	☐	☐

7. Rate the Board of Nursing's overall performance in conducting the program review or approval process.
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

8. During the past 24 months, has your nursing program received sanctions or been the subject of additional monitoring by the Board of Nursing?
   - ☐ Yes
   - ☐ No (*Go to Question 12*)

Indicate whether you agree or disagree with the following statements regarding sanctions or monitoring of your program by the Board of Nursing.

9. The process used by the Board of Nursing to investigate and resolve problems was fair.
   - ☐ Agree
   - ☐ Disagree

10. The Board of Nursing acted in a timely manner.
    - ☐ Agree
    - ☐ Disagree

11. The Board of Nursing kept the program informed throughout the process.
    - ☐ Agree
    - ☐ Disagree

Over ▶

12. In the past 24 months, has faculty or students reported information on nurses whose practice has led to near misses or patient harm?

☐ Seldom or Never
☐ Occasionally
☐ Fairly Often

13. Does your nursing program emphasize a culture of safety such as the Just Culture™, that promotes the reporting of errors without the fear of retribution?

☐ Yes
☐ No
☐ Don't Know

14. Which of following do you reference when making decisions regarding nursing practice and education?
(Check all that apply)

☐ Nursing practice law and rules
☐ Board newsletter/magazine
☐ Board website
☐ Association newsletter/magazine
☐ Association website
☐ Personal communication with Board staff or member
☐ Public meetings/educational workshops
☐ Public hearings
☐ Other (*specify*): _____

_____

15. During the past 24 months, have you accessed the Board of Nursing's <u>website</u> for information on a specific question?

☐ Yes
☐ No (*Go to Question 17*)

16. Rate your experience in using the Board of Nursing's <u>website</u> in the following areas:

	Excellent	Good	Fair	Poor
Ease of navigation	☐	☐	☐	☐
Helpfulness of content	☐	☐	☐	☐

17. During the past 24 months, have you made any inquiries via <u>telephone</u> to the Board of Nursing?

☐ Yes
☐ No (*Go to Question 19*)

Licensure: Maryland

18. Rate your experience regarding <u>telephone</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Ease of use	☐	☐	☐	☐
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

19. During the past 24 months, have you made any inquiries via <u>email</u> to the Board of Nursing?
   ☐ Yes
   ☐ No (*Go to Question 21*)

20. Rate your experience regarding <u>email</u> inquiries in the following areas:

	Excellent	Good	Fair	Poor
Timeliness of response	☐	☐	☐	☐
Helpfulness of response	☐	☐	☐	☐

21. During the past 24 months, have you attended a Board of Nursing presentation, webinar, workshop, conference, Board meeting, etc?
   ☐ Yes
   ☐ No (*Go to Question 23*)

22. How useful was the information provided by the Board of Nursing during the event?
   ☐ Useful
   ☐ Not Useful

23. How useful are the Board of Nursing's publications/magazine?
   ☐ Useful
   ☐ Not Useful
   ☐ Not Used
   ☐ Not Aware

24. Do you understand the difference between the roles of the Board of Nursing vs. professional nursing associations?
   ☐ Understand the Difference
   ☐ Do Not Understand the Difference

Over ▶

25. Is there anything about your Board of Nursing that you would like more information about in order to more fully understand the Board's role in your state?

_____
_____
_____
_____
_____
_____
_____
_____

26. Are the statutes/rules that govern nursing practice <u>readily accessible</u>?
   □ Yes
   □ No
   □ Don't Know

27. Are the statutes/rules that govern practice <u>clear</u>?
   □ Yes
   □ No
   □ Don't Know

28. Do you know how to report a suspected violation of the nursing statutes or rules?
   □ Yes
   □ No

29. Do you understand your obligation to report conduct that you think may violate the nursing statutes and rules of the Board of Nursing?
   □ Understand
   □ Do Not Understand

Over ►

30. **What suggestions, if any do you have for improving the Board of Nursing's activities for the protection of the public?**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

31. **In what state/territory is your nursing program located?**
   □   State/Territory: _____

32. **What type of nursing degree does your nursing education program offer?** *(Check all that apply)*
   □   LPN
   □   Diploma RN
   □   ADN
   □   BSN
   □   Master
   □   PhD
   □   DNP
   □   Other *(specify)*: _____

Thank you for your assistance in completion of this survey.

If you have any questions or comments about this survey, please contact Lindsey Erickson at 312.525.3714 or coreinfo@ncsbn.org.

Licensure: Maryland