

**MARYLAND BOARD OF NURSING**  
**BOARD MEETING**  
**OPEN AGENDA**  
*Amended – March 21, 2016*

Date: March 23, 2016

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
- b. Acceptance of Previous Month's Minutes
- c. Audience Introduction

2. Consent Agenda

- a. Approval for nurse Practitioner Programs
  1. Boston College, Chestnut Hill, MA Geriatric, Masters
  2. Florida International University, Miami, FL, Psychiatric Mental Health, Post Masters and Masters
  3. State University of New York Polytechnic Institute, Utica, NY, Family, Masters
- b. Approval for CNA
  2. b.1 Request for approval to Renew CNA Training Programs
    1. Potomac Center
    2. AMC Academy of Nursing
    3. Frostburg Village
  2. b.2 Request for Approval to Renew CMA Training Programs
    1. Cecil Community College

2. Montgomery College
3. Prince George's Community College

2. b.3 Request for Approval of CNA Training Program – Clinical Facility
  1. The Community College of Baltimore County
  2. Good Samaritan Nursing Center

2. b.4 Request for Removal of the CNA/GNA Training Programs due to no longer operational.

1. St. Elizabeth Rehabilitation & Nursing Center
2. John Hopkins Bayview Geriatric Center
3. Bel Air Health & Rehabilitation Center
4. Sojourner Douglas School

2. b.5 Request for Revision of Approval for GNA Training Program

1. Top Knowledge Healthcare Institute

c. Education Consent Items

1. Howard Community College New Paramedic and Military to RN pathway
2. Cecil College School of Nursing 2015 Approval Visit Recommendations
3. Frederick Community College Nursing Program Requests Suspension of PN Certificate Program
4. Towson University Department of Nursing, New Chair
5. Maryland Board of Nursing f2015 Decision

3. Discussion of Items Removed from Consent Agenda (if Needed)

4. Education Update (M. Duell and P. Kennedy)

a. Educational Institution Reciprocity

5. Enhanced Nurse Licensure Compact (Shirley, MaryKay, and Mary Lou)

a. Facts about the NLC (attachment)

b. Key Provisions of the Enhance NLC (attachment)

c. FAQ: The Enhanced Nurse Licensure Compact – What Policy Makers Need to Know (attachment)

6. Administrative and Legislative (S. Devaris)

a. Legislative Status Report

7. Committee Reports

a. Direct-Entry Midwifery Advisory Committee Report (A. Williams)

b. Proposed Licensed Direct-Entry Midwife Regulations (S. Devaris)

8. NEW ITEM - Practice

a. Request for MBON consideration to amend NPA to permit RNs to perform Batterfield Acupuncture (no documents available)

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

**2A**

**MEMORANDUM**

TO: Maryland Board of Nursing  
RE: Approval of Nurse Practitioner Programs  
DATE: March 23, 2016

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1. Boston College, Chestnut Hill, MA, Geriatric, Masters
2. Florida International University, Miami, FL, Psychiatric Mental Health, Post Masters and Masters
3. State University of New York Polytechnic Institute, Utica, NY, Family, Masters

cc: File





MEMORANDUM

2.B1

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** March 1, 2016

**IN RE:** Request for Approval to Renew CNA Training Programs

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The following renewal applications have been reviewed and have satisfied all COMAR 10.39.02 regulations for CNA Training Programs in the State of Maryland:

1. Potomac Center
2. AMC Academy of Nursing
3. Frostburg Village



MEMORANDUM

2.B2

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** March 11, 2016

**IN RE:** Request for Approval to Renew CMA Training Programs

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The following renewal applications have been reviewed and have satisfied all COMAR 10.39.03 regulations for CMA Training Programs in the State of Maryland:

1. Cecil Community College
2. Montgomery College
3. Prince George's Community College



MEMORANDUM

2.B3

**FROM:** Cheyenne Redd, MSN, RN  
Director of Licensure & Certification  
Maryland Board of Nursing

**TO:** The Board

**DATE:** March 15, 2016

**IN RE:** Request for Approval of CNA Training Program-Clinical Facility

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The following clinical facility has been reviewed and have satisfied all COMAR 10.39.02 regulations for CNA Training Programs-Clinical Facilities in the State of Maryland:

The Community College of Baltimore County (CCBC) is requesting the use of Good Samaritan Nursing Center for the clinical portion of their CNA/GNA training program. Good Samaritan Nursing Center is a comprehensive care facility with 146 beds. The Community College of Baltimore County will have use of three units in total (Terrace, Lake, and Park). There is a total of 146 beds. This facility offers specialized comprehensive nursing and rehabilitative services.

Good Samaritan Nursing Center employs Licensed Nurses, Certified Medication Aides, and Geriatric Nursing Assistants. This facility employs one fulltime Director of Nursing, seven and a half fulltime registered nurses with administrative duties, eight registered nurses in a two week period. They have a total of fifty-six GNAs and 9.2 CMAs.

The Community College of Baltimore County will maintain the 1:18 instructor/student ratio for this clinical placement.

2.B3



**CCBC**  
The Community College  
of Baltimore County

December 15, 2015

A'lise Williams, MS, BSN, RN  
The Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland 21215-2254

Subject: Certified/Geriatric Nursing Assistant Training Program

Dear Ms. A'lise Williams,

The Community College of Baltimore County (CCBC) has partnered with the Baltimore Alliance for Careers in Healthcare (BACH) to provide the Certified/Geriatric Nursing Assistant training program. The Community College of Baltimore County has been asked to provide the theory component of the Certified/Geriatric Nursing Assistant program off site at Good Samaritan Hospital. The Certified/Geriatric Nursing Assistant Lab will be held at the approved MBON site at the CCBC Randallstown Extension Center. CCBC plans to use the Good Samaritan Nursing Center for the clinical portion of the program.

*See below  
of site*

In order to remain in compliance with the Maryland Board of Nursing, the Community College of Baltimore is submitting this letter to describe the training and to document how the College plans to uphold the MBON guidelines for the training. The following list describes how the College plans to manage and administer the training program.

*GNA site*

- The Community College of Baltimore County has assigned Aimee Restaneo, RN, Coordinator of the Nursing Assistant Program to oversee the training. The nursing instructors assigned to the training are approved to teach in the CCBC Certified Nursing Assistant program. There is one program assistant, one coordinator and a part-time employee assigned to support the training.

*being about*

Good Samaritan Nursing Facility will provide a classroom for theory for 24 students. The classroom is located at Saint Matthews's church, a facility that Good Samaritan Hospital partners with for training space. The classroom is located in the church office building at 5401 Loch Raven Boulevard, Baltimore, MD 21239. The classroom has one laptop, projector, projector screen, tables and chairs for 24 students.

- The Community College of Baltimore County will hold separate skills lab training days at the CCBC approved facility at the Randallstown Extension Center located at 3637 Offutt Road, Baltimore, MD 21133. This will exceed the 16 hour lab requirements for students as a part of the curriculum.

*? need syllabus  
to send to*

- The Community College of Baltimore County will maintain the 1:8 instructor/student ratio for lab per the Maryland Board of Nursing Requirements.

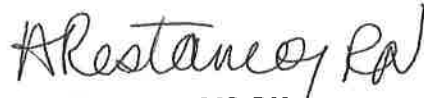
The incredible value  
of education.

www.ccbcmd.edu

- The Community College of Baltimore County will continue to maintain the 1:8 instructor/student ratio for clinical placement. For the theory portion of the class we will have a 1:12 instructor/student ratio.
- *What is it?* The nursing assistant clinical for the training program will be held at Good Samaritan Nursing Facility if CCBC receives approval from the Maryland Board of Nursing. The new clinical site approval form will be submitted to the Maryland Board of Nursing in December 2015. If Good Samaritan Nursing Home is not approved by the Maryland Board of Nursing, then College will use an approved clinical site for clinical placement.

Please contact me at (443) 840-2035, or by email [arestaneo@ccbcmd.edu](mailto:arestaneo@ccbcmd.edu) if you have any questions or concerns. Thank you for your continued support and guidance with our allied health programs.

Sincerely,



Aimee Restaneo, MS, RN  
Allied Health Training Coordinator



**CCBC**  
The Community College  
of Baltimore County

January 12, 2016

A'lise Williams, MS, BSN, RN  
The Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland 21215-2254

Subject: Certified Nursing Assistant Training Program, Affiliation Agreement

Dear Ms. A'lise Williams,

The Community College of Baltimore County (CCBC) has partnered with the Baltimore Alliance for Careers in Healthcare (BACH) to provide the Certified Nursing Assistant training program. Please find attached the program change form and information for an additional clinical site at Good Samaritan Nursing Facility.

Please contact me at (443) 840-2035, or by email [arestaneo@ccbcmd.edu](mailto:arestaneo@ccbcmd.edu) if you have any questions or concerns. Thank you for your continued support and guidance with our allied health programs.

Sincerely,

Aimee Restaneo, MS, RN  
Allied Health Training Coordinator

**443-840-CCBC** (2222)

**CCBC Catonsville**  
800 South Rolling Road  
Baltimore, Maryland  
21228-5317

**CCBC Dundalk**  
7200 Sollers Point Road  
Baltimore, Maryland  
21222-4649

**CCBC Essex**  
7201 Rossville Boulevard  
Baltimore, Maryland  
21237-3899

**CCBC Hunt Valley**  
11101 McCormick Road  
Suite 100  
Hunt Valley, Maryland  
21031-1432

**CCBC Owings Mills**  
110 Painters Mill Road  
Suite 1  
Owings Mills, Maryland  
21117-4912

**CCBC Randallstown  
at The Liberty Center**  
3637 Offutt Road  
Randallstown, Maryland  
21133-3515



***Instructions For Completing  
The Maryland Board of Nursing  
Program Change Form: Change in Clinical Site Form***

Please assure that the attached *Program Change Form: Change in Clinical Site Form* is completed correctly and in a thorough manner. For approval of the clinical site change requested, the form MUST be completed in its entirety and the required supporting documents returned with the form. Please call the Office of CNA Training Programs, at 410-585-1913 if you have questions and/or need further assistance. Thank you!

Please type or print all entries unless a signature is requested. Information must be provided in the order requested.

**1. General Information**

1a-1e: Please provide the name of the training program provider, the address, contact person regarding the program, telephone, and fax numbers.

**2. Program Information:**

2a. Please provide the date this CNA Training Program was approved by the Maryland Board of Nursing.

2b. Please provide the Program Code.

2c. Please provide the name of the Training Program Director/Coordinator.

2d. Please provide the name of the former Clinical Site and the contact person/telephone number at that Site.

**Addendum 1: Attach a brief explanation regarding the affiliation termination.**

2e. Please provide the name and signature of person completing this form (2f).

2g-2h: Please provide the telephone number of the person completing this form and provide the date form was completed.

3a. Please provide the name and address of the new clinical site seeking Board approval.

3b. Please provide the name of the clinical site contact person and his/her telephone number.

3c. Please indicate whether or not the new clinical site is approved by the appropriate government authority.

**The clinical site must be a currently approved state facility (COMAR 10.39.06, C, Facilities used for clinical learning experiences shall be approved by the appropriate governmental authorities. Facilities with conditional or provisional approval status may not be used for student learning experiences.**

**Addendum 2: Attach statement of current approval and/or copy of DHMH licensure. This statement must be included with this form in order for approval request to be considered.**

3d. Indicate by checking **AY** (yes) or **AN** (no) to the following statements regarding this clinical

facility: (All statements must be answered **Yes** to receive approval.)

- >Has a sufficient number/variety of clients to provide training experience.
- >Has a sufficient number of RNs/other nursing personnel to ensure safe and continuous care of clients.
- >Conforms with accepted standards of nursing care/practice.
- >Has a minimum of one instructor for each eight students in the clinical area.
- >Has a *Written Agreement* with the Training Program.

**Addenda 4-8: Attach the following documents in support of 3d above. All documents MUST be submitted in order for approval request to be considered:**

- >4. Description of number/variety of clients. This description should contain an overall description of the facility: number of beds, number of clients, types of clients, etc., which assure a meaningful learning experience.
- >5. Number of RNs/other nursing personnel. This description should give indication of sufficient staffing; staffing ratios may be submitted.
- >Description of standards of nursing care/practice utilized. This description should describe nursing care standards available on each unit; i.e., policy, procedure, protocol manuals; available reference texts, etc.
- >*Written Agreement* between Training Program and Clinical Site. This is the contract between the clinical facility and Training Program. It must contain the requirements from COMAR 10.39.06.5,b:
  - Be developed jointly with the clinical facility;
  - Be reviewed periodically;
  - Include provision for adequate notice of termination;
  - Specify the responsibility of the training program to the facility and the responsibility of the facility to the training program; and
  - Identify the functions and responsibilities of the parties involved.

**• Please Note:** All required documentation must be submitted as requested in order for the change of Clinical Site request to be considered. Please call the Office of Nursing Assistant Training Programs at 410-585-1913, if you have questions and/or need further clarification. Thank you!



Maryland Board of Nursing  
Nursing Assistant Training Program  
Program Change Form: Change In Clinical Site Form

I. General Information: (Please type or print all entries:)

Community College of Baltimore County  
1a. Name of Program Provider/Organization

7201 Rossville Blvd., HTEC 013, Baltimore, MD 21237  
1b. Address

Aimée Restaneo, RN      443-840-2035      443-840-1040  
1c. Contact      1d. Telephone      1e. Fax Number

2. Program Information

2a. Program Approval (by Maryland Board of Nursing) Date: August 2015

2b. Program Code: 22363

2c. Name of Training Program Director/Coordinator: Aimée Restaneo, RN

2d. Name/Address of Former Clinical Site: N/A

\_\_\_\_\_  
Site Contact Person/Telephone

Addendum 1: For Clinical Site Terminations, Attach explanation of affiliation termination.

Aimée Restaneo, RN  
2e. Name of Person Completing This Form

443-840-2035  
2g. Telephone Number  
clinchange.wpd

ARestaneo, RN  
2f. Signature of Person Completing This Form

12-15-15  
2h. Date

**3. New Clinical Site Information**

3a. Name/Address of New Clinical Site:

Good Samaritan Nursing Ctr.  
1601 E. Belvedere Ave.  
Baltimore, MD 21239

3b. Tarnisha Fitzgerald  
Name of Clinical Site Contact Person

443-451-5725  
Telephone

3c. This Clinical Facility is approved by the appropriate government authority:

Y

N •

**Addendum 2: Attach statement of current approval and/or copy of DHMH licensure.**

3d. This Clinical Facility:

Has a sufficient number/variety of clients to provide training experience:

Y

N •

Has a sufficient number of RNs/other Nursing personnel to ensure safe and continuous care of clients:

Y

N •

Conforms with accepted standards of nursing care/practice:

Y

N •

Has a minimum of one instructor for each eight students in the clinical area:

Y

N •

Has a *Written Agreement* with the Training Program:

Y

N •

**Addenda 4- 8: Attach the following supporting documents:**

- **4. Description of number/variety of clients.**
- **5. Number of RNs/other Nursing personnel.**
- **6. Description of standards of nursing care/practice utilized.**
- **7. Statement Re Faculty/Student Ratio**
- **8. Written Agreement Between Training Program & Clinical Site**

For Maryland Board of Nursing Use Only

Approved:      Yes      No  
(This approval is for this Clinical Site only)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Approval/Non-Approval Notification: \_\_\_\_\_  
(Attach Letter)



**MARYLAND**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**OFFICE OF HEALTH CARE QUALITY**  
SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228

**License No. 30051**

**Issued to: Good Samaritan Nursing Center**  
1601 E. Belvedere Avenue  
Baltimore, MD 21239

**Type of Facility and Number of Beds:**  
Comprehensive Care Facility - 146 Beds

**Date Issued:** June 5, 2015

**This license has been granted to: Good Samaritan Nursing Center**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318, Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated there under. This document is not transferable.

**Expiration Date:** June 5, 2017

*Patricia Tomsko May, MD*

**Director**

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*

2B.3



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
Office of Health Care Quality  
Spring Grove Center • Bland Bryant Building  
55 Wade Avenue • Catonsville, Maryland 21228-4663  
*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

May 19, 2015

Attn: Steven L. Wynn, Administrator  
Good Samaritan Nursing Center  
1601 E. Belvedere Avenue  
Baltimore, MD 21239

Dear Mr. Wynn:

This letter is to acknowledge receipt of a license fee of \$7,000.00 and an application to operate Good Samaritan Nursing Center.

The enclosed license will be in effect until June 5, 2017, unless revoked. It is your authority to maintain a comprehensive care facility with a licensed capacity of 146 beds under the provision of COMAR 10.07.02.

This license is to be displayed in a conspicuous place, at or near the entrance of your facility, plainly visible and easily read by the public.

The bed and room breakdown is attached.

Sincerely,

Patricia Tomsko Nay, M.D., Executive Director  
Office of Health Care Quality

TN/cjc

Enclosure: License No. 30-051

Cc: Baltimore City Health Officer  
Maryland Health Care Commission  
Medical Care Operations Administration  
Medical Care Policy Administration  
Myers and Stauffer  
Lynda Lazaro  
Francis Curtls, Survey Coordinator  
License File

2B.3

Steven Wynn, Administrator  
Good Samaritan Nursing Center  
Page Two  
May 19, 2015

Room and bed breakdown:

<u>CATEGORY</u>	<u>LOCATION</u>	<u>TOTAL</u>
Comprehensive Care Facility	<u>Terrace</u>	
	Single Rooms: 118, 124	02 beds
	Duplex Rooms: 100, 102-117, 119-123	44 beds
	<b>Total Terrace</b>	<b>46 beds</b>
	<u>Lake</u>	
	Duplex Rooms: 200-225	52 beds
	<b>Total Lake</b>	<b>52 beds</b>
	<u>Park</u>	
	Duplex Rooms: 226-249	48 beds
	<b>Total Park</b>	<b>48 beds</b>
<b>Total Overall</b>	<b>146 beds</b>	



# MedStar Good Samaritan Nursing Center

January 8, 2016

MedStar Good Samaritan Nursing Center is a 146 Skilled Nursing and Rehabilitation Facility which includes a 40 short-term stay unit which offers specialized comprehensive nursing & rehab services designed to accomplish a successful return to home. Some of the services include; cardiac recovery, complex wound care, as well as high-intensity rehab services as required

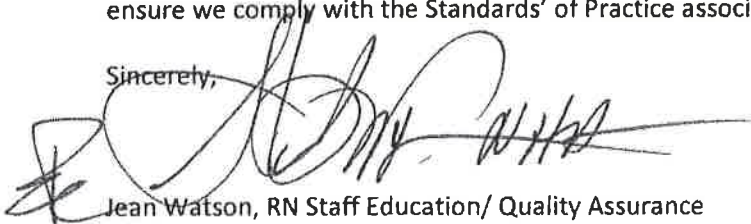
We have a full complement of nursing staff which includes Registered and Licensed Nurses, Certified Medications Aides, & Geriatric Nursing Assistants. In fact we are proud to boast a 4-star rating on the following CMS Five-Star rating comparables (See enclosed):

1. Quality Measures
2. Staffing
3. RN Staffing

The standard of practice that we utilize in our center is under the concept of Team Nursing. The Unit Manager is the Team Leader. The Charge nurse works directly under the Unit Manager. The Charge Nurses provide direction & supervision to the CMAs & GNAs.

There is a Resident Care Policy Manual for the Center & other Ancillary Policy manuals that we utilize to ensure we comply with the Standards' of Practice associated in the Industry.

Sincerely,



Jean Watson, RN Staff Education/ Quality Assurance





## Nursing Home Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report Incorporating data reported through 11/30/2015

Ratings for Good Samaritan Nursing Center (215241) Baltimore, Maryland				
Overall Quality	Health Inspection	Quality Measures*	Staffing	RN Staffing
★★★★	★★★	★★★★	★★★★	★★★★

\*The Quality Measure (QM) Rating that will be posted on the Nursing Home Compare website in December 2015 is based on MDS 3.0 quality measures using data from the fourth quarter of 2014 and the first and second quarters of 2015.

Provided above are the Five-Star ratings that will be displayed for your nursing home on *Nursing Home Compare* in December 2015.

#### IMPORTANT NOTES REGARDING VOLUNTARY STAFFING DATA SUBMISSION:

##### Registration for the voluntary staffing data submission period is now open!

Beginning in July 2016, all Medicare- and Medicaid-participating nursing homes will be required to submit staffing data to CMS through a new electronic system called the Payroll-based Journal (PBJ). CMS is currently encouraging facilities to submit staffing data on a voluntary basis. Participation in the voluntary submission period will allow facilities to work through their processes before the mandatory submission period begins.

Below are instructions on how to register (NOTE: you must log in to the CMSNET to get access to the registration sites below). For access to CMSNET, please visit this site:  
<https://www.qtsso.com/cmsnet.html>

Step 1: Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications (<https://www.qtsso.com/cmsnet.html>) (many users may already have this access for MDS submission).

Step 2: Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access.  
([https://mds.qiesnet.org/mds\\_home.html](https://mds.qiesnet.org/mds_home.html))

Training: PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option.  
(<https://www.qtsso.com/webex/qiesclasses.php>)

More information about staffing data submission is available at:

<http://www.cms.gov/Educator/Quality/Backlogs/Patient-Assessment-Instruments/Nursing-Home-Care/2015/04/13/Staffing-Data-Submission-FBJ-0114>

**Robinson, Dionna C.**

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**From:** Wynn, Steven L <Steven.L.Wynn@medstar.net>  
**Sent:** Tuesday, January 12, 2016 10:13 AM  
**To:** Robinson, Dionna C.  
**Subject:** RE: As requested

Gna's: 44 fulltime & 12 part time  
 Cma's : 7.5 fulltime & 1.7 part time

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**From:** Robinson, Dionna C. [mailto:drobinson2@ccbcmd.edu]  
**Sent:** Tuesday, January 12, 2016 10:09 AM  
**To:** Wynn, Steven L  
**Subject:** RE: As requested

Great. How many GNA/CNAs?

**Dionna Robinson, BA**

Coordinator, Allied Health Programs | Continuing Education and Workforce Development |  
 The Community College of Baltimore County  
 7201 Rossville Blvd. Baltimore, MD 21237  
 Phone (443) 840-1869 | Fax (443) 840-1040  
[drobinson2@ccbcmd.edu](mailto:drobinson2@ccbcmd.edu)




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**From:** Wynn, Steven L [mailto:Steven.L.Wynn@medstar.net]  
**Sent:** Tuesday, January 12, 2016 10:08 AM  
**To:** Robinson, Dionna C.  
**Subject:** RE: As requested

On any given 2 week pay period we have the following RN staffing:

1. 1 Fulltime Director of Nursing\
2. 7.5 Fulltime Rn's with Admin Duties
3. 8 Rn's within a 24 hour period.

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**From:** Robinson, Dionna C. [mailto:drobinson2@ccbcmd.edu]  
**Sent:** Tuesday, January 12, 2016 10:00 AM  
**To:** Wynn, Steven L  
**Subject:** RE: As requested

Thanks Steve for this information. In addition to this, I just need the following information:

- Number of RNs/other nursing personnel.



28.3

# INTERNAL MEDICINE

## MedStar Good Samaritan Nursing Center

We are a highly qualified team of medical professionals who provide quality health care and a full spectrum of nursing and rehabilitative services for the residents of our community. We are dedicated to serving our community with excellence, compassion, respect and all the resources—human, scientific, and spiritual—at our disposal.

### Contact Us

We are located at 1601 East Belvedere Avenue, Baltimore, Maryland 21239. To arrange a tour or to discuss nursing home needs, call the MedStar Good Samaritan Nursing Center at 443-451-5700.

### Services

#### Comprehensive Care

Each patient at MedStar Good Samaritan Nursing Center is unique, with special needs and concerns. That is why our team of physicians, nurses, and therapists works with you to develop a plan of care to meet your particular needs. During your stay, a physician of your choice can oversee your care, or you may see our medical director who is board-certified in Internal Medicine and Gerontology. A registered dietician will plan menus that will suit your individualized needs and tastes. The care you need is always close at hand because licensed nurses are on staff 24 hours a day, and physicians are on call around the clock.

Should the need for hospitalization arise, we are conveniently located on the campus of MedStar Good Samaritan Hospital. And because MedStar Good Samaritan is part of the MedStar Health system, you have access to an entire network of diagnostic and therapeutic services in the Baltimore area.

#### Rehabilitation

The MedStar Good Samaritan Nursing Center focuses on individualized physical, occupational, and speech therapy programs. Therapy sessions are held within our facility and are provided by our own employees, rather than outside contracted therapists. Our highly-trained therapists specialize in stroke and orthopedic rehabilitation, as well as post-surgical and restorative therapy.

#### Nursing

Our skilled nursing staff specializes in aiding residents requiring feeding tubes, intravenous therapy, wound care, and other special services. Licensed nurses are available 24 hours a day.

#### Hospice Care

Hospice Care is available for residents with terminal illnesses, having a less than six-month prognosis.

#### Social Services

Our social services department is available should you or your family want to discuss any personal, social, or financial issues associated with your stay. Our social services staff works closely with each family and resident to prepare them for a smooth transition back into the community.

#### Respectful Assistance

## EDUCATIONAL AFFILIATION AGREEMENT

This Education Affiliation Agreement is made this 3<sup>rd</sup> day of April 2014, by and between **The Community College of Baltimore County**, on behalf of its Board of Trustees (hereinafter the "University"), and **The Good Samaritan Hospital of Maryland, Inc. d/b/a MedStar Good Samaritan Hospital**, through its Good Samaritan Nursing Center operating unit (hereinafter "MedStar Entity").

University desires that its student(s) obtain the necessary clinical field work experience to become eligible for graduation, certification, registration and/or licensure in their field of specialization; and

MedStar Entity has the facilities to offer such necessary clinical field work experience; and

The parties desire to contribute to the development of this discipline and to assure continuity and supply of qualified personnel for the future by participating in this Agreement under the terms and conditions set forth herein.

NOW, THEREFORE, the parties hereto agree as follows:

### I. TERM AND TERMINATION

The term of this Agreement shall be three (3) years commencing April 3, 2014 and ending April 4, 2017 (the "Term") unless otherwise terminated under the terms of this Agreement. Following the Term, this Agreement may be renewed by mutual consent of both parties evidenced in writing.

Either party may terminate this Agreement without cause upon at least ninety (90) days prior written notice to the other party. Any student who is participating in a clinical experience as of the effective date of a termination without cause shall be allowed to complete the clinical experience. Either party may immediately terminate this Agreement as specified herein or terminate for cause with an opportunity to cure upon thirty (30) days notice. For purposes of this Agreement, "cause" means, with respect to either party, a material breach of any provision of this Agreement which is not cured within thirty (30) days after written notice from the other party.

## II. RESPONSIBILITIES OF THE UNIVERSITY

- A. University will select those student(s), for assignment to MedStar Entity, who have completed all academic requirements necessary to fulfill the duties and responsibilities required to successfully fulfill their clinical field work obligations. The University will provide to MedStar Entity the curriculum requirements for the clinical field work experience for its student(s), as set forth in the University's course descriptions and objectives, which requirements are attached hereto and incorporated by reference as Attachment A. The University will provide to MedStar Entity copies of any changes to the clinical field work curriculum during the Term or any subsequent renewals of this Agreement, which copies will be incorporated into and made a part of Attachment A. The University will retain ultimate responsibility for the education of its student(s).
- B. University will designate in writing a faculty supervisor to coordinate with MedStar Entity a designated staff member from the Department to which the student(s) will be assigned. The faculty supervisor and MedStar Entity designee shall together coordinate the clinical or practicum schedule of each student participating in this clinical field work experience. The University will not assign any faculty member to MedStar Entity who is not appropriately certified, registered or licensed, and will keep evidence of such certification, registration or licensure of the assigned faculty on file with MedStar Entity during the Term of this Agreement and any subsequent renewals.
- C. University and MedStar Entity, prior to the start of each semester, will mutually agree upon the number of student(s) who will be on site during that semester. MedStar Entity, in its sole discretion, will determine the maximum number of students who will be accepted for each semester. The University will provide MedStar Entity with the names of the student(s) selected to participate at least forty-five (45) days prior to their arrival. The University will arrange the student(s) schedules in cooperation with MedStar Entity. The University, upon the written request of MedStar Entity, will provide copies of such student(s) records as to adequately disclose prior educational and clinical experiences of the individual student(s) participants.
- D. Each assigned student(s) is responsible for maintaining adequate health insurance coverage and will provide MedStar Entity with evidence of such coverage at least thirty (30) days prior to the beginning of the student(s)' clinical field experience. Failure to maintain adequate health insurance may subject the assigned student to immediate dismissal from MedStar Entity and repeated failures by one or more students to maintain adequate health insurance is grounds for immediate termination of this Agreement.
- E. By completion of the Certification of Student Requirements attached hereto as Attachment B, University agrees to provide MedStar Entity with written verification of each student's compliance with the following requirements at least thirty (30) days prior to the beginning of each student's clinical experience:
1. Compliance with MedStar Entity's then current health policy. The health policy

currently in effect is attached hereto and incorporated by reference as Attachment C.

2. A nine (9) panel non –DOT drug test performed within twelve (12) months prior to the start of the student's clinical experience. University will advise each student that MedStar Entity reserves the right to require repeat drug testing at any time during the student's clinical experience at the student's expense. The student's failure to comply with such requirement or a positive test result is grounds for the student's immediate dismissal from MedStar Entity and immediate termination of this Agreement.

3. Criminal background check covering the prior seven (7) years performed on each student within twelve (12) months prior to the start of the student's clinical experience.

- F. University will notify student(s) that MedStar Entity has an expectation of confidentiality with respect to certain business records and that all information with respect to MedStar Entity's patients is confidential, is not to be released to any person without prior approval from the proper authorities at MedStar Entity, and will have each student execute a confidential agreement acknowledging their obligations to maintain such confidentiality. A copy of each student's signed Confidentiality Statement (Attachment D) will be provided to MedStar Entity at least thirty (30) days prior to the beginning of each student's clinical field work experience.
- G. University will require that its student(s) follow the administrative policies, standards and practices of MedStar Entity and provide their own necessary and appropriate uniforms and supplies. Failure to comply with the policies, standards and practices of MedStar Entity is grounds for the student's immediate dismissal from MedStar Entity and immediate termination of this Agreement.

### III. RESPONSIBILITIES OF MEDSTAR ENTITY

- A. MedStar Entity will provide University with the name and professional and academic credentials of the individual(s) who will supervise the assigned student(s) for approval by University prior to commencement of the clinical field work experience.
- B. A planned, supervised program meeting the requirements of the University and the educational credentialing body having jurisdiction over the program will be followed and documented during the period the student(s) is assigned to MedStar Entity.
- C. At specified intervals, and at the conclusion of each student's assignment, the MedStar Entity supervisor will provide the coordinating faculty member with evaluations of each student's performance in a form satisfactory to University.
- D. MedStar Entity agrees to render emergency first aid to student(s) for injuries on MedStar Entity premises at each student's expense.
- E. MedStar Entity agrees to notify the University of any significant change in its accreditation or licensure status within thirty (30) days of such change.



- F. MedStar Entity agrees to use reasonable efforts to make conference and classroom space available as may be necessary to fulfill teaching and planning activities.
- G. MedStar Entity shall provide for the orientation of both University faculty and student(s) as to the facilities philosophies, rules, regulations and policies.
- H. MedStar Entity shall be responsible for the medical care of its patients.

#### IV. RESPONSIBILITIES OF UNIVERSITY FACULTY SUPERVISOR

- A. The faculty supervisor coordinating assignment of the student(s) at MedStar Entity will provide the student(s) with the responsibilities incumbent on each student during assignment to the clinical field work experience according to written information provided by MedStar Entity. The student(s) will acknowledge in writing that he or she has received and understands the same.
- B. The faculty supervisor will be a faculty member of University who is certified, registered or licensed in the specialty of the student(s) assigned to the clinical field work experience.
- C. The faculty supervisor will visit student(s) on-site, if possible, during the course of the student(s) clinical field work experience. The faculty supervisor will periodically confer with MedStar Entity's designee during the period of student(s) assignments at MedStar Entity.
- D. The faculty supervisor, when appropriate, will counsel and advise student(s) regarding the clinical, practicum or internship schedule during the period of assignment.

#### V. INSURANCE AND INDEMNIFICATION

- A. During the term of this Agreement, the College shall maintain professional liability insurance which covers the actions of its students and faculty during the Affiliation. Such insurance shall be in the amounts no less than One Million Dollars (\$1,000,000) per occurrence and Five Million Dollars (\$5,000,000) in the aggregate. The Provider shall be added to the policy as a certificate holder that is entitled to receive thirty (30) days notification prior to the cancellation, reduction, or material change in the amount or scope of the College's professional liability coverage. Upon the reasonable request of the Provider, the College shall furnish the Provider with a certificate of insurance verifying that the professional liability insurance is in place in the amounts required under this Paragraph.
- B. During the term of this Agreement, the Provider shall, at its expense, maintain professional liability insurance for its employees.
- C. In no event shall the liability of the Board of Trustees of the Community College of Baltimore County, their agents and employees, and the agents and employees of the Community

College of Baltimore County, exceed the statutory limitations as prescribed in and limited by the Maryland Code, Courts and Judicial Proceedings Articles, Section 5-519, as amended, and as further limited by the Maryland Code, Education Article, Section 16-107, as amended.

- D. The Facility agrees to indemnify and hold harmless the School, its trustees, officers, officials, agents, and employees from and against any losses, claims, damages, liability, expenses, and costs, including attorney's fees, resulting from any act of negligence by the Facility or its agents or employees.
- E. The Facility will defend, indemnify and hold the School harmless for any and all losses, claims, liabilities, damages, costs and expenses (including reasonable attorneys' fees) which arise out of negligent acts or omissions of the Facility, its agents or employees in connection with this Agreement or by any breach or default in the performance of the obligations of the Facility.
- F. The provisions of paragraphs 9.a through 9.c above shall survive termination of this Agreement.
- G. Responsibility for Actions. Each party shall be responsible for its own acts and omission and the acts and omissions of its trustees, employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs expenses and liabilities, including reasonable attorneys' fees, which may arise in connection with the failure of the other party or its trustees, employees, officers, directors, or agents to perform any of their obligations under this Agreement.
- C. In no event shall the liability of the University, and their agents and employees, exceed the statutory limitations as prescribed in and limited by the Maryland Code, Courts, and Judicial Proceedings Articles, Section 5-519, as amended, and as further limited by the Maryland Code, Education Article, Section 16-107, as amended.
- D. The University shall indemnify, hold harmless and, at MedStar Entity's election, defend MedStar Entity, its officers, agents, employees, faculty members, students, volunteers, executors and assigns for all claims, damages, judgments, actions, or causes of action arising out of the acts or omissions of the University's officers, agents, employees, students or volunteers during the Term or any subsequent renewals of this Agreement, including all costs, expenses and attorneys' fees incurred in the defense of any and all claims and/or litigation.
- E. MedStar Entity shall indemnify, hold harmless and, at the University's election, defend University, its officers, agents, employees, faculty members, students, volunteers, executors and assigns for all claims, damages, judgments, actions, or causes of action arising out of the acts or omissions of MedStar Entity's officers, agents, employees, students or volunteers during the Term or any subsequent renewals of this Agreement, including all costs, expenses and attorneys' fees incurred in the defense of any and all claims and/or litigation.

F. The provisions of this Article V shall survive the termination or expiration of this Agreement.

VI. GENERAL

- A. University and MedStar Entity agree to make no distinction among student(s) covered by this Agreement on the basis of race, color, creed, age, national origin, sex, marital status, handicap or any other class protected by law.
- B. University and MedStar Entity agree that MedStar Entity shall have the right at any time to dismiss from the clinical field work experience at MedStar Entity any student(s) of the University who in MedStar Entity's judgment is not performing satisfactorily or who refuses to follow the administrative and patient care policies, procedures, and rules and regulations. MedStar Entity shall immediately notify the University of any dismissal pursuant to this provision.
- C. Patient Privacy Act. Students may be permitted to use protected health information ("Information") as defined by the Health Insurance Portability and Accountability Act ("HIPAA") and the privacy regulations in 45 C.F.R. Parts 160 and 164 (the "HIPAA Regulations") only in performance of their educational duties and subject to the terms of the Confidentiality Statement attached hereto. The University and its students may not use or further disclose the Information in a manner that would violate the requirements of HIPAA or any other applicable law.
- D. This Agreement may be modified only by a written amendment signed by both parties.
- E. All notices required hereunder shall be deemed to be given when sent by registered or certified mail, postage prepaid, return receipt requested, or by recognized overnight delivery as follows:

If to MedStar Entity:

With a copy to:

Kerry Richard  
Vice President & Deputy General Counsel  
MedStar Health, Inc.  
2000 N. 15<sup>th</sup> Street  
Suite 302 – Legal Department  
Arlington, VA 22201

If to University:


- F. Entire Agreement. This Agreement supersedes all earlier agreements between the parties and contains the final and entire Agreement between the parties with respect to the subject matter hereof and they shall not be bound by any terms, conditions, statements, or representations, oral or written, not herein contained, unless contained in a written executed amendment of this Agreement signed by all parties.
- G. Severability. Should any provision(s) of this Agreement be held invalid, unlawful or unenforceable, the validity of any other provision(s) of this Agreement or the Agreement as a whole shall not be affected.
- H. Governing Law. This Agreement shall be construed under and enforced in accordance with the laws of the District of Columbia [or State of Maryland], and it shall be construed in a manner so as to conform with all federal, state and local laws and regulations.
- I. Compliance with Applicable Laws. The parties agree to comply with applicable laws, regulations, rulings, and standards and amendments thereto, of all entities which regulate, license, govern and/or accredit the parties, including, but not limited to, federal, state and local governmental agencies. In the event there are changes to or clarifications of federal, state or local statutes, regulations or rules which would materially affect the operations of the MedStar Entity, including, but not limited to, third-party reimbursement or MedStar Entity's tax-exempt status, the parties agree to examine this Agreement and to renegotiate any applicable provisions to accommodate the changes in the law.
- J. Waiver. No waiver of any breach of this Agreement shall constitute or be deemed a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be taken and construed as cumulative to every other remedy provided hereby or at law.
- K. Headings. Headings used in this Agreement are solely for the convenience of the parties and shall be given no effect in the construction or interpretation of this Agreement.
- L. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

SIGNATURE PAGE FOLLOWS




IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective officers duly authorized and empowered.

**For The Good Samaritan Hospital of Maryland, Inc. ("MedStar Entity"):**

  
\_\_\_\_\_  
Name: CESARE A. TAVANO  
Title ADMINISTRATOR

DATE: April 21, 2014

**For The Community College of Baltimore County ("University"):**

  
\_\_\_\_\_  
Name: Dr. McCulloch  
Title Vice President of Instruction

DATE: April 4, 2014

**ATTACHMENT A**  
**Clinical Field Work Curriculum**  
**(to be provided by University)**

**ATTACHMENT B  
CERTIFICATION OF STUDENT REQUIREMENTS**

This completed form must be signed by the appropriate University representative and be returned to \_\_\_\_\_ at least thirty (30) days prior to the start of the student's clinical experience.

Student's Name: \_\_\_\_\_

Area of Clinical Field Work: \_\_\_\_\_

Start Date of Clinical Experience: \_\_\_\_\_

1. The above-referenced student currently maintains adequate health insurance coverage and is in compliance with the Health Screening and Documentation Requirements listed on Attachment D.
2. A criminal background check covering the prior seven (7) years was completed on \_\_\_\_\_. The records indicate that the student has never been convicted of any of the following offenses:
  - a. Murder
  - b. Arson
  - c. Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
  - d. Burglary
  - e. Robbery
  - f. Kidnapping
  - g. Theft, fraud, forgery, extortion or blackmail
  - h. Illegal use or possession of a firearm
  - i. Rape, sexual assault, sexual battery, or sexual abuse
  - j. Child abuse or cruelty to children
  - k. Unlawful distribution, or possession with intent to distribute, a controlled substance

3. A Nine (9) Panel non-DOT Drug Test was performed on \_\_\_\_\_ and the results are negative.

.....  
I attest that the above-referenced student has fulfilled the above requirements and that all documentation evidencing the above information is kept on file at the University and will be made available to MedStar Entity upon request.

\_\_\_\_\_  
(Signature of University representative)

\_\_\_\_\_  
Date

**ATTACHMENT C**



## MedStar Health

### Health Screening and Documentation Requirements

Each MedStar Entity has their own health screening and other documentation requirements which may vary due to the nature of the educational experience. Documentation and health screening requirements may include, but not be limited to:

- a) Provision to MedStar Entity of all applicable required licenses, permits, certifications or degrees by University upon request, including written documentation that includes:
  - 1) As appropriate, background information on all students prior to their affiliation with MedStar Entity, including but not limited to, a completed application, skills checklist, evidence of training in Universal Precautions as applicable, at least two (2) written professional or technical references as required by MedStar Entity, any applicable Visa information, evidence of continuing education as required by the appropriate professional and/or technical oversight Agency(s), evidence of a satisfactory work history including demonstrated reliability in performance of their duties and a satisfactory attendance as requested by MedStar Entity; and for House Staff, Nursing Staff, Respiratory Therapists and all other Direct patient care providers, University shall also provide current CPR certificate;
  - 2) Evidence of a negative tuberculin skin test by Mantoux PPD within the twelve (12) months prior to the start date (must be updated annually). MedStar Entity's Employee Health Service will update the PPD, at no cost to the University, if due while the individual is affiliated with MedStar Entity. It is the University's responsibility to ensure compliance with tuberculosis screening.
    - a) If student has not had a PPD test in the previous twelve (12) months, evidence of a negative two-step PPD is required;
    - b) If student's PPD history is positive, University must have on file documentation of a negative chest x-ray performed after identification of the positive PPD. Student is then required to complete an annual questionnaire to identify symptoms of tuberculosis disease (i.e. shortness of breath, productive cough, bloody sputum, weight loss, fever, chills, loss of appetite, generalized swollen glands) and affirmative responses will require referral for evaluation for chest x-ray;
  - 3) Proof of immunity to Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or two (2) measles, one (1) rubella and one mumps; or laboratory evidence of immunity. (Persons born before 1957 require documentation of one (1) MMR vaccine).



## MedStar Health

- 4) Evidence of a positive history of chicken pox (varicella) disease, laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.
- 5) Documentation of completion of Hepatitis B, or if the individual declines the vaccine, a signed statement of declination.
- 6) A normal physical examination performed within twelve (12) months prior to start date (must be updated annually). Components of the physical should include examination of the head, eyes, ears, nose, throat, heart, lungs, abdomen, neurological and musculoskeletal systems.



# MedStar Health

## ATTACHMENT D CONFIDENTIALITY STATEMENT FOR STUDENTS/TRAINEES/OBSERVERS

I understand and agree that as part of my affiliation, training and/or observations on the premises of, or on behalf of, MedStar Entity, Inc. or any of its subsidiaries or affiliates (collectively "MedStar"), I may, both prior to, and while on the premises, have access to, or come in contact with, Confidential Information.

I understand that Confidential Information includes, but is not limited to, any of the following information or materials owned by, or in the possession of MedStar (including any such information created by me in connection with my affiliation, training and/or observations): All business information, personnel information, quality improvement information, utilization management information, risk management information, operational policies or procedures, patient data or information, medical records, promotional and marketing programs, business plans, product specifications, manufacturing processes and operations, information about techniques, analytical methodology, safety, testing data and results, future market and product plans, billing and financial data and information, computer passwords/access rights, trade secrets, work product, intellectual property, and other information of a technical, scientific, or economic nature relating in any way to MedStar.

I understand that all Confidential Information created, obtained, received, reviewed, or which I may have contact with in connection with my affiliation, training, and/or observations, is confidential in nature. I further understand and agree that I shall, at all times ensure the confidentiality of all Confidential Information I have contact with, that I shall not re-disclose such Confidential Information to any other person or entity without prior written approval from MedStar, and that I shall comply with all applicable laws including the obligation to maintain patient privacy. I further agree that I shall only review or access Confidential Information as specifically permitted by MedStar.

I agree to promptly inform appropriate representatives of MedStar of any breach of confidentiality for which I become aware and to reduce the effect of such breach by retrieving any inappropriately disclosed Confidential Information and taking any other actions necessary to minimize the effect of such disclosure or use of such Confidential Information. I understand that a failure to comply with the terms of this agreement may result in disciplinary actions, including but not limited to immediate dismissal, criminal or civil sanctions.

\_\_\_\_\_  
Signature of Student/Trainee/Observer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



2B3  
 Cheyenne Redd -DHMH- <cheyenne.redd@maryland.gov>

## CCBC CNA/GNA Training Program

6 messages

**Cheyenne Redd -DHMH-** <cheyenne.redd@maryland.gov>

To: arestaneo@ccbcmd.edu

Fri, Feb 19, 2016 at 9:50 AM

Good Afternoon Ms. Restaneo,

I wanted to first formally introduce myself, I am the new Director of Licensure and Certification for the Board of Nursing. I am picking up from where the last Director left off, so please excuse the late response to your letter. I have a few questions about what exactly you are asking of the Board.

It appears that Good Samaritan Nursing Center is a new clinical site for either the CNA or GNA programs or both?  
 I need in writing the specific unit(s) that the students will be on.

In the letter, you stated that there is one program assistant, one coordinator and a PT employee assigned to support the training, what would their roles be exactly?

I would like to have this completed and prepared to go before the Board next month.

Thank you for your patience.

Regards,

—  
 Cheyenne Redd, MSN, RN  
 Director of Licensure & Certification  
 MD Board of Nursing  
 Department of Health & Mental Hygiene  
 4140 Patterson Ave.  
 Baltimore, MD 21215  
 Office: 410-585-1913  
 Email: cheyenne.redd@maryland.gov

**Restaneo, Aimee J.** <arestaneo@ccbcmd.edu>

To: Cheyenne Redd -DHMH- <cheyenne.redd@maryland.gov>

Fri, Feb 19, 2016 at 10:02 AM

Good morning,

We would like to add the Good Samaritan Nursing Center as a new clinical site for our already established CNA/GNA training program, 22363. The specific units are Terrace, Park and Lake which are Long-term Care, Dementia and Rehabilitation. Our program was approved in August 2015, so this is a new addition for a clinical site.

When is the date of the next board meeting?

233

**Aimee Restaneo, MS, BSN, RN**

Instructional Specialist, Nursing | Health and Human Services

The Community College of Baltimore County

7201 Rossville Boulevard, HTEC 013-D, Baltimore, MD 21237

Phone (443) 840-2035 | Fax (443) 840-1040

arestaneo@ccbcmd.edu



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Follow us on Twitter:

**From:** Cheyenne Redd -DHMH- [mailto:cheyenne.redd@maryland.gov]

**Sent:** Friday, February 19, 2016 9:50 AM

**To:** Restaneo, Aimee J.

**Subject:** CCBC CNA/GNA Training Program

[Quoted text hidden]

**CONFIDENTIALITY NOTICE:** This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

**Cheyenne Redd -DHMH-** <cheyenne.redd@maryland.gov>  
To: "Restaneo, Aimee J." <arestaneo@ccbcmd.edu>

Fri, Feb 19, 2016 at 10:16 AM

The next Board meeting is March 23rd. Thank you for the clarification. I just realized I said Good Afternoon....I meant good morning!!  
[Quoted text hidden]

**Cheyenne Redd -DHMH-** <cheyenne.redd@maryland.gov>

Tue, Mar 15, 2016 at 11:19 AM



WB3

To: "Restaneo, Aimee J." <arestaneo@ccbcmd.edu>

Good Morning Aimee,

As I am preparing the write up that has to go before the Board, I noticed that Good Samaritan is providing a classroom for theory for students at St. Matthew's Church. We can not approve that aspect of the clinical site approval, that is considered a new program and essentially would have to go under review. Would you all be able to use this site without the use of the classroom space?

Cheyenne

[Quoted text hidden]

---

**King, Aimee J.** <arestaneo@ccbcmd.edu>

To: Cheyenne Redd -DHMH- <cheyenne.redd@maryland.gov>

Tue, Mar 15, 2016 at 12:07 PM

Good afternoon Cheyenne,

We would like to use the Good Samaritan site for clinical, not classroom theory.

Thank you for clarifying.

---

**Aimee J. King, MS, BSN, RN**

Instructional Specialist, Nursing | Health and Human Services

 The Community College of Baltimore County

7201 Rossville Boulevard, HTEC 013-D, Baltimore, MD 21237

Phone (443) 840-2035 | Fax (443) 840-1040

arestaneo@ccbcmd.edu

---



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VB-3

**From:** Cheyenne Redd -DHMH- [mailto:cheyenne.redd@maryland.gov]  
**Sent:** Tuesday, March 15, 2016 11:20 AM  
**To:** King, Aimee J.  
**Subject:** Re: CCBC CNA/GNA Training Program

[Quoted text hidden]

---

**Cheyenne Redd -DHMH-** <cheyenne.redd@maryland.gov>  
**To:** "King, Aimee J." <arestaneo@ccbcmd.edu>

Tue, Mar 15, 2016 at 12:23 PM

Thank you for the clarification.

[Quoted text hidden]



MEMORANDUM

2.B4

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** March 22, 2016

**IN RE:** Request for Removal of the CNA/GNA Training Programs

---

The Following CNA/GNA Training Programs have closed or are inactive. In order to keep the MBON website current we are asking that they be removed from the CNA Training Approval List. Written notifications have been received from the program's sponsored facilities, except from Sojourner Douglas School whose program was closed June, 2015.

1. St. Elizabeth Rehabilitation & Nursing Center.
2. Johns Hopkins Bayview Geriatric Center.
3. Bel Air Health & Rehabilitation Center..
4. Sojourner Douglas School

2.B.4

· March 02, 2016

To: Maryland Board of Nursing

Attention: Jill Callan

Re: St. Elizabeth Nursing and Rehabilitation Center Certified Nursing assistant program.

According to my research St. Elizabeth Nursing and Rehabilitation center has not had a CNA/GNA class since January 2012. Please remove us from your class list at this time.

Thank You,

Patricia Thompson

Assistant Community Advisor.

2. B4

Johns Hopkins Bayview Care Center  
John R Burton Pavilion  
5505 Hopkins Bayview Circle  
Baltimore, MD 21224  
410-550-0756 T  
410-550-1190 F



**JOHNS HOPKINS**  
**MEDICINE**

JOHNS HOPKINS BAYVIEW  
CARE CENTER

September 16, 2013

Ms. Pat McNeal  
Centers for Medicare and Medicaid Services  
Division of Medicaid and State Operations  
Elderly and Disabled Health Branch  
418 Public Ledger Building  
150 E. Independence Mall West  
Philadelphia, PA 19106-3499

Re: Johns Hopkins Bayview Care Center  
Skilled Nursing Facility  
Medicare Provider Number: 21-5059

Dear Ms. McNeil:

We are writing to advise you that, pursuant to 42 C.P.R., Sections 489.52, 483.12(a)(8) and 483.75(r), Johns Hopkins Bayview Care Center, which has a transitional care program certified by Medicare as a skilled nursing facility, plans to close its beds effective November 15, 2013. The decision to close this longstanding program was based upon financial reasons and was a difficult one for the organization.

Please be assured that the process for patient/resident discharges will be well coordinated and in close collaboration with our patients/residents/families and ombudsman. Only 36 residents are affected by this decision. Of these, 30 patients are receiving short stay, skilled care such that they are expected to be discharged prior to November 15, 2013 based on their clinical course of treatment. We will continue to work with remaining patients to ensure their specific needs are being met in the transition, as with all discharges.

In addition to your office and the ombudsman, notifications have already been, or are in the process of being made to residents and responsible parties, the Office of Health Care Quality, Department of Health and Mental Hygiene, the Ombudsman and other agencies.

Please feel free to contact me if you have any questions or suggestions. I will continue to manage this process to facilitate a smooth and safe transition for all of our patients/residents.

Sincerely,

>iw:.-l'...:0--6:-

Lisa Filbert, RN, MS, NHA  
Administrator

cc: Ms. Margie Heald, OHCQ  
Ms. Vanessa Leuthold, OHCQ

2B4

Patrice A. Bullock <PABullock@savasc.com>

Mar 2 (13  
days ago)

to me

Hello Jill:

It was also a pleasure speaking to you. Presently, we don't have an active CNA class.

Thank you

-----Jill Callan -DHMH- <jill.callan@maryland.gov> wrote: -----

To: PABullock@savasc.com

From: Jill Callan -DHMH- <jill.callan@maryland.gov>

Date: 03/02/2016 12:56PM

Subject: <Suspected SPAM>: Blank Subject

It was a pleasure speaking with you today. Please let the Board know in writing if your CNA class is/not active at this time. If you can find the date of the last class that would also be helpful.

Thank you for your assistance in helping the MBON meet its mission: to advance safe, quality care in Maryland through licensure, certification, education, and accountability for public protection.

Jill Callan, RN  
MBON  
4140 Patterson Ave.  
Baltimore, MD 21215-2254  
443-401-7732



MEMORANDUM

2.B5

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** March 22, 2016  
**IN RE:** Request for Revision of Approval for GNA Training Program

---

The following GNA Training Program was approved by the Board on February 23, 2016 as a Renewal. A correction is requested for Initial Approval for the following GNA Training Program:

1. Top Knowledge Healthcare Institute



**\*M E M O R A N D U M\***

**2.C.1**

**TO:** Maryland Board of Nursing  
**FROM:** Patricia Kennedy, Director of Education  
**Date:** March 23, 2016  
**Re:** Howard Community College New Paramedic and Military to RN Pathways

Howard Community College's letter indicated the intent to add two (2) additional programs to the Nurse Education Program—a Paramedic to RN Pathwayband Military to RN Pathway Sequences. Military personnel must meet the same admission requirements as those of the ADN nursing students. Additionally, they also have a military occupation specialty requirement, i.e., an EMT could not have been an ambulance driver and meet the occupation requirement. Initially, military personnel must successfully complete transition courses which address the differences between military and nurses roles before they are integrated into courses with ADN students. Howard Community College's nursing programs meets new program requirements as outlined in the Nurse Practice Act (COMAR 10.27.03.18A). The program made an excellent argument for their financial preparedness, and the bridge of the objectives, content, clinical practice, and evaluations to the ADN program is evident (COMAR 10.27.03.18A(1)(d)-(f)).



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February 01, 2016

Patricia Kennedy, Director of Education  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215

Dear Dr. Kennedy,

This letter is to inform the Maryland Board of Nursing of additional programs and courses planned for the Nurse Education Program at Howard Community College and provide documentation of the course sequence, course outlines and course maps.

The Nurse Education Program (NEP) at Howard Community College (HCC) is prepared to offer a Paramedic to RN Pathway Sequence. Graduates of a paramedic program with current licensure to practice in the state of Maryland who meet the nursing admission requirements will be granted advanced standing and credit for the first year nursing courses (NURS-122, NURS-134 and NURS-135) after successful completion of NURS-106, Transition into Nursing III for EMT-Paramedics (8 credits). The pathway sequence and course was approved by HCC's Council for Curriculum Integrity and the Maryland Higher Education Commission.

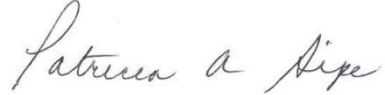
Admission requirements and general education courses are the same as the associate of arts in nursing degree. After successful completion of NURS-106, students enter the second year of the nursing program to complete their associate degree in nursing. The course was developed by a full-time master's prepared nursing faculty who is prepared to teach the course in the summer 2016 session. The maximum enrollment for the course is 16 students. The Paramedic to RN Pathway Sequence, Course Outline and Course map are attached for your review.

The NEP also plans to offer a Military to RN Pathway Sequence to provide military corpsmen and medics who meet specified criteria an opportunity for advanced standing in the associate of arts degree in nursing after successful completion of NURS-108, Transition into Nursing IV for Military Medical Corpsmen (9 credits). This pathway and course was developed by masters' prepared nursing faculty, approved by HCC's Council for Curriculum Integrity and is posted on MHEC website, Academic Program Proposals currently under review. Course enrollment is limited to 16 students. The Military to RN Pathway Sequence, Course outline and Course map are attached for your review.

I am prepared to present these programs to the Board of Nursing. Please let me know if you need further information or have any questions.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Patricia A. Sipe".

Patricia A. Sipe, M.Ed., RN, CNE  
Professor and Chair, Nurse Education Program  
Howard Community College  
443-518-4985  
psipe@howardcc.edu

## Military to RN transition and Paramedic to RN Sequence

### Overview

- The Military to RN Transition course has a military medical occupation requirement. The Office of Admissions will evaluate the prospective student's military occupational specialty code (US Army), Air Force Specialty Code (US Air Force), or naval rating and Naval Enlisted Classification (US Navy) to evaluate the specific job the person performed while in the military.
- NURS-106, Paramedic to RN Pathway Sequence is an eight-credit course; the Military to RN Pathway Sequence, NURS-108 is a nine-credit course. In NURS-108 has allocated one of its three lab credits for the purpose of bringing the cohort's varied skill sets to the level of clinical practice of a rising second-year ADN student. One credit (three hours per week) will be practicing and demonstrating skills on-campus in the nursing skills laboratory. The skills lab session will begin with an individual evaluation of skill competencies that are a compilation of the first year skills. Evaluations will be completed based on rubrics developed from evidence-based practice sources. Based on those evaluations, identified deficiencies in knowledge and skills will enable the faculty to teach correct skill techniques and reinforce the nursing process in the application of clinical skills. The list of skills competencies and evaluations are attached to this email.
- This transition class is specifically designed to address the differences between the military corpsmen/medics and registered nurses. A registered nurse's Scope of Practice, as well as standards of practice, will be discussed from the first lecture onward. The faculty will encourage the students to participate in discussions of these differences. The students will reflect on their personal pathway to a nursing degree, distinguishing the knowledge and skills specific to nursing. One of the seven course objectives is to "integrate professional, legal, ethical nursing standards and respect for patients in a multicultural society." Under this objective, the students will learn about safe nursing practice standards through evidence-based practice, the Institute of Medicine reports, and National Patient Safety Goals. Students will learn critical thinking through scenarios and simulations, learn to prioritize from a nursing viewpoint, and learn about health care delivery systems. They will be taught to approach care from the nursing process, rather than a task-oriented mindset.

## Paramedic to RN Pathway Sequence

A.A. Degree (Transfer)

A Nursing Area of Study

*APPLICATION CODE 08E*

For curriculum information, contact the Health Sciences Division—Room HS-236—443-518-1560.

The Paramedic to RN Pathway Sequence is an opportunity for advanced standing in the associate of arts degree in nursing for paramedics licensed in the state of Maryland who meet specified criteria. Most general education coursework must be completed prior to entry into a transition course. The Nurse Education Program is approved by the Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, Maryland 21215, 410-764-5124, and accredited by the Accreditation Commission for Education in Nursing, 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404-975-5000. Graduates who successfully complete the courses of this program are eligible to be considered by the Maryland Board of Nursing to write the National Council Licensing Examination for Registered Nurse licensure. By law, the Maryland Board of Nursing may deny admission to sit for licensure for a variety of reasons. These include conviction of a misdemeanor or felony, if the offense bears directly on the fitness of the person to practice nursing.

### GENERAL EDUCATION CORE

Students enrolled in transfer patterns must take a minimum of 30 credits in General Education. Each student's total of general education and required courses must equal at least 60 semester hours of credit.

		<b>Minimum Credits</b>
English Composition	ENGL-121 College Composition	3
Arts & Humanities	HUMN-101 Introduction to Humanities	3
	SPCH-101 Introduction to Human Communication	
	OR	
	SPCH-110 Interpersonal Communication	3
Social & Behavioral Sciences		
	SOCI-101 Introduction to Sociology	3
	PSYC-101 General Psychology	3
Biological & Physical Sciences		
	BIOL-107 Fundamentals of Microbiology*	4
	CHEM-103 Fundamentals of General Chemistry*	4
Mathematics	MATH-122, 138, or higher core course	3
Core Elective	BIOL-203 Anatomy and Physiology I*	4

## REQUIRED COURSES RELATED TO MAJOR

BIOL-204	Anatomy and Physiology II	4
NURS-106	Transition into Nursing III	8
NURS-230	Trends in Nursing	1
NURS-234	Family Centered Nursing II	4
NURS-235	Nursing Care of Patients in Community and Mental Health Settings	4
NURS-240	Medical-Surgical Nursing II	8
PSYC-200	Lifespan Development	<u>3</u>
		62 credits

- *\*Anatomy and Physiology prerequisite courses must be completed within five years prior to admission to the first nursing course. If coursework exceeds the five year limit, a student may take an exam(s) to demonstrate competence or repeat the course(s). BIOL-107 and CHEM-103 must be completed within ten years prior to admission to the first nursing course.*
- *NURS-122 or NURS-123, NURS-134, NURS-135 credit for paramedic education and experience may be gained through examination and successful completion of NURS-106. Please contact the office of Admissions and Advising for information regarding admission requirements.*
- *Graduates of a Paramedic program with current licensure to practice in the state of Maryland will be granted advanced standing and credit for NURS-122 or NURS-123, NURS-134, NURS-135 after successful completion of NURS-106.*
- *A grade of "C" or better is required in nursing, mathematics, and science courses. Admission requirements also include a minimum overall HCC GPA of 2.0 and successful completion of a nursing entrance exam.*
- *If considering transferring to a four-year institution, check the requirements of the receiving institution.*

# Course Outline

<b>Course Number</b>	NURS-106
<b>Course Title</b>	Transition into Nursing III
<b>Number of Credits</b>	8 Credits
<b>Number of Instructional Hours Weekly</b>	<b>Theory</b> – 6 credits (6 hours/week) <b>Clinical Experience/Lab</b> – 2 credits (6 hours/week)
<b>Credit Hour Information</b>	<b>Theory</b> - This course requires 90 hours of direct classroom instruction plus a minimum of 180 hours of out-of-class student work to include 90 hours of assigned reading, 70 hours of studying, and 20 hours of assigned projects per 15 week semester.  <b>Clinical Experience/Lab</b> - This course requires 90 hours of direct clinical instruction plus a minimum of 60 hours out-of-laboratory work to include 6 hours of assigned reading, 6 hours of skills practice, 6 hours of skills evaluations and 42 hours of assigned projects per 15 week semester.
<b>Prerequisites</b>	Prerequisite: Formal admission into the EMT-P transition program, BIOL-107, BIOL-203, BIOL-204 CHEM-103, MATH-122, 138 or higher, PSYC-200
<b>Corequisites</b>	N/A

## Course Description

The student will explore professional behaviors, standards and expectations deemed necessary to function in the role of the registered nurse as he/she transitions from the role of the EMT-Paramedic. The Nursing Process will be used as a framework for patient care, legal aspects of charting, communication, and theoretical foundations of nursing practice. Students will develop competencies required to administer safe, technical nursing care to patients experiencing a response to stress as it relates to common and complex health problems. The patient population focuses on adults and includes women and the childbearing family. This course will consist of select content from NURS-122, NURS-134 and NURS-135 and the student will progress to the second year of the Associate Degree Registered Nurse Program after completion of this course. (6 hours theory, 2 hours lab).

## Course Objectives

Objective	Gen Ed Goal	Program Goal	Course Goal Only	Learning Activity/Artifact	Procedure for Assessing Student Learning
1. Identify and describe activities which promote the profession of nursing to include the role differentiation among levels of nursing education and practice.		3		Lecture 1	Examination 1
2. Demonstrate professionalism, integrity, accountability, legal/ethical standards and respect for patients as a component of nursing		3,5,7		Lecture 1-25 Clinical Experiences Nursing Skills Practice	Examination 1 Clinical Objectives Nursing Skills Evaluation



Objective	Gen Ed Goal	Program Goal	Course Goal Only	Learning Activity/Artifact	Procedure for Assessing Student Learning
care.					
3. Integrate knowledge of pathophysiology, pharmacology, and principles of safety in the application of nursing care of patients experiencing common and complex responses to stress.		1		Lectures 5-25 Clinical Experiences Nursing Care Plans Nursing Skills Procedures Simulation Exercises	Examinations 1-5 Clinical Objectives Simulation Exercises Nursing Skills Evaluation
4. Demonstrate a holistic approach and caring behaviors in the provision of nursing care to patients experiencing common and complex responses to stress.		3,5		Lectures 1-25 Clinical Experiences Nursing Care Plans Nursing Skills Procedures Simulation Exercises	Examinations 1-5 Clinical Objectives Simulation Experiences Drug Calculation Exam
5. Use critical thinking in the application of the nursing process to formulate a plan of care and analyze the impact of responses to stress.		6,8		Lectures 5-25 Clinical Experiences Nursing Care Plans Simulation Exercises Nursing Skills Practice	Examinations 1-5 Clinical Objectives Simulation Experiences Nursing Skills Evaluation
6. Collaborate with the health care team, patients and families to promote continuity of care and goal attainment for patients in a multicultural society.		2		Lectures 5-25 Clinical Experiences Nursing Care Plan Simulation Exercises	Examinations 1-5 Clinical Objectives Simulation Experiences
7. Participate in activities that promote individual growth in the practice of nursing care for women and the childbearing family.			√	Lecture 20-25 Nursing Care Plan Nursing Skills Practice Simulation Exercises	Examination 4 & 5 Clinical Objectives Simulation Experiences Nursing Skills Evaluation

## Military to RN Pathway Sequence

(Pending MHEC Approval)

A.A. Degree (Transfer)

A Nursing Area of Study

APPLICATION CODE 08D

For curriculum information, contact the Health Sciences Division—Room HS-236—443-518-1560.

The Military to RN Pathway Sequence is an opportunity for advanced standing in the associate of arts degree in nursing for military corpsmen and medics who meet specified criteria. Most general education coursework must be completed prior to entry into a transition course. The Nurse Education Program is approved by the Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, Maryland 21215, 410-764-5124, and accredited by the Accreditation Commission for Education in Nursing, 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404-975-5000. Graduates who successfully complete the courses of this program are eligible to be considered by the Maryland Board of Nursing to write the National Council Licensing Examination for Registered Nurse licensure. By law, the Maryland Board of Nursing may deny admission to sit for licensure for a variety of reasons. These include conviction of a misdemeanor or felony, if the offense bears directly on the fitness of the person to practice nursing.

### GENERAL EDUCATION CORE

**Students enrolled in transfer patterns must take a minimum of 30 credits in General Education. Each student's total of general education and required courses must equal at least 60 semester hours of credit.**

		Minimum Credits
Composition	ENGL-121 College Composition	3
Arts & Humanities	HUMN-101 Introduction to Humanities	3
	SPCH-101 Introduction to Human Communication OR SPCH-110 Interpersonal Communication	3
Social & Behavioral Sciences	SOCI-101 Introduction to Sociology	3
	PSYC-101 General Psychology	3
Biological & Physical Sciences	BIOL-107 Fundamentals of Microbiology*	4
	CHEM-103 Fundamentals of General Chemistry*	4
Mathematics	MATH-122, 138, or higher core course	3
Core Elective	BIOL-203 Anatomy and Physiology I*	4

## REQUIRED COURSES RELATED TO MAJOR

PSYC-200	Life Span Development	3
BIOL-204	Anatomy and Physiology II	4
NURS-108	Transition into Nursing IV	9
NURS-230	Trends in Nursing	1
NURS-234	Family Centered Nursing II	4
NURS-235	Nursing Care of Patients in Community and Mental Health Settings	4
NURS-240	Medical-Surgical Nursing II	8

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- \*Anatomy and Physiology prerequisite courses must be completed within five years prior to admission to the first nursing course. If coursework exceeds the five year limit, a student may take an exam(s) to demonstrate competence or repeat the course(s). BIOL-107 and CHEM-103 must be completed within ten years prior to admission to the first nursing course.
- NURS-122 or NURS-123, NURS-134, NURS-135 credit for military corpsmen education and experience may be gained through examination and successful completion of NURS-108. Please contact the Office of Admissions and Advising for information regarding admission requirements.
- Military Corpsmen who have met specified criteria will be granted advanced standing and credit for NURS-122 or NURS-123, NURS-134, NURS-135 after successful completion of NURS-108.
- A grade of "C" or better is required in nursing, mathematics, and science courses.
- Admission requirements also include a minimum overall HCC GPA of 2.0 and successful completion of a nursing entrance exam.
- If considering transferring to a four-year institution, check the requirements of the receiving institution.

## Course Outline

<b>Course Number</b>	NURS-108
<b>Course Title</b>	Transitions into Nursing IV for Military Medical Corpsman
<b>Number of Credits</b>	9 Credits
<b>Number of Instructional Hours Weekly</b>	6 hours theory, 9 hours clinical weekly
<b>Credit Hour Information</b>	<p>This course requires 90 hours of classroom or direct faculty instruction and a minimum of 180 out-of-class hour of student work to include 80 hours of assigned reading, 80 hours of studying, and 20 hours of assigned projects per 15-week semester.</p> <p>The lab component of the course requires 126 hours of direct faculty instruction and a minimum of 90 out of lab hours of student work to include 20 hours assigned readings/videos, 60 hours of practice, and 10 hours of assigned projects per 15 week semester.</p>
<b>Prerequisites</b>	Admission into the military pathway sequence, BIOL-107, BIOL-204, CHEM-103, ENGL-121, MATH-122 or higher, PSYC-101, PSYC-200, SOCI-101; Proof that the student has successfully completed training as a medical hospital corpsman through a branch of US military. (Those separated, reservists, and retirees are also eligible.)
<b>Corequisites</b>	

### Course Description

This course provides an introduction to the role transition from a military medical corpsman to the registered nurse. Students will explore professional behaviors, standards, and expectations necessary to function in the role of the registered nurse. The nursing process will be used as a framework for patient care and legal aspects of charting, communication, and theoretical foundations of nursing practice. Students are expected to utilize their prior military medical training, education, and experience during the course. Students will develop competencies required to administer safe, technical, nursing care to patients experiencing a response to stress as it relates to complex health problems. Students will select general nursing actions to meet patient needs with an emphasis on caring, culture, management of care, interpersonal relationships, pathophysiology, teaching and learning, and clinical judgment using select content from NURS-122, NURS-134, and NURS-135. (6 hours theory, 9 hours clinical weekly)

## Course Objectives

Objective	Gen Ed Goal	Program Goal	Course Goal Only	Learning Activity/Artifact	Procedure for Assessing Student Learning
1. Utilize knowledge of pathophysiology in the application of nursing care for patients experiencing complex responses to stress.		1		Lecture	Exams
2. Collaborate with the health care team and patients to promote wellness, disease prevention, and continuity of care.		2		Simulation	Debriefing/Observation Rubric
3. Describe a holistic approach to the provision of nursing care to patients across the lifespan who are experiencing complex responses to stress.		4		Lecture	Exams
4. Demonstrate caring, integrity, safe practice, and accountability in practicing the art and science of nursing.		5		Clinical Experience	Clinical evaluation Tool
5. Identify and describe role differentiation among levels of nursing education and practice, and activities which promote the profession of nursing.			X	Lecture	Exams
6. Integrate professional, legal, and ethical nursing standards and respect for patients in a multicultural society.		3, 7		Case Studies	Ethics Rubric
7. Use critical thinking and creative problem solving in the application of the nursing process.		6		Nursing Care Plan	Nursing Care Plan Rubric



Maryland Higher Education Commission  
Academic Program Proposal

**A. Centrality to institutional mission statement and planning priorities**

The Nurse Education Program (NEP) of Howard Community College (HCC) has historically sought to respond to the critical healthcare workforce shortage. In 2014, the nursing program at HCC celebrated 40 years of graduating associate degree nurses. During that span it has implemented many different program options to increase access in response to the nursing shortage. HCC added the practical nurse certificate (PNC) option, as well as a transition option for licensed practical nurses (LPNs) to move seamlessly into the second year of the associate degree nursing (ADN) program. The NEP at HCC also initiated an accelerated ADN option that allows students to complete the program of study in 14 months. The nursing program at HCC provides alternate scheduling options that include day, evening, and weekend options. Students are also able to earn certification as a nursing assistant upon successful completion of the first nursing course.

The Military to RN Pathway option is an educational approach that will capitalize on the preparation and the experiences of military service members and veterans who served as Army Combat Medics, Navy Corpsmen, or Air Force Medics so that they are able to earn an associate of arts degree (AA) in nursing. Earning an AA degree in Nursing through the Military to RN Pathway option can help the graduates apply their military medical knowledge and vast real-world clinical experience to begin a career as an RN. Their experiences are rich and varied, often under combat conditions with responsibility for multiple healthcare protocols. Completion of their training as a registered nurse can expand job opportunities and promotion options. Graduation from the HCC NEP will also allow students to articulate to a baccalaureate degree program in nursing after passing the licensing examination.

Howard Community College welcomes the opportunity to assist active-duty military personnel and their families, members of the Maryland National Guard, reservists, and veterans in achieving their academic goals. HCC has been named one of *Military Education's Top Military Friendly Colleges and Universities*. HCC is also a member of the *Service Members Opportunity Colleges (SOC)* and has signed the *Department of Defense Memorandum of Understanding as a SOC member*. The college also serves participants in the Veterans Educational Assistance Program. In allegiance with the college's values of innovation, nurturing, sustainability, partnerships, integrity, respect, excellence, and service, the NEP aims to adhere to the college mission statement of "providing pathways to success" with a vision that the college is "a place to discover greatness in yourself and others."

The strategic goals of the college include student success, completion, and lifelong learning, organizational excellence, and building partnerships. HCC endeavors to give the knowledge and experience-based tools for students to be successful, and upon graduation, meet the evolving



challenges presented to registered nurses in the modern civilian healthcare system. The development of this new program option will provide opportunities for students seeking augmentation to their current educational, financial, and occupational portfolio. With nursing education as the base, graduates will be able to serve the community and realize the importance of continued professional development.

**B. Adequacy of curriculum design and delivery to related learning outcomes**

The nursing faculty believe that “nursing practice that is founded on post-secondary education and focuses on learning experiences lead to safe, competent entry-level practice. Associate degree nursing is designed as a complete formal education for entry-level registered nurses. This education serves as a basis for direct articulation into baccalaureate education” (Howard Community College Nursing Education Plan Student Handbook, 2014-2015, p.5).

The NEP at HCC was fully reaccredited by the Accreditation Commission for Education in Nursing (ACEN) in the fall of 2011 through the year 2019. The NEP curriculum is also approved by the Maryland Higher Education Commission (MHEC) and the Maryland Board of Nursing (MBON). These approvals and the NEP’s past successes in innovative program options affirm the ability of the program to develop and implement the Military to RN Pathway option with positive student outcomes. The HCC Curriculum and Instruction committee has reviewed the educational objectives and student learning outcomes, and has approved the proposed option as being congruent with HCC General Education requirements, as well as HCC’s college and NEP goals. The following chart delineates both the general education goals of HCC as well as the NEP ADN program goals.

General Education Goals	General Education Goals continued:
<ul style="list-style-type: none"> <li>• Creative Process and Humanistic Inquiry</li> <li>• Critical Thinking</li> <li>• Global Competency</li> <li>• Oral and Expressive Communication</li> <li>• Scientific and Quantitative Reasoning</li> </ul>	<ul style="list-style-type: none"> <li>• Written Communication</li> <li>• Information Literacy</li> <li>• Technological Competency</li> </ul>
<b>Associate Degree Nurse Education Program Goals</b>	
<p>At the completion of the this program, the associate degree nurse graduate will be able to:</p> <ol style="list-style-type: none"> <li>1. integrate knowledge of pathophysiology in the application of the nursing process;</li> <li>2. initiate, maintain, and evaluate the collaborative relationship with health care team members, client, and significant support person(s) in acute, long-term care and community settings to promote wellness and disease prevention;</li> <li>3. demonstrate leadership, education, autonomy, and power within the activities that promote the profession of nursing and professional growth;</li> <li>4. demonstrate a holistic approach to the practice of nursing, considering physical, psychological, sociocultural, developmental, and spiritual factors, and promote continuity of care;</li> <li>5. integrate caring, integrity, safe practice, and accountability in practicing the art and science of nursing;</li> <li>6. utilize critical thinking strategies in the application of the nursing process and maintain fiscal accountability in the provision of quality care;</li> </ol>	

7. manage care in an effective and efficient manner maintaining legal and ethical standards in the provision and delegation of nursing care; and
8. analyze the impact of responses to stress on members in a multi-cultural society and intervene to optimize health and empower health care consumers.

### **Associate Degree Nurse Education Program Affective Goals**

At the completion of this program the nursing graduate will have gained:

1. an appreciation of the differences in values and attitudes between patients and self;
2. care and concern for patients;
3. the value of accepting responsibility;
4. an appreciation of career socialization;
5. the value of giving quality nursing care;
6. initiative for one's own learning and performance;
7. a willingness to participate in group process;
8. an appreciation of the importance of self-confidence; and
9. an appreciation of the importance of self-evaluation.

## **Military to RN Pathway Sequence**

**(Pending MHEC Approval)**

**A.A. Degree (Transfer)**

**A Nursing Area of Study**

**APPLICATION CODE 08D**

For curriculum information, contact the Health Sciences Division—Room HS-236—443-518-1560.

The Military to RN Pathway Sequence is an opportunity for advanced standing in the associate of arts degree in nursing for military corpsmen and medics who meet specified criteria. Most general education coursework must be completed prior to entry into a transition course. The Nurse Education Program is approved by the Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, Maryland 21215, 410-764-5124, and accredited by the Accreditation Commission for Education in Nursing, 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404-975-5000. Graduates who successfully complete the courses of this program are eligible to be considered by the Maryland Board of Nursing to write the National Council Licensing Examination for Registered Nurse licensure. By law, the Maryland Board of Nursing may deny admission to sit for licensure for a variety of reasons. These include conviction of a misdemeanor or felony, if the offense bears directly on the fitness of the person to practice nursing.

### **GENERAL EDUCATION CORE**

**Students enrolled in transfer patterns must take a minimum of 30 credits in General Education. Each student's total of general education and required courses must equal at least 60 semester hours of credit.**

		<b>Minimum Credits</b>
Composition	ENGL-121 College Composition	3
Arts & Humanities	HUMN-101 Introduction to Humanities	3
	SPCH-101 Introduction to Human Communication	
	OR	
	SPCH-110 Interpersonal Communication	3
Social & Behavioral Sciences	PSYC-101 General Psychology	3
	SOCI-101 Introduction to Sociology	3
Biological & Physical Sciences	BIOL-107 Fundamentals of Microbiology*	4
	CHEM-103 Fundamentals of General Chemistry*	4
Mathematics	MATH-122, 138, or higher core course	3

Core Elective	BIOL-203 Anatomy and Physiology I*	4
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**REQUIRED COURSES RELATED TO MAJOR**

BIOL-204	Anatomy and Physiology II	4
NURS-108	Transition into Nursing IV	9
NURS-230	Trends in Nursing	1
NURS-234	Family Centered Nursing II	4
NURS-235	Nursing Care of Patients in Community and Mental Health Settings	4
NURS-240	Medical-Surgical Nursing II	8
PSYC-200	Lifespan Development	3
		<hr/> 63

*\*Anatomy and Physiology prerequisite courses must be completed within five years prior to admission to the first nursing course. If coursework exceeds the five year limit, a student may take an exam(s) to demonstrate competence or repeat the course(s). BIOL-107 and CHEM-103 must be completed within ten years prior to admission to the first nursing course.*

*NURS-122 or NURS-123, NURS-134, NURS-135 credit for military corpsmen education and experience may be gained through examination and successful completion of NURS-108. Please contact the office of admissions and advising for information regarding admission requirements.*

*Military medics or corpsmen with documented DD-214 for honorable discharge will be granted transfer credit for NURS-122, NURS-134, and NURS-135 after successful completion of NURS-108.*

*A grade of “C” or better is required in nursing, mathematics, and science courses.*

*Admission requirements also include a minimum overall HCC GPA of 2.0 and successful completion of a nursing entrance exam.*

*If considering transferring to a four-year institution, check the requirements of the receiving institution.*

**Course Descriptions**

**NURS-108 Transition into Nursing IV for Military Medical Corpsman (9 credits)**

This course provides an introduction to the role transition from a military medical corpsman to the registered nurse. Students will explore professional behaviors, standards, and expectations necessary to function in the role of the registered nurse. The nursing process will be used as a framework for patient care and legal aspects of charting, communication, and theoretical foundations of nursing practice. Students are expected to utilize their prior military medical training, education, and experience during the course. Students will develop competencies required to administer safe, technical, nursing care to patients experiencing a response to stress as it relates to complex health problems. Students will select general nursing actions to meet patient needs with an emphasis on caring, culture, management of care, interpersonal relationships, pathophysiology, teaching and learning, and clinical judgment using select content from NURS-122, NURS-134, and NURS-135. (6 hours theory, 9 hours clinical weekly)

Educational Objectives/Learning Outcomes:

1. Utilize knowledge of pathophysiology in the application of nursing care for patients experiencing complex responses to stress.

2. Collaborate with the health care team and patients to promote wellness, disease prevention and continuity of care.
3. Describe a holistic approach to the provision of nursing care to patients across the lifespan who are experiencing complex responses to stress.
4. Demonstrate caring, integrity, safe practice and accountability in practicing the art and science of nursing.
5. Identify and describe role differentiation among levels of nursing education and practice, and activities which promote the profession of nursing.
6. Integrate professional, legal, ethical nursing standards and respect for patients in a multicultural society.
7. Use critical thinking and creative problem solving in the application of the nursing process.

### **NURS-230 Trends in Nursing (1 credit)**

This course provides nursing students with an overview of the current trends and issues occurring in nursing and health care including health care financing and economics, the health care delivery system, legal and ethical issues, health policy, and politics. Students will be challenged to examine how these issues and other current events shape nursing practice. Prerequisites: NURS-134 and NURS-135. (1 hour theory weekly)

#### Educational Objectives/Learning Outcomes:

Upon completion of this course, the student will have demonstrated the ability to:

1. Integrate knowledge of health care resources, access, and financing into managing professional nursing care.
2. Analyze the effect of health care delivery systems on health care cost, quality, and access, and on the delivery of nursing care.
3. Differentiate between accountability and liability for one's actions in professional nursing practice.
4. Apply an ethical decision-making process to specific ethical issues encountered in clinical practice.
5. Demonstrate knowledge to be an informed and responsible politically-active nurse.
6. Integrate respect for differences in beliefs and values of others as a component of nursing practice.
7. Describe both internal and external workplace strategies that support efficient and effective quality patient care.

### **NURS-234 Family Centered Nursing II (4 Credits)**

Building on theoretical knowledge and clinical competencies from NURS-134, students will gain greater proficiency in caring for patients within the family unit. Nursing care is most effective when it is delivered with the belief that the family is the patient. The child is an essential member of the family unit. The curriculum framework will help students examine responses to stress and the nursing interventions to meet the needs of the child and family. Students will develop competencies required to administer safe, technical, nursing care with an emphasis on caring for children with a holistic approach to the family unit. Prerequisites: NURS-134, NURS-135, and PSYC-101. Pre- or corequisite: SOCI-101. (2.75 hours theory, 3.75 hours lab weekly)

#### Educational Objectives/Learning Outcomes:

Upon completion of this course, the student will have demonstrated the ability to:

1. Integrate the knowledge of pathophysiology in the administration of nursing care to children and families experiencing complex responses to stress.
2. Collaborate with health team members, patients, and significant support person(s) to promote wellness, prevent disease, and manage acute and chronic conditions.
3. Demonstrate behaviors which promote professional growth, accountability, and the profession of nursing.
4. Demonstrate a holistic approach ensuring continuity of care when providing nursing care to children and families experiencing complex responses to stress.
5. Demonstrate caring, integrity, safe practice, and accountability in practicing the art and science of nursing.
6. Utilize critical thinking to formulate, implement, evaluate, and revise a plan of care for children and their families.
7. Implement nursing care in an effective and efficient manner utilizing principles of professional nursing practice, and legal and ethical standards.
8. Formulate a plan of care which focuses on the impact of responses to stress and fosters adaptation in children and families who are part of a multicultural society.

### **NURS-235 Nursing Care of Patients in Community and Mental Health Settings (4 credits)**

This course will introduce students to psychiatric mental health nursing and community-based nursing practice. Students will examine concepts specific to community and mental health nursing and apply the nursing process to clients experiencing an alteration in perception and clients requiring community support services. Students will develop competencies required to administer safe, technical nursing care to patients. Prerequisites: NURS-134 and NURS-135 or NURS-233 and NURS-234; PSYC-101. Pre- or corequisite: SOCI-101. (2.15 hours theory, 5.5 hours lab weekly)

#### Educational Objectives/Learning Outcomes:

Upon completion of this course, the student will have demonstrated the ability to:

1. Integrate knowledge of pathophysiology, psychology, and sociology in the application of nursing care to patients experiencing alteration in perception and requiring community support services.
2. Collaborate with the health care team, patient, and significant support person(s) to promote wellness and disease prevention in community and mental health settings to meet client's needs.
3. Demonstrate behaviors which promote professional growth, accountability, and the profession of nursing in community and mental health settings.
4. Demonstrate a holistic approach to the provision of nursing care, assuring continuity of care across community and mental health settings.
5. Demonstrate caring, integrity, safe practice, and accountability in practicing the art and science of nursing.
6. Utilize critical thinking to formulate, implement, evaluate, and revise the nursing plan of care for patients in community and mental health settings.
7. Implement nursing care in an effective and efficient manner, utilizing principles of professional nursing practice, and legal and ethical standards.
8. Analyze the impact of responses to stress on members of a multicultural society and intervene to optimize mental health and support client's needs for community services.

### **NURS-240 Advanced Concepts in Nursing II (8 credits)**

Building on theoretical knowledge and clinical competencies from previous nursing courses, students will gain greater proficiency in caring for patients experiencing complex health problems. Students will utilize the curriculum framework to plan and provide patient-centered care. Theoretical study and clinical application of knowledge will also focus on leadership and management in nursing to promote quality patient care outcomes. Students will demonstrate competencies required to administer safe, technical nursing care and gain experience in managing care for a small group of patients. At the completion of this course, students will be prepared to assume entry-level roles as associate degree nurses in caring for patients with diverse health needs. Prerequisites: NURS-234 and NURS-235. Pre- or corequisites: NURS-230 and Arts & Humanities Core Courses. (4.7 hours theory, 9.9 hours lab weekly)

#### Educational Objectives/Learning Outcomes:

Upon completion of this course, the student will have demonstrated the ability to:

1. Integrate the knowledge of pathophysiology in the administration of nursing care of patients experiencing complex responses to stress.
2. Initiate, maintain, and evaluate the collaborative relationship between health team members, patients, and significant support person(s) in various health settings to promote wellness and disease prevention while managing acute and chronic conditions.
3. Demonstrate behaviors which promote leadership, education, autonomy, and power within the profession of nursing.
4. Demonstrate a holistic approach to the practice of nursing, considering physical, psychological, socio-cultural, developmental, and spiritual factors, and promote the continuity of care.
5. Integrate caring, integrity, safe practice, and accountability in practicing the art and science of nursing.
6. Apply critical thinking in the provision of quality nursing care while maintaining fiscal accountability.
7. Manage care in an effective and efficient manner maintaining legal and ethical standards in the provision and delegation of nursing care.
8. Analyze the impact of responses to stress on members of a multicultural society and intervene to optimize health and empower healthcare consumers.

#### **C. Critical and compelling regional or Statewide need as identified in the State Plan**

In 2010, there were over 470,000 military veterans residing within the state of Maryland, accounting for over 8% of the state's total population. In January 2011, former Lt. Governor Anthony Brown spearheaded the *Maryland Campus Compact for Student Veterans: Memorandum of Understanding between the State and Maryland Institutions of Higher Education*. The purpose of this compact agreement was to ensure the educational success of both returning and current veterans, through recruitment, successful transition to higher education, retention, and eventual graduation. It was noted that veterans needed support to ensure their successful reintegration into civilian life, including higher education, and that this compact would help to promote opportunities for colleges and universities to enhance their awareness and understanding of those reintegration needs (*Maryland Campus Compact for Student Veterans, January 31, 2011*). As a result, a number of Maryland colleges and universities developed inclusive campuses for student veterans, and

some have also designed successful academic transition programs to further ensure student veteran success.

Former Governor Martin O'Malley and former Lt. Governor Anthony Brown also announced new initiatives to recruit more nursing faculty and students to address the nursing shortage and public health in the State in February of 2008. This was the second in a series of events to highlight workforce creation initiatives in the State. According to the press release, former Governor Martin O'Malley stated that:

“Nurses are the backbone of Maryland’s healthcare system and play an invaluable role in delivering the best patient care. To ensure that all Marylanders have access to the highest quality of care, an adequate supply of well-trained and committed nurses is absolutely critical” (O'Malley, M., 2008 p.1).

Prior to the Maryland Campus Compact for Student Veterans, former Lt. Governor Anthony Brown and an independent advisory board under the Maryland Department of Labor presented detailed plans to increase Maryland’s primary healthcare workforce by at least twenty-five percent (25%) before 2020. He and Maryland Labor Secretary Alexander Sanchez stated:

“We must be sure our primary care providers are prepared to handle the influx of new patients, and the Health Care 2020 plan will serve as a blueprint to help dramatically increase the ranks of Maryland’s primary care workforce. Maryland’s workforce is among the best-educated and most highly skilled in the United States and we have a strong and growing health care workforce. To reach our goal of building a national model for the implementation of federal health reform, we need to build upon our strengths and expand our community of primary care workers. The Health Care 2020 plan will guide our efforts to train new nurses and physician assistants and make good on our promise to expand coverage, lower costs and improve the quality of care for all Marylanders” (Brown, A., 2011, p. 1).

HCC, located in Howard County, is strategically located and well situated, as it can provide easy access to several military installations throughout Maryland and the neighboring states. The development of the Military to RN Pathway option is designed to increase the number of registered nurses at the bedside by creating a military to ADN pathway sequence that capitalizes on the healthcare training and medical experiences of the medics and corpsmen. This program will support those gubernatorial goals that were intended to provide career support and mobility to military medics and corpsmen.

The requirements for the Military to RN Pathway option are consistent and congruent with both the NEP at HCC and the Maryland State Plan for Postsecondary Education. Successful transition occurs when the student masters the advancement and evolution of knowledge.

*Goal 1: Quality and Effectiveness*

The 2009 Maryland State Plan for Postsecondary Education identifies academic quality and effectiveness as important criteria in order to carry out the State's respective missions and mandates. The nursing program continues to offer prerequisite course content in the science areas of chemistry, microbiology, anatomy, and physiology. The nursing program prerequisites related to education core work in English, mathematics, arts, humanities, and social sciences ensure that the students meet quality and effectiveness (Maryland Higher Education Commission, 2009).

### *Goal 2: Access and Affordability*

HCC is located in Columbia, directly between the cities of Baltimore and Washington DC, in the Mid-Atlantic region of the East Coast of the United States. The centrality of its location within Maryland makes the college easily accessible to the various military installations throughout Maryland and neighboring states. Additionally, it is easily accessible to many other excellent colleges/universities within the state for anyone who wishes to advance in their professional development. HCC has an open door policy of admission and its low tuition cost and funding/scholarship availability makes the college and its programs accessible and affordable. The college reports annual student cost of \$20,693.00 for 2012-2013.

### *Goal 3: Diversity*

HCC is committed to valuing diversity and recognizes the critical role of an educational institution in preparing students, faculty, and staff to become contributing members of the global community. The college supports a diversity committee and the committee offers opportunities to augment lifelong application of interactions with diverse individuals via seminars, round table discussions, and with standalone and series presentations. Informative sessions include but are not limited to topics of diversity related to race, gender, culture, socioeconomics, and global awareness differences. The college provides diversity learning options for faculty as well as students. The nursing program welcomes and represents diversity in the faculty and student populations. Diversity is noted throughout the nursing curriculum as the students are prepared to administer health care to a multicultural society with varying needs. The NEP strongly adheres to an open door admission policy to support the objective of maintaining culture that supports diversity within the college.

### *Goal 4: Student Centered Learning*

Student-centered learning is highly regarded and reveals itself in the form of faculty creativity, flexibility, and innovation. State-of-the-art educational and technological equipment has been purchased for the health sciences division. Courses in the nursing program represent a variety of teaching modalities to support all types of learners, to include blended online/lecture format and hybrid format. The nursing program has alternative scheduling options to meet the needs of our busy population of students and utilizes college services such as advising, counseling, disability support, retention services, tutoring, and the Step UP mentoring program, just to name a few, to meet the needs of our student population and promote completion of individual personal goals. The nursing program is actively involved in continuous curriculum evolution. The evolution includes a strong consideration from the perspective of the student in order to address concerns and promote individual academic success of our student population.



Student services are numerous and include academic advising, financial aid services, veterans' affairs, child care services, academic support, learning assistance, test center, services for students with disabilities, counseling, vocational support, and career services. Students are presented with access to the James Clark, Jr. Library, the Instructional Media Department, and the Teaching and Learning Institute.

*Goal 5: Economic Growth and Vitality*

Community colleges actively strive to achieve this goal by increasing enrollment and providing a multitude of career options. The student benefits from goal achievement as evidenced by obtaining employment that is conducive to improved lifestyle options in professions that can withstand and survive turbulent fluctuations in the economy. Nursing is one of the focal professions noted in the State Workforce Strategic Plan. The opportunity for economic growth and vitality is an area of concentration at HCC as it prepares and graduates nurses who will contribute to Howard County and state of Maryland. This in turn will benefit the community's needs – supporting economic and workforce development in Howard County and throughout Maryland. The Military to RN option will also address the increased need to successfully reintegrate veterans into the healthcare workforce.

**D. Quantifiable & reliable evidence and documentation of market supply & demand in the region and State**

The state of Maryland's Integrated Workforce Plan designates the needs of the state in terms of job growth and types of workers needed. Nurses are identified as both skilled and middle-skilled workers. Future demand, at varying levels, is anticipated in these and many more positions in these industries. Demand will arise not only from the need to fill new positions but, also, to fill vacancies which may occur when workers, particularly the aging boomers, leave their positions. For workers, a sound education/training background and competency in basic workplace skills is essential in order to adapt to changing technologies and to acquire more sophisticated skills that leverage advancement. Maryland must ensure that its workforce has the necessary education and training to meet the labor demands of the future. These are just a few of the 'middle -skill" occupations that will need to be filled and the following is information extracted from the Workforce Plan relevant to nursing (Maryland Department of Labor, Licensing and Regulation, April 12, 2013).

Table 1: Projected Demand in Middle Skill Occupations

<b>Occupations</b>	<b>Employment 2010-2020</b>		<b>Change 2010-2020</b>	<b>Replacement Demand</b>	<b>Total Openings</b>	<b>Educational Requirement</b>
Registered Nurses	49,335	62,425	13,090	8,930	22,020	Associate Degree

The national demand for nurses is similar to that of the State of Maryland. According to the Bureau of Labor Statistics, Nursing, in particular Registered Nurses, are listed as one of the top occupations for job growth. The RN workforce is expected to have a projected growth rate of 19%, from 2.71 million nurses in 2012 to 3.24 million in 2022. The Bureau also projects a need for replacement nurses, not just new positions (Bureau of Labor Statistics, April 11, 2015).

Finally, the American Association of Colleges of Nursing expects the workforce shortage of nurses to grow as the aging US population increases the demands on the healthcare industry. Nursing schools are striving to develop ways to meet this increased demand by increasing the capacity for students. This necessitates new innovative programs to meet these multiple demands. The Military to RN Pathway option will be instrumental in helping to lessen the impact of both the projected shortage, as well as the need to help reintegrate military veterans into civilian life. HCC is proactive and innovative in its approach to developing solutions to the increasing market demands.

#### **E. Reasonableness of program duplication**

At the White House Forum on Military Credentialing and Licensing, Health and Human Services (HHS) Secretary Kathleen Sebelius announced that new programs to help military veterans with health care experience or training, such as medics, pursue nursing careers were needed. These programs are designed to help veterans get nursing degrees by building on their unique skills and abilities. “These programs recognize the skills, experience and sacrifices of our veterans, while helping to grow our nursing workforce,” Secretary Sebelius said. “It helps veterans formalize their skills to get jobs, while strengthening Americans’ access to care.” While the context of this speech was to address the Veterans’ Bachelor of Science Degree in Nursing (VBSN) grants, the intent of reintegration of veterans to civilian life while awarding academic credit for prior military health care experience or training is clear. “Through these innovative programs, veterans with valuable medical expertise can now help fill the ranks of nurses across the nation,” said HRSA Administrator Mary K. Wakefield, Ph.D., R.N. This new program is an important step forward in addressing needs identified in the February 2013 White House report, “The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans, and Their Spouses” (National Economic Council and President’s Council of Economic Advisers, February, 2013).

In 2013, HRSA funded nine schools of Nursing through the VBSN program to increase veterans' enrollment, retention, and graduation of veterans from baccalaureate nursing programs. The goals of the VBSN program are consistent with HRSA’s goals to increase the numbers of baccalaureate prepared registered nurses and help to improve the quality of the nursing workforce. In addition to the Department of Health and Human Services, the Department of Labor, Department of Defense, and Department of Veterans Affairs are also committed to improving veterans’ employment opportunities. The nine selected schools of Nursing that were awarded VBSN grants will build on the healthcare knowledge, skills, and abilities acquired by veterans during their military experience by awarding academic credit for prior healthcare training and other nursing-related learning experiences.

The schools of nursing also have diverse programs which include traditional four-year programs, campus-based programs, online models, and hybrid projects. Accelerated one-year to two-year programs are also available for veterans who have successfully completed pre-nursing course requirements or have healthcare experience as emergency medical technicians, corpsmen, medics, licensed vocational nurses, or associates- or diploma-degreed nurses. Veterans with baccalaureate degrees in a field other than nursing may also be eligible.

The schools of nursing will also offer clinical training experiences at various veteran-friendly, and community-based clinics, hospitals, and other organizations. Veterans who successfully complete the VBSN program will receive assistance with National Council Licensure Examination for

Registered Nurses (NCLEX-RN) test preparation, career planning guidance, and transition into civilian professional registered nurses.

In addition, in 2012 HRSA funded 70 schools through the Advanced Education Nursing Traineeship (AENT) program, with 55 of the grantees assisting veterans to earn advanced nursing degrees. Grantees of this program support traineeships for enrolled registered nurses to practice as primary care providers and/or nursing faculty, and have project periods ranging from two to four years. While the strategies vary, many focus on community outreach and partnership with veteran’s organizations as well as with local military bases. Additional strategies include awarding nursing academic credit for military health care experience, and developing retention activities that target the unique physical, psychosocial and economic needs of veterans.

<b>Nurse Education, Practice, Quality, and Retention: Veterans’ Bachelor of Science in Nursing Program FY 2013 Awards</b>			
<i>Organization</i>	<i>City</i>	<i>State</i>	<i>Award</i>
University of Alabama at Birmingham	Birmingham	Ala.	\$315,969
Jacksonville University	Jacksonville	Fla.	\$205,266
Florida International University	Miami	Fla.	\$335,420
University of South Florida	Tampa	Fla.	\$349,773
Davenport University	Grand Rapids	Mich.	\$327,284
State University of New York	Stony Brook	N.Y.	\$296,763
University of Texas at Arlington	Arlington	Texas	\$291,408
Hampton University	Hampton	Va.	\$349,689
Shenandoah University	Winchester	Va.	\$312,025
			<b>TOTAL: \$2,783,597</b>

However, the previous grant did not address the need to create such programs in community colleges or at the ADN level. Nor were any of the grant recipients located in the state of Maryland or locally in the Mid-Atlantic region. The closest school to receive a grant is located in the Shenandoah Valley of Virginia.

There is a tremendous need at the community college level to enable military veterans to pursue higher education at a more affordable manner. Additionally, community colleges, HCC in particular, enable students to attend school by providing alternative scheduling options, allowing students to obtain their degrees in a timely manner, and allowing students the ability to continue to work and commute to classes. Currently, there is only one other program in the state of Maryland

at the community college level, which is Montgomery College. Montgomery College offers a seven (7) credit Military Medic and/or Corpsman to ADN Transition program. Given the close proximity to several military installations, the ease of access, the need to capitalize on the skills and experiences of military medics and corpsmen, and the continuing need for registered nurses at the bedside, it is necessary to provide additional educational options to transition to nursing. The NEP at HCC is poised to provide the additional education and training needed to prepare the military medics and corpsmen for a career as a registered nurse.

**F. Relevance to Historically Black Institutions (HBIs)**

HCC maintains an open admission policy so that all prospective students, regardless of race, ethnicity, religion, or socioeconomic background are welcome. The same is true of the NEP at HCC. Admission is an open lottery system where all potential students who have completed the required prerequisites are allowed to apply. In the state of Maryland, there are four HBI's, all of which are traditional four-year universities. Community colleges within Maryland have always been integrated schools aimed at allowing all students the opportunity to pursue a higher education. The Military to RN Pathway, as a part of the NEP, will employ the same open admission policies as HCC. The proposed program will not have any impact on the state's historically black institutions.

**G. Distance Education**

Not Applicable

**H. Adequacy of faculty resources**

The nursing faculty is a valuable resource in the implementation of the Military to RN Pathway program. There are 18 full-time faculty and 47 adjunct clinical faculty. Full-time faculty are responsible for curriculum development and assessment of the Military to RN Pathway program including development of course and clinical objectives, syllabi, and theory presentations. Adjunct clinical faculty assist with clinical instruction in the skills laboratory and clinical agencies.

The faculty presents with terminal degrees ranging from Bachelor's to Master's to Advanced Practice Registered Nurses (APRN). All full-time faculty have a Master's degree in Nursing as required by the Maryland Board of Nursing. Areas of expertise include mental health, pediatric health, maternal child health, and medical/surgical health (pain management orthopedics, trauma-critical care, surgical acute care, emergency care, post anesthesia care, neonatal intensive care, nephrology, oncology hematology, community health, and home care). The APRN actively practices in pediatric primary care.

<b>Faculty Information</b>		
<b>Degree</b>	<b>Full-Time</b>	<b>FTE</b>
BSN	0	0
MSN	18	18
Doctorate	0	0
<b>TOTAL</b>	<b>18</b>	<b>18</b>

<b>Faculty Information</b>		
<b>Degree</b>	<b>Part-time</b>	<b>FTE</b>
BSN	18	4.48
MSN	28	6.62
Doctorate	1	0.5
<b>TOTAL</b>	<b>47</b>	<b>11.6</b>

The full-time faculty rank assessment includes two instructors, four assistant professors, six associate professors, and six professors. In review of the qualifications, the faculty represents many forms of nursing experience that can be utilized to promote student success in the proposed program. Nursing faculty are also involved in college-wide committees to build partnerships, understanding, and a respect for the faculty that teach the supporting prerequisite and general education courses.

**Military to RN Faculty**

<b>First Name</b>	<b>Last Name</b>	<b>Rank</b>	<b>Education</b>	<b>Faculty Status</b>	<b>Course</b>
Ella (Kit)	Angell	Assistant Professor	MSN	Full-time	NURS-235 Mental Health Nursing; Community Health Nursing
Jessica	DiPalma	Associate Professor	MSN	Full-time	NURS-240 Medical-Surgical Nursing; Trauma/Critical Care
Elizabeth	Johnson	Associate Professor	MSN, CPNP	Full-time	NURS-234 Pediatrics
Donna	Musselman	Professor	MSN	Full-time	NURS-240 Medical-Surgical Nursing; Home Health Care

First Name	Last Name	Rank	Education	Faculty Status	Course
Ellen	Nichols	Associate Professor	MSN	Full-time	NURS-108 Medical-Surgical Nursing
Vijaya	Ramakrishnan	Associate Professor	MSN	Full-time	NURS-240 Medical-Surgical Nursing
Laura	Sessions	Professor	MSN	Full-time	NURS-234 Pediatrics
Cherie	Stevenson	Instructor	MSN, Ed.S.	Full-time	NURS-235 Mental Health Nursing

### I. Adequacy of library resources

The James Clark Jr. Library reserves any textbook used by the nursing program. The library promotes many online resources including:

- ProQuest Nursing and Allied Health Source
- CINAHL Plus with Full Text
- Academic OneFile
- Health Reference Center Academic
- Health & Wellness Resource Center with Alternative Health Module
- Nursing & Allied Health Collection
- Academic Search Complete
- Biomed Central Open Access
- PubMed Center
- LexisNexis Academic

The James Clark Jr. Library continues to increase capabilities including additional electronic access to databases for professional journals and other media. Individuals are able to search the online catalog for approximately 50,000 items, including books, e-books, and video titles.

### J. Adequacy of physical facilities, infrastructure and instructional equipment

In January 2013, HCC opened the new Health Sciences Building (HSB), a 113,000 square foot building that houses state of the art educational and simulation technologies and laboratory equipment. The HSB, which was built as a Leadership in Energy and Environmental Design (LEED) building, recently received the Gold award for its green design and energy efficiency. The

HSB is home to multiple programs, including cardiovascular technology, medical laboratory technician, emergency medical services, exercise science, physical therapist assistant, dental hygiene, diagnostic medical sonography, nursing, and radiologic technology. Each of these programs has designated classroom and laboratory space for skills instruction. There are five simulation suites with adjoining control rooms and independent debriefing rooms. The emergency medical services program has a functioning ambulance, along with low, medium and high fidelity simulation mannequins; and the nursing program has five 3G high fidelity simulation mannequins, a delivering mother mannequin (Noelle), and many other low and medium fidelity mannequins for students to use during clinical skills practice.

The HSB skills classrooms are equipped with bedside computers next to each low fidelity mannequin and have other skills equipment available for students to use in practice. There is a 50 seat computer lab available for all allied health students as well as many study rooms and areas for students to use. All classrooms in the HSB are equipped with smart podiums and can accommodate variable class sizes, including one large lecture hall that can seat 150 students. Full time faculty offices, an adjunct faculty suite, and a health sciences division office suite complete the HSB. The new HSB is a testament to the commitment that HCC has for growing and supporting all the programs housed in the health sciences division. HCC is and has consistently augmented facilities to meet the growing demands of the college. Evidence of this is the fact that the college began construction of a new Science, Engineering, and Technology building at the beginning of 2015.

#### K. Adequacy of financial resources with documentation

<b>TABLE 1: RESOURCES</b>					
<b>Resource Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
1. Reallocated Funds					
2. Tuition/Fee Revenue (c + g below)	\$46,095.68	\$ 68,084.00	\$ 70,126.52	\$72,230.32	\$ 74,397.23
a. Number of F/T Students*					
b. Annual Tuition/Fee Rate					
c. Total F/T Revenue (a x b)					
d. Number of P/T Students	16	16	16	16	16
e. Credit Hr. Rate*	\$ 169.47	\$170.21	\$175.32	\$180.58	\$185.99
f. Annual Credit Hrs. (PT)	17	25	25	25	25
g. Total P/T Revenue (d x e x f)	\$46,095.68	\$ 68,084.00	\$ 70,126.52	\$72,230.32	\$ 74,397.23

3. Grants, Contracts & Other External Sources					
4. Other Sources					
<b>TOTAL (Add 1-4)</b>	\$46,095.68	\$68,084.00	\$70,126.52	\$72,230.32	\$74,397.23

Fall 1	# credits	lab fees	Spring 1	# credits	lab fees	Fall 2	# credits	lab fees
NURS-106	9	200.00	NURS-234	4	\$ 100.00	NURS-240	8	\$ 200.00
			NURS-235	4	\$ 100.00			
			NURS-230	1				
	<b>9</b>	<b>\$ 200.00</b>		<b>9</b>	<b>\$ 200.00</b>		<b>8</b>	<b>\$ 200.00</b>
Tuition*	\$ 1,000.00		Tuition	\$1,125.00		Tuition	\$ 1,000.00	
Cons Fee**	\$ 167.52	10	Cons Fee	\$ 188.46		Cons Fee	\$ 167.52	
Lab fees***	\$ 200.00		Lab fees	\$ 200.00		Lab fees	\$ 200.00	
Total/students	\$ 1,367.52		Total/students	\$1,513.46		Total/students	\$ 1,367.52	
<b>Credit hour rate</b>	<b>\$ 170.94</b>		<b>Credit hour rate</b>	<b>\$ 168.16</b>		<b>Credit hour rate</b>	<b>\$ 170.94</b>	

2015 Fall	\$21880.32
2016 Spring	\$24215.36
Total	\$46095.68
Per Credit	\$169.47

*Part-time students' rates are calculated on a per-credit basis, using tuition, consolidated fees, and lab fees. Increase of three percent (3%) per year after two (2) years.*

According to Howard Community College Credit Enrollment Statistics approximately 66% of the students are of part-time status. There is no anticipation of changes in enrollment status as it relates to the Military to RN Pathway program. It is projected that individuals enrolled in this program will be part-time students.

The projected initial number of students is obtained as a comparison analysis from other occupational programs in the health sciences division such as cardiovascular technology, dental



hygiene, diagnostic medical sonography, medical laboratory technician, and radiologic technology that have been recently developed. In addition, this program will have access to preceding and current students in the EMT/Paramedic program at HCC.

Military to RN Pathway presents a crosswalk/bridge into the Nursing Education Program. There is no affirmative anticipation for grants, contracts, or other resources.

<b>TABLE 2. EXPENDITURES</b>					
<b>Expenditure Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
1. Faculty (b + c below)	\$9,714.23	\$10,005.66	\$10,305.82	\$10,615.00	\$10,933.45
a. # FTE					
b. Total Salary	\$9,023.90	\$9,294.62	\$9,573.46	\$9,860.66	\$10,156.48
c. Total Benefits	\$690.33	\$711.04	\$732.37	\$754.34	\$776.97
2. Admin. Staff (b + c below)					
a. # FTE					
b. Total Salary					
c. Total Benefits					
3. Support Staff (b + c below)					
a. # FTE					
b. Total Salary					
c. Total Benefits					
4. Equipment					
5. Library					
6. New or Renovated Space					
7. Other Expenses					
8. TOTAL (Add 1-7)	\$9,714.23	\$10,005.66	\$10,305.82	\$10,615.00	\$10,933.45

*Expenditures noted in Table 2 are for one (1) part-time theory and one (1) part-time clinical faculty. All other expenses are absorbed by the current Nursing Program.*

#### **L. Adequacy of provisions for evaluation of program**

The Nurse Education Program at HCC has achieved full accreditation from ACEN through 2019. The program is committed to obtaining faculty and student feedback. Current evaluations include:

- Course Evaluation – 1<sup>st</sup> year Students
- Course Evaluation – 2<sup>nd</sup> year Students
- Mid-Program Evaluation RN
- Program Evaluation – PN & RN

- Clinical Faculty Evaluation
- Clinical Agency Evaluation – Faculty and Students

The full-time nursing faculty participates in HSD and NEP meetings to review, discuss, and disseminate information for the well-being of the program and to support student success. The faculty also participates in committees including simulation, retention, textbook, and library. Each course participates in course meetings and provides course reports at the end of each semester. Student representatives from each course communicate with faculty; however, students also have the opportunity to share concerns with faculty independently. The faculty considers information received from students through direct conversation and completion of evaluation forms in the decision-making process. Students are also invited to participate in dialogue with the president of the College.

Part-time and adjuncts are utilized for educating students during clinical experiences and utilized in the Skills Laboratory for instruction and evaluation of psychomotor skills. This cohort of employees brings a wealth of clinical expertise and current use of evidence-based practice to the student experience. Moreover, the faculty attends, participates in, and contributes to individual course meetings and laboratory staff meetings as applicable to employment role.

The Planning, Research, and Organizational Development (PROD) office leads the planning process, institutional research, assessment, and learning outcomes, and facilitates process improvement teams and organizational development activities of HCC. Annually, each full-time nursing faculty completes a teaching improvement project (TIP) designed to improve course and program outcomes. The Individual Development and Educational Assessment (IDEA) Survey provides a way of evaluating instruction and obtaining feedback regarding the effectiveness of classroom instructors. The goal of this survey is to utilize student feedback about instructors to provide insights to improve instruction. Each faculty member that facilitates theoretical content is evaluated using the IDEA survey.

#### **M. Consistency with the State’s minority student achievement goals**

Howard Community College reports that as of spring 2014 semester:

- Median age 22
- 36 percent registered full-time; 79 percent enrolled in day classes
- Approximately 56 percent female
- 75 percent Howard County residents
- 1,466 students from 111 different nations

#### Racial/Ethnic backgrounds

- |  |       |
|--|-------|
| • American Indian/Native American        | 0.3%  |
| • Asian                                  | 13.3% |
| • Black/African American                 | 28.2% |
| • Hispanic/Latino (of any race)          | 9.3%  |
| • Native Hawaiian/Other Pacific Islander | 0.3%  |
| • White                                  | 42.9% |
| • 2 or More Races                        | 3.8%  |
| • Unknown                                | 2.0%  |

Enrollment statistics demonstrate diversity in the student population at HCC. Diversity is a focal concern in all aspects of the college including, but not limited to, recruitment and hiring practices, faculty and staff training opportunities, professional development offerings, selective admissions programs, student enrollment, public relations, and student activities.

HCC maintains an open door policy of admission. Persons who have the maturity and ability to benefit from the college's learning programs are admitted on a space-available basis without regard to race, sex, age, religion, ethnic background, marital status, sexual orientation, political persuasion, or disability. No student will be denied initial admission to the college on the basis of previous educational experience, except as prescribed by law.

HCC's affirmative action definition is as follows: HCC's affirmative action includes proactive steps to recruit and retain minorities. In recruiting, the college advertises with sources directed specifically at minority candidates in order to improve the diversity of the candidate pool. For the current workforce, the college has a comprehensive diversity plan which includes objectives to improve knowledge of and sensitivity to minority issues, and aids in the retention of minorities.

The board of trustees of HCC has committed the college to an ongoing diversity program and to regularly review progress towards the objectives of the *Diversity Plan*. The objectives include "ensuring that each recruitment makes a reasonable effort to seek out applicants from underrepresented groups in order to provide a diverse applicant pool" and "meeting educational needs that promote sensitivity and value diversity by proactively identifying areas in which programs may be needed and encouraging the development and continual improvement of a curriculum of inclusion."

One of the proactive steps towards recruiting and retaining minorities at HCC is the innovative program STEM Start which provides mentors, role models, and peer groups to encourage minority groups in high schools and colleges to enroll in STEM-related college programs. Another proactive step is the Howard P.R.I.D.E. program which is a leadership program that encourages the continued academic, professional, and personal development of black and minority male students and is another example of how HCC is addressing the needs of minority students.

The international programs at HCC are essential components to the educational mission as evidenced by a curriculum that is responsive to a diverse learning community, a diverse student campus life, and commitment to the concept of global education. Students from more than 111 countries are represented at HCC. Additionally, HCC has an impressive resume of awards and recognitions for student and faculty services that include but are not limited to:

- **Great College to Work For** (2014, 2013, 2012, 2011, 2010, 2009), *The Chronicle of Higher Education*
- **Top 50 Fastest Growing Public Two-Year College** (2011), *Community College Week*
- **National Center of Digital Forensics Academic Excellence (CDFAE)**, member college selection by Department of Defense Cyber Crime Center (2011)
- **U.S. Senate Productivity Award** (2007), Maryland's top award for performance excellence

- **Maryland Quality Award** (Bronze) from the University of Maryland Center for Quality and Productivity (2002, 2003 and 2006)
- **Senator Paul Simon Award for Campus Internationalization** (2005), NAFSA: Association of International Educators
- Continuing Education and Workforce Development, named “**one of the top continuing education units in North America**” by the Learning Resources Network (LERN)

Retention Services assists the college community in developing plans that support students' academic persistence and successful goal completion. The retention staff works with academic affairs and student services to develop and initiate retention strategies to enhance student performance through academic monitoring, assessment, follow-up, skill reinforcement, co-curricular programming, case management, and learning community involvement. In addition, the retention staff works individually with students to create academic and career goals, improve study skills, and provide or refer resources to meet student needs. The nursing faculty is actively involved in the implementation of retention services for students enrolled in the individual courses. The nursing faculty correspondingly participates in a retention committee for the NEP.

HCC not only has a diverse student population, but the faculty is diverse as well. According to the characteristics of Full-Time Credit Faculty statistics gender is divided as 32% male and 68% female with a percent of change from 2012-2013 of -2% for males and 4% for females. Ethnicity results reveal the following:

Ethnicity	Fall 2013	% Change 2012-2013
Asian	10%	20%
Black	14%	-7%
Hispanic (of any race)	2%	0%
White	75%	3%
Other/Unknown	0%	-100%

The college continues to support a diversified faculty and continues to implement the Diversity Plan. Inclusion of the entire workforce may reveal a truer representation of college diversity. The college is not numerically perfect; however, we endeavor to make progress towards our goals.

Although the Military to RN Pathway option was not developed solely as a program targeted to minorities, it is targeted to a specific population that has been identified by the State of Maryland as underserved. It is the assumption that students who choose this program will be representative of HCC's student population and admitted according to HCC's open door admission policy.

#### **N. Relationship to low productivity programs identified by the Commission**

Currently the Military to RN option is not associated with a low productivity program at HCC.

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## 2.C.2

To: Maryland Board of Directors

From: Patricia Kennedy, Director of Education

Date: March 23, 2016

Re: Cecil College School of Nursing 2015 Approval Visit Recommendations

Cecil College School of Nursing RN program was visited in November 2015 in concurrence with the Accreditation Commission for Education in Nursing (ACEN), a Board-recognized nursing accreditation agency (COMAR 10.27.03.02D). The program provided evidence that it was in compliance with Nurse Practice Act criteria (COMAR 10.27.04-.16). Additionally, its graduates' performance on the NCLEX-RN<sup>®</sup> has been well above the MD required pass rates for the past six (6) years.

**Recommendation:** Continued three (3) year approval for the RN nursing program with an interim report due in three (3) years (2019). Five (5) years is the maximum approval period (COMAR 10.27.03E-G).

**Report of Survey of  
Cecil College School of Nursing (CCSON)  
to Maryland Board of Nursing for Continued Approval**

<b>Name and Address of Program:</b>	Cecil College School of Nursing One Sea Hawk Drive North East, Maryland 21901
<b>Date of Report:</b>	November 19, 2015
<b>Date of Survey:</b>	October 5–7, 2015
<b>Type of Program Surveyed:</b>	Associate of Science in Nursing
<b>Enrollment on Survey Date:</b>	125 nursing students (Of the 125 students, 12 are enrolled full time and 113 are enrolled part time.)
<b>Board of Nursing Representatives:</b>	Patricia Kennedy, Ed.D., RN Director of Education, Examination and Research  Sheila Green, PhD, RN, CNE
<b>Visiting Accreditation Body:</b>	Accreditation Commission for Education in Nursing (ACEN)
<b>Background/Overview:</b>	Cecil College School of Nursing (CCSON) is seeking re-accreditation for its established associate degree nursing program. This is an entry level nursing program located in Cecil County, Maryland. Two representatives from the Maryland Board of Nursing (MBON) participated in the survey process to assess continued adherence to state regulatory requirements.

**.04 PHILOSOPHY, OBJECTIVES, OUTCOMES, OR COMPETENCIES:** CCSON meets this regulatory requirement as evidenced by the following:

A.1 to A.4: The nursing faculty are responsible for the development, implementation, evaluation and revision of the philosophy, objectives and outcomes for the associate degree nursing program, as noted in the Standards 1, 4 and 5 of the *Cecil College Associate Degree Nursing Program Fall 2015 Self Study* and corroborated in the CCSON Faculty Minutes, 2011 to 2015 and through review of the *MyCecil* website. These documents provided supporting information

that verified total faculty involvement in the decision-making processes related to the program philosophy, objectives and outcomes.

B.1 to B.3: The nursing program's philosophy, objectives and outcomes are congruent with Cecil College's mission and values (*Cecil College Associate Degree Nursing Program Fall 2015 Self Study*). A comparison between the college's mission and values and those noted in CCSON curriculum documents demonstrates mutual goals and outcomes that complement both the college and the nursing program. The CCSON incorporates the Neuman Systems Model as the conceptual framework for the nursing program (*Cecil College Associate Degree Nursing Program Fall 2015 Self Study*). The model addresses the nursing program's beliefs regarding individuals (client/family/community), health, environment, nursing, adult education and learning.

C.1 to C.4: The nursing program's objectives and outcomes are clearly stated, measureable, and attainable, as articulated in the *Cecil College Associate Degree Nursing Program Fall 2015 Self Study* and in respective course syllabi reviewed by the MBON reviewers.

**.05 ADMINISTRATION AND ORGANIZATION:** CCSON meets this regulatory requirement as evidenced by the following:

A.1 to A.2: Cecil College (the controlling institution) is accredited by Middle States Association of Colleges and Secondary Schools, Philadelphia, PA. The college's most recent accreditation was completed in June 2010. Cecil College has a clearly articulated statement offering equal educational opportunity for all students, as identified in the *Cecil College Accreditation Study (2010)*, in the *Cecil College Catalog 2015-2016*, and the *MyCecil* website.

B.1 to B.3: Cecil College has clearly delineated organizational charts for academic and non-academic requirements in the institution. The organizational chart includes the nursing program, its reporting relationships, and lines of responsibility, communication and authority.

C.: The program has comparable status with other academic units within Cecil College, as identified through organizational charts and through interviews with Dr. Mary Bolt, President/Cecil College and other members of the executive college team.

D.: Cecil College provides the financial support and resources needed to operate the nursing program and achieve the nursing program goals. Cecil College meets the legal and educational requirements of the Maryland Board of Nursing.

E.: Cecil College provides the financial resources that support adequate facilities and equipment for the CCSON program. The college employs administrative, clerical, and instructional personnel that meet regulatory requirements of the Maryland Board of Nursing and nursing education standards for practice.

F.: Cecil College employs Dr. Christy Dryer, Dean of Nursing and Allied Health. She meets the qualifications stated in COMAR 10.27.03.07.



G.: Cecil College has provided, in writing to the Maryland Board of Nursing, information regarding nursing program administrator changes, as required in COMAR 10.27.03.05. Dr. Dryer has served in her current role as Dean of Nursing and Allied Health since 2007.

**.06 RECORDS AND REPORTS:** CCSON meets this regulatory requirement as evidenced by the following:

A.1: Current student records are up-to-date and maintained in the nursing administration offices within a double locked file system.

A.2: Transcripts of nursing program graduates are maintained in a double locked file system with access limited to that of the Dean and her designee (administrative assistant).

A.3: Faculty records are maintained and secured in the Office of Human Resources at Cecil College. These records include, by way of example, employment contracts; documentation of appropriate faculty credentials; transcript verifications of advanced education degrees. All files for full time and adjunct faculty were up-to-date. The Dean of Nursing maintains annually updated faculty records in a double locked file system within the Nursing Administration Suite. These records include CPR certifications and results of current tuberculosis (TB) screenings.

A.4: Administrative records, inclusive of faculty meeting minutes, nursing's annual reports and school bulletins, are current and maintained in the Nursing Administration Suite. The faculty meeting minutes reflected faculty discussions and actions instituted. Evidence of these actions were noted in the *CCSON Systematic Plan of Evaluation*.

A.5a/b/c: The current nursing curriculum is found in the *CCSON Student Nursing Manual*, on the MyCecil website and is available through Dean and faculty contact within the program. The nursing curriculum clearly articulates the program philosophy, objectives and outcomes. The course syllabi describe the plan for the course and incorporate threads from the program philosophy, objectives and outcomes. Course sequencing and progression are evident.

A.6: Agreements with cooperating agencies are up-to-date and maintained by the Dean of the CCSON program within a double locked file system. They are reviewed regularly by legal counsel within the college and the Dean of Nursing. These contracts include those relegated to hospitals and outpatient/community-based settings which support student learning requirements.

A.7: The *Systematic Plan of Program Evaluation* is current and maintained under the auspices of the collective nursing faculty and the Dean. The information is also incorporated as a component of the college-wide assessment and evaluation requirements for Cecil College. It is noted that the current plan has been in effect for the last three years. The nursing faculty have incorporated continuous quality improvement modalities to address programmatic evaluation.

B.: Confidential files are maintained under double locked file systems in the CCSON and the Department of Human Resources. Cecil College uses Iron Mountain, Inc., as required, for long term file storage and shredded disposal of confidentially-held materials. These processes are promulgated within the scope and policy of the college.

C.: Supporting information indicates that the Dean of the CCSON program submits reports to the MBON as required in COMAR 10.27.03.06C.

**.07 NURSING PROGRAM ADMINISTRATOR:** Dr. Christy Dryer, Dean of Nursing and Health Professions, serves as the nursing program administrator for the CCSON and meets the qualifications identified by the *MBON/Nurse Practice Act, January 2015*. She has current licensure in the state of Maryland, holds a bachelors' degree in nursing from Indiana University of Pennsylvania; a masters' degree in nursing from the University of Delaware; and a Doctorate in Nursing Practice (DNP) from the University of Maryland School of Nursing. She has served in her current administrative role since 2007. Her role as Dean gives her full authority to execute the nursing education program. Dr. Dryer is a direct report to the Vice President of Academic Programs who, in turn, reports to the President of Cecil College. She serves in leadership roles at county, state and national levels.

With input from the nursing faculty and in accordance with Cecil College financial planning standards, she prepares and administers the budget. She maintains oversight of policy development, implementation and evaluation for the nursing program.

Policies governing student admission, progression, withdrawal, reinstatement, evaluation, and graduation were reviewed during the MBON site visit. Evidence of implementation processes was documented in the *CCSON Student Concerns Manual*. This manual provided information regarding specific student concerns and actions rendered on a case-by-case and monthly basis. Policies are promulgated in accordance with Cecil College and CCSON standards and are published in the *Cecil College Catalog 2015-2016, the Nursing Student Manual, and the MyCecil website*.

Dr. Dryer, in collaboration with the nursing faculty team and with regards to the respective community agencies' policies, determines student/teacher ratios and the number of faculty (full time and adjunct) required to implement the nursing educational requirements. Contracts are up-to-date with identified agencies and meets MBON requirements noted in COMAR 10.27.03.07.

**.08 FACULTY AND CLINICAL INSTRUCTORS:** There are six full time nursing faculty and a nurse administrator. The nurse administrator provides didactic education only. There are nine to eleven adjunct nursing faculty members employed in the CCSON program. All faculty are licensed as registered nurses in the state of Maryland. Full time and adjunct faculty meet clinical nurse faculty qualification requirements specified in *COMAR 10.27.03.C.1.a/b/c/d*. The program meets *COMAR 10.27.03.C.2* requirements. Waiver of graduate degree requirements for nursing faculty was not applicable to the CCSON program.

D.1: The six full time faculty members, in collaboration with the nurse administrator (Dr. Dryer), are responsible for planning, implementing, evaluating, and revising the educational program. Minutes of the CCSON Faculty and Curriculum meetings fully demonstrate the active involvement of all faculty. The size of the faculty body allows for full incorporation of the total faculty in all aspects of the nursing education program. They are afforded the opportunity to voice opinions and to collectively finalize programmatic decisions. Their ability to communicate

and collaborate with each other is exceptional. The faculty have established a decorum which supports a united and cohesive approach to student learning and program implementation. The faculty are members of college-wide committees and have direct input to campus-wide initiatives, thus supporting the college while enhancing the educational endeavors of the CCSON.

D2. There are services available through the Cecil College Admissions, Registration, and Advising Offices which support six to eight hundred (600-800) pre-nursing students. These services are an integral component to meeting the needs of prospective and newly enrolled students. They monitor the progression of students completing pre-requisite requirements for entry to the nursing program and consult with the Dean of Nursing on an as-needed basis. As students are admitted to the nursing program, the six full time nursing faculty administer and address the progression requirements of all matriculating nursing students.

The review of CCSON documents indicates that the faculty act as a whole in the development, and implementation standards for admission, progression and graduation of nursing students. Six full time faculty participate in advisement, guidance of students, as well as evaluation of student performance. Formative and summative evaluation processes are well documented in the CCSON program.

The review of faculty records (full time and adjunct faculty) show evidence of maintaining current clinical skills. Three full time faculty have doctorate degrees. Two full time faculty have publications related to their respective areas of expertise and three have completed local/national presentations. Full time faculty maintain appropriate nursing licensure and certifications that are incorporated in their confidentially-maintained faculty files.

The full time faculty have an established plan which makes all course/learning materials accessible to students. They incorporate the use of BlackBoard® software to effectively communicate all relevant course materials. Courses posted on BlackBoard® were made accessible to the MBON representatives during the site visit. Appropriately, no confidentially-defined data, i.e., student grades, were included in this information access. By way of example, course syllabi, references, and clinical evaluation tools were easy to access within the BlackBoard® software system. These materials are made available to all enrolled nursing students based on course and program progression.

Faculty participate in the recruitment, selection and promotion of faculty. This is a very stable faculty team. Five of the six full time faculty and the nurse administrator have been members of the nursing team for ten or more years. The two newest members of the team have four years of employment with the CCSON. A mentoring program exists that supports the successful inclusion of new faculty members.

**.09 FACULTY POLICIES:** The *Cecil College Faculty Handbook* incorporates personnel policies and is available online through the *MyCecil* website and the *Cecil College Handbook* for full time and adjunct faculty. It includes information regarding faculty governance, teaching load and evaluation. Nursing faculty follow established personnel policies for Cecil College. The CCSON has recognized personnel policies governing teaching load and evaluation specific to the

nursing profession and in accordance with accreditation standards. These policies are approved by Cecil College in recognition of the inherent requirements for nursing education.

**.10 FACULTY ORGANIZATION:** The CCSON program is organized by levels (semesters). Each level has a faculty coordinator who is, at a minimum, master's prepared which meets MBON requirements. Duties include coordinating lecture and clinical schedules, hosting level meetings, and entering student grades (*Cecil College Associate Degree Nursing Program Fall 2015 Self Study*). All faculty participate in faculty meetings, curriculum meetings, program evaluation meetings, and student progression/concerns meetings. Manuals were reviewed which support these endeavors and showed deliberations and actions instituted to address student and programmatic needs over a three year period.

**.11 FACULTY DEVELOPMENT AND EVALUATION:** The College provides support for nursing scholarship endeavors. Faculty maintain scholarship through, by way of example, attending/facilitating professional development workshops and pursuing formal academic studies (*Cecil College Associate Degree Nursing Program Fall 2015 Self Study*). A review of faculty records provided supporting evidence regarding ongoing scholarly development.

Faculty evaluation is described in the Faculty Performance Evaluation policy and conducted by the Dean of Nursing or her designee on an ongoing basis. The evaluation policy is found in the *Faculty Handbook*. Peer, student, and agency-based evaluations were reviewed for all full time faculty and a representative sample of adjunct faculty during the site visit. Documents supported the policy for the faculty evaluation process.

**.12 RESOURCES, FACILITIES AND SERVICES:** 1.) **Clinical Facilities:** A site visit was conducted at Union Hospital/Obstetrical unit in Elkton, Maryland, by way of example. The CCSON was well-received in the clinical setting. Ms. Chivon Krampton, CCSON adjunct faculty, provided an overview of the clinical experience and course expectations. Three of five students engaged in the clinical rotation were interviewed on location. All were supportive of the setting, personnel and clinical instructor. Ms. Cathy Butenewicz, Director for Patient Services (hospital representative) and Ms. Toby Robinson, Nurse Educator (hospital representative), provided insight into unit operations and patient care requirements in accordance with hospital standards. Both were supportive of the CCSON program. They confirmed that there is a reciprocal process in place for giving and receiving evaluations of student/agency experiences, through the Dean of Nursing for the CCSON program. The hospital has 122 beds supporting community service needs in Obstetrics, Pediatrics, Medical/Surgical and Cardiac care. The Vice President for Nursing and Patient Care Services is a member of the CCSON Advisory Board.

2.) **Campus Facilities/Resources:** A tour of the Cecil College campus was conducted. The nursing program resources are commiserate with other academic areas and are sufficient to meet program needs. These services include, by way of example, a robust reading and writing lab (staffed with masters' prepared faculty); a new math and engineering center, with tutoring

services (opened in 2014); a fully operational library with technology supports available six days per week. There is a nursing faculty liaison to library services and is actively engaged in streamlining and maintaining current nursing literature. The library includes copies of the nursing program textbooks. There are fifty computer stations available for student access. Interlibrary loan is available for student usage. There is an orientation extended to nursing students to insure familiarity with use of on-campus/online resources. Students can access services online and have remote access for assistance through the library services.

**.13 CURRICULUM:** The CCSON nursing faculty maintain oversight for the established nursing curriculum. The curriculum is logically defined and has a reasonable sequential flow with clearly articulated outcomes (*Cecil College Associate Degree Nursing Program Fall 2015 Self Study*). The supporting documents, provided for the MBON reviewers through access to the *MyCecil* website, complement the information described in the self-study. The student learning outcomes, course outcomes and terminal program outcomes are the same. The level of complexity in nursing practice is articulated in each course syllabus and is sequentially-defined in accordance with student advancement in the four-semester program.

The Neuman Systems Model (2011) is identified as the framework of reference used by the CCSON program. Elements addressed in the model and utilized in the curriculum include: the client (client system throughout the life span); environment (internal/external factors of influence); health (continuum of care/independence); nursing (stabilization and maintenance of the client system/evidence-based); teaching/learning (lifelong process for students as well as the client system they serve/evidence-based). Threads of the Newman System Model are incorporated within each course of study and provide a holistic approach to the delivery of nursing care and student development into nursing practice. The curriculum plan, the curriculum objectives, course and terminal program outcomes appear appropriate to meet the expectations of entry level associate degree graduates into professional nursing practice.

Student clinical experiences are designed to enhance didactic learning and are offered concurrently within the defined and sequential courses of study. Evaluation methods and tools were reviewed through the *MyCecil* website and appear to support student learning and growth. Ratios of classroom to clinical hours for each clinical nursing course were clearly articulated for the CCSON.

Clinical preceptors are utilized in the RN Immersion course offered in the fourth semester of study. The clinical preceptors meet the requirements specified in *COMAR 10.27.03.M.1/2/3*.

Students meet requirements for arts and humanities, social and behavioral sciences, biological and physical sciences as a part of their pre-nursing course requirements. They are encouraged to complete these endeavors prior to entry into the CCSON program.

**.14 STUDENTS:** The Cecil College environment is one of inclusion and student-supported. The MBON reviewers met with sixteen (16) nursing students during the site visit. Student attendees were enrolled in the first and final semesters of matriculation in the program. They believed the CCSON program was positive, student-focused, and a program which encouraged them to be

successful. Faculty were identified as accessible in person, by phone and by email, as needed, to assist them in learning endeavors. They were aware of and had been encouraged to become members of faculty committees. However, they were not able to participate due to work and family-related requirements. They were aware of the nursing student association and periodically did attend meetings. Access to campus-wide services was not an issue. Several had used the services of the writing and math labs for tutorial support and found them helpful to meeting their learning needs. They spoke positively of the support offered through the Admissions, Registration, and Financial Aid offices during pre-nursing and nursing program time periods.

The policies governing students' rights and responsibilities and student grievances were published in the *Cecil College Catalog 2015-2016*, *The Nursing Student Manual 2015-2017*, and available online through the *MyCecil* website. Students confirmed their awareness of these policies and locations for review.

A representative sample of student records was reviewed during the site visit. These student records were complete and maintained in the CCSON Administrative Office under a double-locked security system. When students leave the program through graduation or attrition, their final records are maintained in a separately double-locked secured filing system within the CCSON program.

**.15 EVALUATION:** CCSON meets this regulatory requirement as evidenced by the following:

- A. The *CCSON Systematic Program Evaluation Plan 2013 – Present*, *CCSON Faculty Minutes 2013 – Present*, *CCSON Curriculum Minutes*, *Cecil College Catalog*, and a faculty interview session were incorporated to assess the development and implementation of the CCSON program evaluation processes.
- B. The plan included many components of the program: administration and faculty; cooperating agencies; current students and graduates; curriculum design and usage; and congruency of the nursing program with college-wide mission, values and evaluation requirements. The evaluation time intervals are annually for the majority of the criterion standards. The methods used for evaluation include, by way of example, learning surveys, satisfaction surveys (community-based, college-wide and nursing programmatic components noted), and financial aid compliance analyses (monitored under the leadership of the Financial Aid Director at Cecil College). There was evidence of actions taken related to issues identified throughout the CCSON evaluation processes.
- C. The CCSON program is meeting its objectives and outcomes and the changing needs of nursing and society, based upon the review and findings established during the MBON site visit completed in October 2015.
- D. The *CCSON Systematic Program Evaluation Plan 2013 – Present* incorporated recommendations for programmatic revisions and an action plan for each criterion, as relevant, for future CCSON program direction.

## **.16 LICENSURE EXAMINATION PERFORMANCE**

### **ADN NCLEX-RN® Pass Rates**

<b>Year</b>	<b>Pass Rate</b>	<b>MD Required Pass Rate</b>
<b>2015</b>	<b>93.88%</b>	<b>74.28%</b>
<b>2014</b>	<b>83.72%</b>	<b>74.30%</b>
<b>2013</b>	<b>95.35%</b>	<b>78.33%</b>
<b>2012</b>	<b>85.96%</b>	<b>80.03%</b>
<b>2011</b>	<b>97.62%</b>	<b>78.95%</b>
<b>2010</b>	<b>90.33%</b>	<b>79.92%</b>

## **RECOMMENDATIONS**

1. Continued three year approval for the RN nursing program with an interim report due in three years (COMAR 10.27.03.15 E, F (2)). Five years is the total maximum Board approval.

## **PROGRAM STRENGTHS**

- Cecil College has a culture of inclusion—very student-oriented.
- CCSON faculty are dedicated to the success of their students and foster team unity to insure educational continuity in the program. Five of the seven faculty members have been a part of the educational team for more than ten years.
- Cecil College Administration holds the CCSON program in high regards and supports the educational experiences of matriculating students and the needs of the faculty.
- CCSON has multiple articulation agreements in place with area baccalaureate nursing programs to foster student lifelong learning endeavors. CCSON will initiate dual admission options with Towson University in 2016 (contract is completed) and are pending contract completion with the University of Maryland School of Nursing.
- The CCSON program has a comprehensive, sequentially-defined and evidence-based curriculum plan.
- CCSON has an established systematic plan of program evaluation and incorporates continuous quality improvement methods to address program needs.
- CCSON has a Students' Concerns Committee which addresses, on a monthly basis, student issues related to course progression, reinstatement, clinical makeups, student

standing in the program, and withdrawals. The tracking system and outcomes are clearly articulated in the minutes of each meeting.

- CCSON has an engaged Advisory Board that offers valuable insight into current trends, needs and practices in community-based/hospital-based settings.



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## 2.C.3

To: Maryland Board of Directors

From: Patricia Kennedy, Director of Education

Date: March 23, 2016

Re: Frederick Community College Nursing Program Requests Suspension of PN Certificate Program

Frederick Community College Nursing Program Requests Suspension of the PN Certificate program for a period of at least three (3) years because of four (4) consecutive years of drastic decreases in enrollments. Bi-annual workforce assessments will be conducted to determine whether favorable conditions exist to re-open the program.

**Recommendation:** Approval of the request.

# Request for FCC Licensed Practical Nurse Certificate Suspension

Feb 23 Reply

Dear Pat,

The FCC Nursing Program is requesting to suspend the Licensed Practical Nurse Certificate Program (LPN) for a period of no more than three years, as per MHEC guidelines, beginning Fall 2016. During the suspension period, bi-annual workforce scans will be conducted to assess the LPN demand in order to determine program resumption date. The program has endured drastic enrollment declines over the past four (4) years. Since 2013, FCC's LPN enrollment has decreased by 33.33% (i.e., 2013-6 enrolled, 2014-9 enrolled, 2015-6 enrolled, and 2016 – 4 enrolled) with an overall annual average of six (6) students enrolled as a PN major.

Please let me know if I need to include anything else in this request.

Best Regards,

Vanessa L. Lovato, RN, MS  
Director of Nursing Education  
Frederick Community College Nursing Programs  
7932 Opossumtown Pike  
Frederick, Maryland 21702  
[vlovato@frederick.edu](mailto:vlovato@frederick.edu)  
301.846.2607240-629-7942 Fax



## 2.C.4

To: Maryland Board of Directors  
From: Patricia Kennedy, Director of Education  
Date: March 23, 2016  
Re: Towson University, new Department of Nursing Chair

As of February, 2016, Haley Mark, PhD, MPH, RN, FAAN has served as Professor and Chair of the Department of Nursing, Towson University. Dr. Mark has over 20 years as a nurse, more than four (4) years as a baccalaureate program administrator, 10 years as baccalaureate faculty (COMAR 10.27.03.07A(c)(2)) and experience as a public health and staff nurse. She has both a public health and nursing masters'. Dr. Mark meets the nursing program administrator criteria (COMAR 10.27.03.07B).

## Curriculum Vitae

### PERSONAL DATA

Hayley D. Mark, PhD, MPH, RN, FAAN

#### **Office**

Towson University  
Department of Nursing  
8000 York Road  
Towson, MD 21252  
Phone: 410-704-3028  
hmark@towson.edu

#### **Home**

4 Wellford Lane  
Millersville, Maryland 21108  
Phone: 410-340-5554

### EDUCATION

<u>Year</u>	<u>Degree Earned</u>	<u>Institution</u>	<u>Location</u>
2004	Postdoctoral Fellow	Johns Hopkins University	Baltimore, MD
2004	MSN	Johns Hopkins University School of Nursing	Baltimore, MD
2002	PhD	University of Pennsylvania School of Nursing	Philadelphia, PA
1993	BSN	Johns Hopkins University School of Nursing	Baltimore, MD
1991	MPH	University of North Carolina School of Public Health	Chapel Hill, NC
1988	BA	Psychology and Sociology Connecticut College	New London, CT

### CURRENT LICENSE AND CERTIFICATION

<u>Year</u>	<u>Source</u>	<u>License#</u>	<u>Expiration</u>
2013	Maryland RN License	R162498	06/2017

### SELECTED PROFESSIONAL EXPERIENCE

<u>Years</u>	<u>Position</u>	<u>Institution</u>	<u>Location</u>
2016-	Professor and Chair	Towson University Department of Nursing	Towson, MD
2013-2016	Director	Johns Hopkins University	Baltimore, MD

	Baccalaureate Program	School of Nursing	
2014-	Associate Professor	Johns Hopkins University School of Nursing	Baltimore, MD
2012-2013	Undergraduate Coordinator	Johns Hopkins University School of Nursing	Baltimore, MD
2004- 2014	Assistant Professor	Johns Hopkins University School of Nursing	Baltimore, MD
1997-1998	Public Health Nurse II	Durham County Health Department	Durham, NC
1995-1997	Public Health Nurse I	Durham County Health Department	Durham, NC
1993-1995	Staff Nurse	Radiation Oncology Clinic Duke University Medical Center	Durham, NC
1992-1993	Nursing Assistant	Johns Hopkins University Hospital Medical-Surgical unit	Baltimore, MD
1989-1991	Contraceptive Health Education Counselor	University of North Carolina Student Health Services	Chapel Hill, NC

### **HONORS AND AWARDS**

2014	Fellow, American Academy of Nursing
2013	Diversity Recognition Award, Johns Hopkins University
2012	Leadership Program for Women Faculty, 2012-2013 cohort, Johns Hopkins University School of Medicine
2010	New Investigator Award, Johns Hopkins University School of Nursing
2009	Faculty Research Fellowship, Johns Hopkins University School of Nursing
2002	Fellow, Association of Teachers of Preventive Medicine
2002	National Institute on Drug Abuse Women and Gender Junior Investigator Travel Award
2001	Sigma Theta Tau International Honor Society
1999	National Institute of Nursing Research (T32) Predoctoral Fellow
1988	With Honors in Major Field, Connecticut College, New London, CT

STATE OF MARYLAND



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

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4a

**MEMORANDUM**

TO: Maryland Board of Nursing  
FROM: Michelle H. Duell, Deputy Director  
RE: Educational Institution Reciprocity  
DATE: March 23, 2016

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In the past, approval of nurse practitioner educational programs has required both Maryland Higher Education Commission (MHEC) and Maryland Board of Nursing (MBON) authorization if student clinical sites were to be in Maryland. I would hereby like to bring to your attention the National Council for State Authorization Reciprocity Agreements (NC-SARA).

NC-SARA began in January of 2014. NC- SARA is a agreement among states, districts and territories that establishes comparable national standards for interstate offering of post-secondary distance learning education courses and programs. It is intended to make it easier for students to take online courses offered by post-secondary institutions based in another state.

As of this date, thirty-seven (37) states have become members of NC-SARA. Maryland is one of those states. What this means for Maryland is that any college or university based in a NC-SARA member state is automatically MHEC approved.

There are basic notification requirements as to the number of clinical students placed. Prior to NC-SARA, if an institution had greater than 5 students doing clinicals in Maryland, the institution was required to seek MHEC approval.

(Continued)

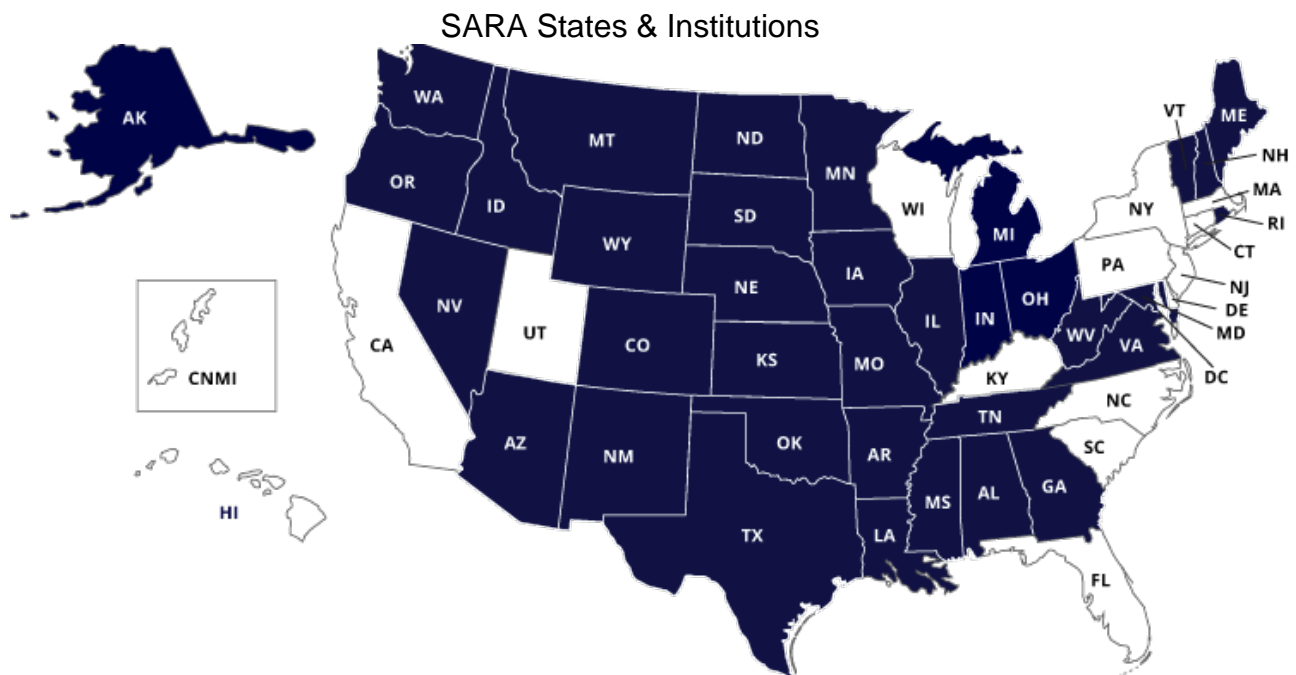
As a member of NC-SARA, MHEC is only required to be notified if there are greater than 10 students per program, per site. The program could have multiple sites, which equates to the possibility of having many clinical students in Maryland who won't need additional approval.

If an institution is **not** NC-SARA approved, an online registration must be completed with MHEC. The issue at this point is knowing when a non NC-SARA approved school has met the registration requirements **and** is MHEC approved.

The list is periodically updated. At this time, the MBON is working with MHEC to determine a mutually acceptable way to keep abreast of which institutions are non NC-SARA but MHEC approved.

## NC-SARA

National Council for State Authorization Reciprocity Agreements



*SARA states are highlighted on the map.*

Click on the state abbreviations to view participating SARA institutions.

[Click to view](#) all participating SARA institutions\* (updated: February 24, 2016)

*\*Note "SPA Approved" status means institution has been approved for SARA membership however payment is pending*



UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION

THE ASSISTANT SECRETARY

March 10, 2016

Mary Kay Goetter  
Executive Director  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland 21215

Dear Ms. Goetter:

I am writing to inform you of my decision on the renewal of recognition of the Maryland Board of Nursing (MDBN). Department of Education staff and the National Advisory Committee on Institutional Quality and Integrity (NACIQI) have each made recommendations to me. These recommendations were made under Section 114 of the Higher Education Act of 1965, as amended (HEA), Section 801 of the Public Health Service Act, and pursuant to published criteria.

Both the staff and the NACIQI recommended that I grant MDBN renewed recognition for a period of four years. I concur with the recommendations of Department staff and of the NACIQI. Accordingly, for a period of four years from the date of this letter, I shall continue to list the MDBN as a recognized State approval education for nurse education in Maryland.

Please convey my best wishes to the members of the Board. I appreciate their continuing efforts to improve the quality of postsecondary education in the United States.

Sincerely,

Lynn B. Mahaffie  
Deputy Assistant Secretary for  
Policy, Planning, and Innovation  
Delegated the Duties of Assistant Secretary  
for Postsecondary Education





## NURSE LICENSURE COMPACT

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601  
312.525.3600 [nursecompact.com](http://nursecompact.com)

### Issue

Modern health care delivery requires that nursing care, today and in the future, be dynamic and fluid across state boundaries, but the 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet this need.

### Solution

The enhanced Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level.

- The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states.
- There are 25 member states in the current NLC.

### Benefits of the NLC

- Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
- Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitates telenursing and online nursing education.
- Cost Effective
  - Nurses do not have to obtain an additional nursing license(s), making practicing across state borders affordable and convenient.
  - The compact removes a burdensome expense not only for nurses, but also organizations that employ nurses and may share the expenditure of multiple licenses.

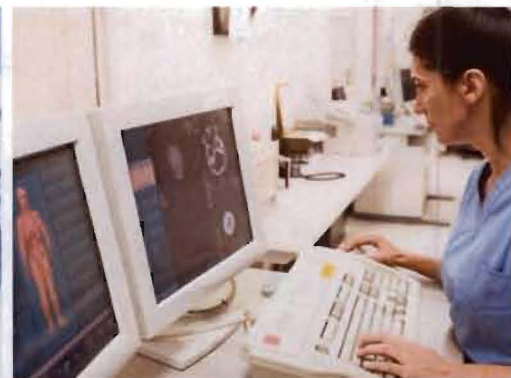
### Proven, Safe and Efficient

- The NLC has been operational and successful for more than 15 years.
- All the safeguards that are built into the current state licensing process are required before a nurse is issued a multistate license.
- The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.
- Less than 1 percent of U.S. nurses ever require discipline by a board of nursing (BON), but if discipline is needed, swift action can be taken by the BON regardless of the state where the nurse is licensed or practices. When a nurse is disciplined, the information is placed into the national licensure database, [nursys.com](http://nursys.com).
- All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.

### A Modern Nurse Licensure Solution for the 21st Century

The enhanced NLC increases access to health care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery – for today and in the future.

To join the NLC, states need to enact the enhanced NLC model legislation and implement a federal criminal background check system for nurse licensure.



Unlocking Access to Nursing Care Across the Nation





## Our Mission

The Nurse Licensure Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

# MAKE YOUR VOICE HEARD

## *Support the NLC!*

For more information about the enhanced NLC, visit [nursecompact.com](http://nursecompact.com).

If you have a specific question, contact [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org).

## Some of the Organizations Supporting the NLC include:

- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Nephrology Nurses Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- Citizen Advocacy Center (CAC)
- Commission for Case Manager Certification
- Emergency Nurses Association (ENA)
- Health IT Now
- National Military Family Association
- National Governors Association Center for Best Practices
- National Patient Safety Foundation
- Population Health Alliance
- Telehealth Leadership Council
- U.S. Department of Commerce





Key policy changes from the current NLC are bolded.

## Article I Findings and Declaration of Purpose

- Facilitate the states' responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

## Article II Definitions

Reference model legislation at [nursecompact.com](http://nursecompact.com).

## Article III General Provisions and Jurisdiction

- **Eligibility and uniform licensure requirements for a multistate license**
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws
- Nurse compliance with state practice laws
- Exclusion of advanced practice nurses (APRNs). There is a separate compact for APRNs called the Advanced Practice Registered Nurse Compact.
- **Grandfathering provision**

## Article IV Applications for Licensure in a Party State

- Required verification of licensure information via the coordinated licensure information system
- Limitation to one home state license
- Outlines process for change of primary residence/home state

## Article V Additional Authorities Invested in Party State Licensing Boards

- Provides authority to
  - Take adverse action against a multistate licensure privilege
  - Allow states to revoke a nurse's privilege to practice when a nurse is under investigation
  - Issue subpoenas
  - **Obtain and submit criminal background checks**
- Requires deactivation of multistate licensure privileges when license encumbered

## **Article VI Coordinated Licensure Information System and Exchange of Information**

- Requires participation in a coordinated licensure information system
- Requires the boards of nursing to promptly report to the database any adverse action taken on a nurse, any information gathered during an investigation on a complaint against a nurse; and notification of any nurse that has been enrolled in an alternative to discipline program.
- Provides for exchange of information with other party states

## **Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators**

Establishes the governing body as a public agency known as an "Interstate Commission."

## **Article VIII Rulemaking**

Allows for rules to be adopted directly by the Commission. Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

## **Article IX Oversight, Dispute Resolution and Enforcement**

Ensures compliance with the NLC by member states. The procedures to be followed in the event of a failure by a party state to comply with the NLC include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the NLC in the event no other means of compliance has been successful.

## **Article X Effective Date, Withdrawal and Amendment**

Addresses the method for states to enter, withdraw from or amend the NLC.

## **Article XI Construction and Severability**

Provides for the compact to remain valid in a state when any provision is declared to be contrary to a party state's constitution.





#### **Why should our state join the Nurse Licensure Compact (NLC)?**

Dramatic changes are occurring in health care delivery. It is common for patients to travel across state lines for health care. Nurses often provide care across state borders both physically and electronically. The single state license (one license for every state in which the nurse practices) is not economical for nurses or employers. The current licensure model limits mobility of nurses and access to care for patients. In addition, it requires nurse educators that teach online students across the country to hold multiple licenses. The 100-year-old licensure model needs updating and the NLC offers an innovative approach that is safe and in lockstep with 21st century health care.

#### **How does the NLC benefit our state?**

- Creates a model that allows nurses to practice freely among member states while still allowing states to retain autonomy and the authority to enforce the state nurse practice act.
- Eliminates redundancy, duplicative regulatory processes and unnecessary fees.
- Improves access to licensed nurses during a disaster or other times of great need for qualified nursing services.
- Benefits military spouses with nursing licenses who often relocate every two years.

#### **How does the NLC keep patients safe?**

**All nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a fingerprint federal criminal background check.** These requirements are based on the highest regulatory standards for licensed health care professionals. Nurses who fail to meet these requirements will not be eligible for a multistate license, and multistate privileges will be removed from nurses when disciplinary actions are taken against a home state multistate license.

#### **Who supports the NLC and why?**

In a nationwide survey (2014), 70 percent of nurses support their state joining the NLC. The NLC has removed barriers and impediments to borderless practice. State hospital associations and health care facilities in every state support the NLC, as well as numerous nursing organizations.

#### **Why is this idea coming forward now?**

The NLC is not a new idea. It has been in existence for 15 years, with 25 participating states, and has proven itself effective and safe. Recently all state boards of nursing met to add enhancements to the NLC to make it safer and better than ever.

#### **How does the NLC support states' rights?**

While the NLC has a minimum set of licensure requirements that all nurses must meet before obtaining a multistate license, a state entering the NLC still maintains its standards, scope of practice and discipline procedures. The NLC is the best way to regulate the practice of nursing while facilitating interstate practice and allowing each state to have jurisdiction over remote state nurses practicing within the state.



**What is the fiscal impact on my state by joining the NLC?**

There is a nominal annual fee (currently \$6,000) for NLC membership, though the overall fiscal impact of the NLC is unique and varies from state to state. NCSBN offers states grants of financial assistance to help offset the expense of joining and implementing the NLC. NCSBN is also funding the ongoing operational expenses of the compact governing body, the Interstate Commission of Nurse Licensure Compact Administrators.

**Who opposes the NLC and why?**

In a few states, some nurse unions oppose the NLC; however, in the 25 current compact member states, no empirical evidence suggests that the NLC has ever been the basis for interfering in, or acting as an impediment to, lawful activities of any union acting on behalf of its member nurses. In fact, the model compact statute includes an enabling provision explicitly stating that "this compact does not supersede existing state labor laws."

**Does our state belong to any other compacts like this?**

While the NLC is the first interstate compact for a licensed profession, each state is already a member of an average of 25 interstate compacts. The NLC facilitates cross-border practice of nursing whether physically or via telehealth and puts critical systems in place that help keep patients safe. In 2015 the advent of new interstate licensure compacts for physicians, emergency medical technicians, psychologists and physical therapists began. Many states are introducing legislation regarding these additional compacts as well.



6.

MEMORANDUM

FROM: Shirley A. Devaris, RN, JD  
 Director, Policy Analysis and Legislation  
 TO: The Board  
 DATE: March 23, 2016  
 IN RE: Legislative Status Report

**Bills that effecting practice**

Bill Number	Title	Summary	Status
SB 66	<u>Professional Corporations – Approval of Corporate Name by Licensing Unit and Professional Organization - Exemption</u>	The bill exempts all Health Occupation Boards together with professional associations from having to approve corporate names. The Dental Board wishes to keep that requirement.	Board supports. Passed Senate and crossed to House. House hearing on 3/16/2014.
SB 71/HB 771	<u>Public and Nonpublic Schools – Student Diabetic Management Program</u>	The bill will establish a program to train volunteer school employees in diabetic management for students who have DM. There is no oversight by the school nurse and a plan for DM management is to be developed with the family and the treating physician.	Passed Senate and crossed to House. House Bill hearing on 3.14.2016.  Board took no position in the Senate but did submit a Letter of Concern in the House. The Department is developing a program to deal with DM patients in schools and opposes

			unlicensed and uncertified individuals managing DM without oversight from a school nurse.
SB 298/HB 1492	<u>Task Force to Study the Nurse Shortage in Maryland</u>	Study will look at the shortage of BSN programs in Maryland and allowing Community Colleges to offer a BSN.	Board supported. Heard in both Houses. Still in committees.
SB 393/HB 490	<u>Maryland Nurse Practice Act – Peer Review and Advisory Committees and Penalties</u>	Restores misdemeanor penalty for fraudulent practice, establishes Peer Review Advisory Committees to assist the Board as needed, and increases some fines in keeping with other Boards.	Passed both Houses with and crossed over to opposite House. Both bills will be amended to conform amendments.
SB411/HB 1494	<u>Income Tax - Credit for Physician Preceptors in Areas With Health Care Workforce Shortages</u>	Bill as drafted provided a tax credit for physician preceptors in underserved areas. It was amended in the Senate to include CRNP preceptors.	Passed Senate with amendments and crossed to other House. House bill hearing 3/11/2106. The bill will be amended to conform with Senate version. Still in House committee.
SB 647/HB 752	<u>Physicians - Prescriptions Written by Physician Assistants or Nurse Practitioners - Preparing and Dispensing</u>	The bill as written allowed physicians to dispense a prescription written by a PA if there was a delegation agreement. It was amended to add Nurse Practitioners practicing on the same office setting.	Board supported as amended. Bills passed both Houses and crossed to opposite Houses. Both will be amended to conform amendments.
Senate Bill 1083	<u>Secretaries of Principal Departments – Supervision and Review of Decisions and Actions by Units Within the Department</u>	A/G bill that is to provide supervision of units in an agency and authority to overturn a unit's (Board) final decision. Bill is response to NC Dental Board v. FTC but is overly broad and does not allow any recourse to a Secretary's decision to overturn an order.	Hearing Wednesday, March 16, 2016 in EHE Committee. Board position is support with amendments. The amendments revise the bill.
House Bill 6	<u>Improper Prescription of</u>	The bill provides that the prescriber will be	Board supported the bill. Bill



	<u>Controlled Dangerous Substance Resulting in Death</u>	guilty of a felony and, on conviction, subject to maximum penalties of imprisonment for 20 years and a fine of \$100,000. or both if the improper prescribing resulted in a death.	voted unfavorable in House Judiciary Committee.
HB 1318	<u>Health Benefit Plans - Network Access Standards and Provider Network Directories</u>	Bill establishes rules for transparency of provider panels and accuracy of the information.	Board took no position on the bill but did oppose an amendment to make the Board's responsible for disciplining providers who did not keep their information up to date. Bill is still in House Committee.

## Direct-Entry Midwifery Advisory Committee Report

BON Liaison/ A'lise Williams, Director of Nursing Practice

March 2016

### Participant Roster:

House Bill 9 requires that 2 of these Board of Nursing approved appointments expire in 2016, 3 in 2017, and 2 in 2018. Members can be reappointed for another term at the time that their appointment expires, and can serve up to 2 consecutive terms. The expiration of current terms is as follows:

2016:

Deana Frank, Consumer Member  
Julia Perkins, Certified Nurse Midwife

2017:

Kai Parker, Direct-Entry Midwife  
Harold Fox, Maryland Hospital Association Member  
Elizabeth Reiner, Direct-Entry Midwife

2018:

Jan Kriebs, Certified Nurse Midwife  
Alexa Richardson, Direct-Entry Midwife

### Committee Meetings:

Scheduled meetings for 2016 are currently scheduled for second Friday of every month

Last meeting held March 11, 2016

(All meetings posted to BON homepage under "Public Meeting" schedule)

### Report of Work:

During the March 11, 2016 meeting the forms for development by the workgroup were finalized (transfer forms, formulary, and informed consent document), there was a review of the data collection form for use by the DEM's, and the Committee Members reviewed the draft regulations submitted by Shirley Devaris. A supplemental packet of information providing additional information regarding medications, licensure information and other relevant practice related items for licensees was discussed and will be developed for distribution to the DEM's.

Roderick Peters representing the Board of Pharmacy was on the conference line to offer input regarding the DEM's ability to obtain medications and supplies identified on the formulary. Mr. Peters is to obtain more information regarding this matter and report back to the Committee Members at a future meeting. Currently the most viable option for obtaining medications and

equipment lies with online medical supply companies. One company in specific (Moore Medical) has indicated that licensure by the Board and knowledge of the Board approved formulary items would be all that is necessary to provide services to the DEM's. Other medical supply companies will be contacted for additional information.

The Administrative Officer II position identified in House Bill 9 remains vacant. The position was offered to a qualified candidate but was ultimately rejected. The third round of interviews will begin the week of March 28, 2016 in efforts to fill this position.

The DEM's Application Development Committee consisting of Board staff and the DEM Advisory Committee Chair met on Tuesday March 8, 2016. The draft initial application and completion instructions were reviewed in their entirety. The Board's IT team is confident that once the contents of the application have been established, the creation of the final version will be an expeditious one. Additions and corrections as directed by Legal Counsel, the Board's IT Department and outlined in HB9 were made to the draft document and will be reviewed by the Application Committee at the next meeting (not yet scheduled). The fees for the initial and renewal application remain to be determined by the Board and will ultimately be added to the regulations.

## CHRC COMMITTEE REPORT

### Tier 1 Threshold Guidelines

Universal condition: The crime is **NOT** committed within the scope of or relating to nursing practice.

Alcoholic Beverages: public intoxication - No convictions in the last year; no more than 5 convictions in the last 3 years.

Bad Check: misdemeanor bad check less than \$1000 and less than \$100 - No convictions in the last year; no more than 5 convictions in the last 2 years.

CDS/Paraphernalia Possession: misdemeanor possession - No convictions in the last two years; no more than 5 convictions in the last 20 years.

False Statement: to a peace/police officer or to official or agency of the State - No convictions in the last year; no more than 2 convictions in the last 10 years.

Motor Vehicles: DUI/DWI (drugs or ETOH) - No convictions in the last two years; no more than 2 convictions in the last 10 years.

Motor Vehicles: failing to remain at the scene of an accident that results only in property damage - No convictions in the last year; no more than one conviction in the last 10 years.

Motor Vehicles: driving on a suspended or revoked license - No convictions in the last year; no more than one conviction over the last 10 years.

Prostitution: soliciting or being paid - No convictions in the last two years; no more than 4 convictions in the last 10 years.

Theft: scheme less than \$1000 or less than \$100 - No convictions in the last two years; no more than 2 convictions in the last 10 years.

First time non-disclosure of criminal history or discipline on application: If licensed/certified, then issue PAL.