

MARYLAND BOARD OF NURSING
BOARD MEETING

OPEN AGENDA

DATE: November 16, 2016
TIME: 9:00 A.M
PLACE: Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland

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

1. Call to Order

- A. Roll Call and Declaration of Quorum
- B. Audience Introduction
- C. Acceptance of Minutes (Amended September Open Session, January and October Open Session)

2. Consent Agenda

- A. Nurse Practitioner Programs (Q. Horton)
 - 1. Saint Louis University, St. Louis, MO, Adult/Gero Acute Care, Masters
 - 2. University of Vermont, Burlington, VT, Psychiatric Mental Health, Masters and Post Masters
 - 3. University of Vermont, Burlington, VT, Adult-Gerontology Primary Care And Family, Doctor of Nursing Practice and Post Masters Doctor of Nursing Practice
 - 4. Wheeling Jesuit University, Wheeling, WV, Family, Masters and Post Masters
- B. Certificate Training Programs / Facilities (C. Redd and Jill Callan) –
 - 1. Request for Renewal CAN/GNA Training Programs
 - a. Golden Living

- b. Baltimore Academy of Nursing Assistants
- c. Perpetual School of Nursing Assistants
- d. Annapolis Christian Schools
- e. Baltimore City Community College
- f. Trinity Nursing Assistant Academy

2. Request to withdrawn approval for

- a. Anne Arundel Hospital
- b. Baltimore Health Department
- c. Bel Air Health and Rehabilitation Center
- d. Crofton Care and Rehabilitation Center

C. Approval of Nursing Course Equivalent for CNA Training

- 1. Norfolk State University
- 2. Warren County Technical School

D. CNA Advisory Committee Member Approval

A'lise Williams, MSN, BSN, RN – CNA Consumer Member Approval

3. Discussion of Items Removed from Consent Agenda

4. Education (Dr. P. Kennedy)

- a. Quarterly Report – Fiscal Year 2017 first quarter
- b. Review of licensure examination performance of first-time candidates from RN/LPN programs (COMAR10.27.03.16)

1. Review of schools with test scores below the acceptable pass rate second successive year: Washington Adventist University; Bowie State University; Morgan State University; Prince George Community College

- 2. Review and approval of letters to be sent to the four school listed in 1.

5. Practice

No Report

6. Licensure & Certification (C. Redd and J. Callan)

No Report

7. Advanced Practice

No Report

8. Administrative and Legislative (S. Devaris)

a. Status of 2017 Board Clean up Bill and Hearing Bill - Information only

1. Status Update

2. Consideration of Amendments to clean up bill regarding qualification for temporary licensure/certificate.

b. Delegate Pendergrass and CEU bill - information only

c. Report to Joint Chairman on FNE on-line training programs.

d. CRNA regulations - information only

e. MAMSS presentation

9. Direct Entry Midwives (A. Tyminski)

a. Data Collection Form

b. Report to House and Senate Committee

**MARYLAND BOARD OF NURSING
GENERAL SESSION MINUTES**

Location: Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215

Date: January 20, 2016

Board Members Present

Mary Lou Watson, Board President
Cheryl Dover, RN Member
Lorna House RN Member, Board Secretary
Jocelyn Lyn-Kew, LPN Member
Charles Neustadt, Consumer Member
Bonnie C. Oettinger, RN Member
Lois Rosedom-Boyd, Consumer Member
Mary Wheaton, LPN Member

Staff Present

Dr. Mary Kay Goetter, Executive Director
Michelle Duell, Deputy Director
Sarah Pendley, AAG, Board Counsel
Michael Conti, AAG, Board Counsel
Katherine Giblin, AAG, Board Counsel
Keva Jackson-McCoy, Director of Discipline
Nicole Thompson, Paralegal
Sharon Bloom, Interim Administrative Assistant
A'lise William, Director of Nurse Practice
Shirley Devaris, Director of Policy Analysis and Legislation
Elaine Cone, RN, Director of Investigations
Cheyenne Redd, RN, Director of Licensure and Certification
Dorothy Haynes, Director, Background Investigations
Patricia Kennedy, PhD, RN, Director of Education
Cheryl Cooper, Interim Managerial Assistant

Item	Comment/Action
1. Meeting called to order at 9:05AM	Board President, Mary Lou Watson called the meeting to order. Roll call taken and quorum was announced. Guests were welcomed and the introduced themselves.
2. Consent Agenda	After review, it was moved and seconded (Dover, House) to approve the Consent Agenda. Motion carries.

	<p>a. Nurse Practitioner Programs (M. Duell)</p> <ol style="list-style-type: none"> 1. Barnes-Jewish College, St. Louis, MO Adult and Adult Gerontology Primary Care, Masters 2. Kaplan University, Chicago, IL, Adult-Gerontology and Family, Post Masters and Masters 3. Kirkhoff College/Grand Valley State University, Grand Rapids, MI, Family, Post Masters and Masters 4. Lewis University, Romeoville, IL, Adult Gerontology Primary Care and Family, Masters, and Certificate of Advance Study 5. Lewis University, Romeoville, IL, Adult Gerontology Acute Care, Masters 6. Duke University, Durham, NC Adult Gerontology Acute Care, Adult Gerontology Primary Care, Family, Neonatal, Pediatrics Acute Care, Pediatrics Primary Care, and Women’s Health Masters and Post Graduate Certificate 7. LaSalle University, Philadelphia, PA, Adult Gerontology Primary Care and Family, Post Masters and Masters 8. Messiah College, Mechanicsburg, PA Family, Doctor of Nursing Practice <p>b. Nursing Assistant Training Programs for Approval (A. Williams)</p> <p>c. National Advisory Committee on Institutional Quality and Integrity (NACIQI) Recommendation - Renew the (MBON) agency’s recognition for a period of four years (P.Kennedy)</p> <p>d. Interim Report from the Direct Entry Midwifery Stakeholder Group (A.Williams)</p>
3. Discussion to remove any items from the consent agenda	No report
5. Practice	No Report
6. Licensure and Certification	No Report
7. Advanced Practice	No Report
8. Administrative and Legislative	COMAR 10.27.06 – CRNA –amended regulations - two major provisions that we amended was to take out the requirement that our CRNAs name somebody that they collaborate with, either a dentist, physician or an anesthesiologist because it is pretty must just like the attestation. The another one was that we add podiatrists to it, to

	<p>the practitioners, that they can assist with anesthesia. It has no meaning, and no one ever asked to look at those declarations. So as a result of the hold and a lot of help from the Maryland Nurse Anesthetists or CRNA Association we had a meeting with Delegate Hammond, Delegate Rosenberg, and Bill Kress who is a lobbyist for the CRNAs in Maryland. Delegate Rosenberg is willing to lift that hold depending upon what Delegate Morhaim says. If Delegate Morhaim is not prepared to lift it, then they will stay on. In the meantime, we're going to see if Delegate Hammond will speak to Delegate Morhaim, and ask him to lift the hold. Shirley is going to talk to the Secretary and ask him if he'd be willing to do a 30 letter. Shirley believes there is a possibility that legislation will be introduced to take care of this in this coming session. We are hoping we can get the hold lifted. Shirley, we send an e-mail around if it gets lifted before then.</p> <p>SB 66 – approval of names for professional practices – this is a bill that will eliminate the requirement that professional associations approve business names. Senator Waugh, at the request of the Maryland Association of Advance Practice Clinicians, submitted the bill for us and it will be heard on the 27th of January.</p>
9. Committee Reports	<p>Discipline and Rehab (K. McCoy) submitted the rehab committee stats for the reporting period second quarter October 2015 thru December 2015.</p> <p>CNA Advisory Committee (E. Cone) submitted the CNA Advisory Committee stats and participated roster</p>
10. Other	
Adjournment	The meeting adjourned at 9:44 am

**MARYLAND BOARD OF NURSING
OPEN SESSION MINUTES –AMENDED 11/16/2016**

Location: Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215

Date: September 28, 2016

Board Members Present

Sabita Persaud, PhD, RN Member, Board President
Lorna House RN Member, Board Secretary
Jocelyn Lyn-Kew, LPN Member
Charles Neustadt, Consumer Member
Bonnie C. Oettinger, RN Member
Lois Rosedom-Boyd, Consumer Member
Mary Wheaton, LPN Member
Shelia Murphy, RN Member
Gary Hicks, RN Member

Staff Present

Sarah Pendley, AAG, Board Counsel
Michael Conti, AAG, Board Counsel
Katherine Giblin, AAG, Board Counsel
Shirley Devaris, Director of Policy Analysis and Legislation
Elaine Cone, RN, Director of Investigations
Cheyenne Redd, RN, Director of Licensure and Certification
Dorothy Haynes, Director, Background Investigations
Jill Callan, RN, Nurse Program Consultant
Patricia Kennedy, PhD, RN, Director of Education
Lakia Jackson, Paralegal
Cheryl Cooper, Managerial Assistant
Brian Stallsmith, IT

Item	Comment/Action
1. Meeting called to order at 9:06 AM	Board President, Sabita Persaud, called the meeting to order. Roll call taken and quorum was announced. Guests were welcomed.
2. Consent Agenda	After review, it was moved and seconded (Dover, Lyn-Kew) to approve the Consent Agenda. Motion carries. Nurse Practitioner Programs (Q. Horton) 1. Arizona State University, Phoenix, AZ, Psychiatric Mental Health, Masters

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AMENDED-November 16, 2016**

	<p>2. Columbia University, New York, NY, Adult-Gerontology Acute Care, Masters.</p> <p>3. University of Tennessee Health Science Center, Memphis, TN, Psychiatric Mental Health, Doctor of Nursing Practice</p> <p>B. Certificate Training Programs / Facilities (C. Redd and Jill Callan)</p> <p>1. Request for Initial Approval CNA-GNA Training Program Future Care of Irvington</p> <p>2. Request for Approval to Renew CMA Training Program Anne Arundel Community College</p> <p>3. Request for Approval of Course Equivalency for CNA Training a. Franklin County Career and Technology Center b. Kent State University c. Denver School of Nursing</p> <p>4. Devlin Manor GNA Program-Reduction in Clinical Hours</p> <p>C. Acceptance of Minutes (August)</p>
3. Discussion to remove any items from the consent agenda	None
4. Education	None
5. Practice	None
6. Licensure and Certification	Trinity Nursing Assistant Academy's - Request for Approval of Vindobona Nursing and Rehabilitation Center – Clinical Facility – vote was not taken until Sarah reviewed the documents. After document review, it was moved and seconded (House, Rosedom-Boyd) to approve the Trinity Nursing Academy's request for approval of Vindabona Nursing and Rehabilitation Center, clinical facility and the Trinity Nursing Academy school catalog. Motion carries.

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7. Advanced Practice	<p>Quandra Horton stated that two programs were inadvertently submitted for approval at the August 24, 2016 Board Meeting. Ms. Horton is asking the Board to rescind the approval, because these schools have not received additional information from Morningside College, Sioux City, IA, Family Masters and Post Masters Certificate and Morningside College, Sioux City, IA, Adult-Gerontology, Primary Care, Post Masters Certificate.</p> <p>The Board initially said okay but found there was a pending review of documents. After review it was moved and second (Lyn-kew, Oettinger) to rescind the approval of these programs. Motion carries.</p>
8. Administrative and Legislative	<p>a. Maryland Emergency Medical Services Systems (MIEMSS) - Ms. Devaris, who has been the MBON representative, is requesting that someone else represent the Board of Nursing at the MIEMSS meeting. Dr. Persaud suggested that she speak to Ed Suddath from MNA to find someone to replace Shirley Devaris.</p> <p>b. Repeal of 10.53.07.07 C – Electrologist Office – this is an amendment to the Electrology Regulations. – Ms. Devaris is requesting that the MBON no longer provide paper licenses. The licensee can print out the license from “Look Up A License” if they want a copy. Requested that electrologists’ offices no longer be required to display a universal precautions poster. After review it was moved and seconded (Lyn-Kew, Rosedom-Boyd) to accept the recommendation. Motion carries.</p> <p>c. Repeal Obsolete Language 10.27.01 and 10.39.01 – This is a request to amend the section or regulations on issuance of licenses. After review, it was moved and seconded (Oettinger, Dover) to repeal the obsolete language for 10.27.01 and 10.39.01. Motion carries</p> <p>d. 10.39.01.08 – CNA-DT – additional amendment that requires dialysis technician regulations would require a national certification at the first renewal. After review, it was moved and seconded (Dover, Lyn-Kew) to accept the additional amendments. Motion carries.</p> <p>e. Ms. Devaris gave an update on Cohort Meeting for National Council, Enhanced program Nurse Licensure Compact. The meeting welcomed Wyoming, Utah and Oklahoma to the compact; and discussed issues that may be expected with state legislatures this year as the National Council moves to the enhanced program. There are approximately 27 states that will be introducing the Enhanced Nurse Licensure Compact this year. Dr. Persaud asked Ms. Devaris to clarify the difference between the enhanced compact license and the current compact license.</p>

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	<p>Ms. Devaris explained that the enhanced nurse licensure compact clarifies who has the responsibility for discipline; the state board where an RN is practicing, if it's not in the home state, has the right to revoke the compact privilege to practice; what is the core requirement for being licensed; and it established an administrative body, called a commission, to administer the compact. The current licensure compact can still be in place; however, any state not signing into the Enhanced Licensure Compact will be dropped from the established Enhanced Licensure Compact. Mr. Raymond wanted to know if there would be three different types of compact licensures. Ms. Devaris stated that once the 26 states joined the old compact will be pulled out.</p> <p>f. Dr. Persaud has been appointed to Nursing Outcomes and Metrics Committee. This committee is charged to determine factors other than first-time pass repeats that boards of nursing can look at to approve programs. The Committee is charged to develop a white paper for recommending other measures of success for schools of nursing.</p>
9. Committee Reports	No Report
10. Other	<p>Report on Meeting with Board of Acupuncture re: Request for statutory change to allow RN/ APRN to perform Battlefield Acupuncture held September 13, 2016 (Lorna House/Greg Raymond) – Mr. Raymond stated that it was presented to the Acupuncture Board the possibility of working collaboratively with MBON on the battlefield acupuncture protocol allowing nurses to be certified in that particular application. Military nurses have been using battlefield acupuncture for military personnel in the battlefield who are experiencing a severe amount of pain, while reducing the amount of opioids given. It is recognized that there is an opioid problem in the USA and the Attorney General has recently released a statement that something has to be done about this problem. Battlefield acupuncture is a modality that offers an alternative to opioid use in pain management. The challenge is who would be regulating this, the Acupuncture Board or the Nursing Board. The Acupuncture Board expressed a desire to work collaboratively with the MBON. They plan to form a work group to look at this issue and will get back to the MBON. Lorna House and Greg Raymond expressed a concern that the training program for the battlefield acupuncture protocol is copyrighted, and only one individual provides the training.</p>
Adjournment	The meeting adjourned at 9:37 am

**MARYLAND BOARD OF NURSING: September 28, 2016 OPEN SESSION MINUTES
AMENDED-November 16, 2016**

ADMINISTRATIVE FUNCTION MEETING

Date/Time: September 27, 2016 at 1:00 pm

Location: Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215

On September 27, 2016 at 1:00 pm, a quorum of the Board met to discuss a confidential personnel matter. The following Board members were present:

Sabita Persaud, PhD, RN Member, Board President
Lorna House, RN Member, Board Secretary
Cheryl Dover, DNP, MS, RN, NE-BC
Gary Hicks, RN Member
Jocelyn Lyn-Kew, LPN Member
Shelia Murphy, RN Member
Charles Neustadt, Consumer Member
Bonnie C. Oettinger, RN Member
Gregory David Raymond, RN Member
Lois Rosedom-Boyd, Consumer Member
Kimberly D. Street, LPN Member
Mary Wheaton, LPN Member

MARYLAND BOARD OF NURSING GENERAL SESSION MINUTES

Location: Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215

Date: October 26, 2016

Board Members Present

Sabita Persaud, PhD, RN Member, Board President
Richard Proctor, Interim Executive Director
Jocelyn Lyn-Kew, LPN Member and Secretary for this meeting
Charles Neustadt, Consumer Member
Gregory Raymond, RN Member
Bonnie C. Oettinger, RN Member
Lois Rosedom-Boyd, Consumer Member
Mary Wheaton, LPN Member
Shelia Murphy, RN Member
Gary Hicks, RN Member

Staff Present

Sarah Pendley, AAG, Board Counsel
Michael Conti, AAG, Board Counsel
Katherine Giblin, AAG, Board Counsel
Shirley Devaris, Director of Policy Analysis and Legislation
Cheyenne Redd, RN, Director of Licensure and Certification
Dorothy Haynes, Director, Background Investigations
Jill Callan, RN, Nurse Program Consultant
Patricia Kennedy, PhD, RN, Director of Education
Cheryl Cooper, Managerial Assistant
Brian Stallsmith, IT

Item	Comment/Action
1. Meeting called to order at 9:05AM	Board President, Sabita Persaud, called the meeting to order. Roll call taken and quorum was announced. Guests were welcomed.

<p>2. Consent Agenda</p>	<p>After review, it was moved and seconded (Lyn-Kew, Dover) to approve the Consent Agenda. Motion carries.</p> <p>A. Nurse Practitioner Programs (Q. Horton)</p> <ol style="list-style-type: none"> 1. Howard University, Washington, DC, Family, Post Masters 2. Shenandoah University, VA, Family and Psychiatric Mental Health, Doctor of Nursing Practice 3. University of Pennsylvania, Philadelphia, PA Neonatal, Post Masters 4. University of Saint Joseph, West Hartford, CT Family, Masters 5. Washburn University, Topeka, KS, Psychiatric Mental Health, Post Graduate Certificate <p>B. Certificate Training Programs / Facilities (C. Redd and Jill Callan) –</p> <ol style="list-style-type: none"> 1. Request for Approval to Renew CNA-GNA Training Programs <ol style="list-style-type: none"> a. Laurel High School b. Baltimore Washington Medical Center c. Garrett County Community College d. Cambridge Nursing Assistant Academy-Hyattsville/Gaithersburg e. College of Southern Maryland 2. Request for Approval of Course Equivalency for CNA Training: Cedarville University
<p>3. Discussion to remove any items from the consent agenda</p>	<p>None</p>

<p>4. Education</p>	<p>FY2016 NCLEX-RN and PN Rates – there are five RN programs that did not meet the pass rate, and all the LPN programs reached the pass rate. The pass rate for the RNs is 75.55%, and the pass rate for the LPNs is 74.63%. Four BSN schools not five schools.</p> <p>FYI - Wor Wic adds a four credit PN and RN transition course to curriculum – Wor Wic was having problems with transfer-in IPNs going into the RN program, and they have added a transition course to bring the transfer-in students to the same level as their students who are enrolled in their program. They increased the enrollment from 38 to 48 which will give transfer students better change to get into the program.</p>
<p>5. Practice</p>	<p>No Report</p>
<p>6. Licensure and Certification</p>	<p>No Report</p>
<p>7. Advanced Practice</p>	<p>No Report</p>

**8.
Administrative
and Legislative**

OHCQ – Respond response to comments on OHCQ birthing center received on amendments to birthing center regulations to add DEMs.

Ms. Richardson stated that there is freestanding birth center change regulation that has been modified in response to the public comment period.

The first comment was a request that the definition of direct entry midwives should be added to the freestanding birth center regulations in Maryland and that these professional should be able to practice in the out of hospital birth center.

The committee agreed that the definition for direct entry midwives should be added because they are allowed to provide midwifery care in any out of hospital setting, and that includes freestanding birth centers. Their scope would be the same as what is regulated under the staff chief for direct entry midwives within that setting.

The second comment was a request to add well woman gynecological care to the definitions of what was allowed in the freestanding birth center.

The committee felt that this was not necessary because it is already part of the scope of practice for a certified nurse midwives.

The Third comment was to please remove vacuum extractors, forceps, and ultrasound imaging from normal maternity. So these are things that are not supposed to be happening in a birth center.

The committee felt that removing the prohibition on ultrasound made sense. That was the whole purpose of the first regulatory change in the first place and to allow certified nurses midwives to perform an ultrasound.

The committee did not agree with the proposal that forceps and vacuum extractors should be allowed to be used at the freestanding birth center. Those interventions carry some risks with them and are best performed in a hospital setting. It was the agreement of the committee that in the case where vacuum or forceps seem indicated, that a transfer to the hospital is the best course of action.

Shirley stated that we need an acceptance because we have to send a response over to OHCQ.

After review, it was moved and seconded (Raymond, Rosedom-Boyd) to accept and move forward with the recommendations from the direct entry midwives. Motion carries.

Shirley Devaris - will take care of sending a memo over to OHCQ, letting them know the Board's decision.

FYI - Status of the cosmetic regulation amendment (No Documents)– this is just a progress report on the cosmetic regulations that you approved back in July.

There is a conflict with the Board of Physicians, which we expected. The Board of Physicians is considering that our proposal and looking at their regulations for a change that would require a prescriber to be on-site before, during and after a cosmetic procedure.

Dr. Hill made a request that they be able to delegate this to the staff, as long as the physician or the prescriber was immediately available. The meeting to discuss this will be next Thursday, November 3, 2016, and anybody is welcome to come.

<p>9 . Committee Reports - Statistical Quarterly Reports and Updates</p>	<p>Rehabilitation/Impaired Practice (Keva Jackson-McCoy)148 participants</p> <p>Discipline and Compliance (Keva Jackson-McCoy)129 cases on probation</p> <p>Direct Entry Midwives (DEMs) (Ann Tyminski)Letter approved for Maryland Hospital Asociation-Ottinger/Boyd</p> <p>Electrology: Committee Report and document approval (Ann Tyminski) Raymond/Lynkew</p> <ol style="list-style-type: none"> 1. Application approval-Raymond/Boyd 2. Form letter to it for exam approval-Lynkew/Dover 3. Form letter to issuance of new license- Dover/Lynkew 4. Electrology update approval-Ottinger/Boyd 5. Motion to approve reactivation of Candy Cox license- Ottinger/Boyd <p>CNA Advisory (Cheyenne Redd)</p> <p>Background Review (Dorothy Haynes)</p> <p>Complaints and Investigations (Elaine Cone)</p>
<p>10. Other</p>	
<p>Adjournment</p>	<p>The meeting adjourned at 9:46 am</p>

STATE OF MARYLAND



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

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2A

MEMORANDUM

TO: Maryland Board of Nursing
RE: Approval of Nurse Practitioner Programs
DATE: November 16, 2016

1. Saint Louis University, St. Louis, MO, Adult/Gero Acute Care, Masters
2. University of Vermont, Burlington, VT, Psychiatric Mental Health, Masters and Post Masters
3. University of Vermont, Burlington, VT, Adult-Gerontology Primary Care and Family, Doctor of Nursing Practice and Post Masters Doctor of Nursing Practice
4. Wheeling Jesuit University, Wheeling, WV, Family, Masters and Post Masters

cc: File



MEMORANDUM

2.B1

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

TO: The Board

DATE: November 15, 2016

IN RE: Request for Approval to Renew CNA-GNA Training Programs

The following renewal applications have been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA/GNA Training Programs in the State of Maryland:

- a. Golden Living
- b. Baltimore Academy of Nursing Assistants
- c. Perpetual School of Nursing Assistants
- d. Annapolis Christian Schools
- e. Baltimore City Community College
- f. Trinity Nursing Assistant Academy



MEMORANDUM

2. B2

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

TO: The Board

DATE: November 15, 2016

IN RE: **The Following NA Training Programs have closed or have been inactive for over 6 months.**

The following CNA/GNA training sites have ceased conducting a CNA/GNA training program at this time or have permanently closed. Documentation is on file. With the Board's permission the programs will be removed from the *Approved Training Programs* on the MBON Web Site and a letter of notification will be sent to all the below programs. With the exception of TLC NA Academy as the sole proprietor is deceased. NOTE: Stella Maris has been inactive and has also lost its Maryland Higher Education Approval. *COMAR 10.39.02.03 (2) In addition to the requirement stated in §A (1) of this regulation, all programs shall be approved by the Maryland Higher Education Commission or Department of Education except those excluded under COMAR Title 13B*

- a. Anne Arundel Hospital
- b. Baltimore Health Department
- c. Bel Air Health and Rehabilitation Center
- d. Crofton Care and Rehabilitation Center
- e. Deer's Head Hospital
- f. Mount Airy Center
- g. St. Elizabeth's Rehabilitation Center
- h. TLC Nursing Assistant Training Academy
- i. Western Maryland Hospital Center
- j. Johns Hopkins Bayview Geriatric
- k. Joseph D. Brandenburg (DHMH)
- l. Stella Maris
- m. North Hampton Nursing Home
- n. Moran Manor



MEMORANDUM

2C.1

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

TO: The Board

DATE: November 16, 2016

IN RE: Approval of Nursing Course Equivalent for CNA Training

Norfolk State University is seeking approval of NUR 342/L Fundamentals for Nursing/Lab as a course equivalent for CNA training. This portion of the Nursing Program meets the requirement that the Board has determined for a CNA Training Program. See Md. Health Occupations Code Ann. § 8-6A-05 and COMAR 10.39.02.05.07.

NUR 342/L Fundamentals for Nursing/Lab is a four semester hour course with a total of two hours theory/didactic instruction, two hours of clinical instruction, and zero hours of lab instruction. In the course, students gain knowledge and skills necessary to implement nursing care to individuals who may experience actual and potential minor deviations from wellness. This course delves into the scope of nursing practice, therapeutic uses of the nursing process, care plans, and fundamental nursing assessments techniques and procedures.

**NORFOLK STATE UNIVERSITY
DEPARTMENT OF NURSING
NORFOLK, VA 23504**

**Nursing 342
Fundamentals for Nursing
2 Semester Hours**

COURSE DESCRIPTION:

Fundamentals of Nursing is designed to facilitate development of knowledge and skills that are required for the design and implementation of systems of nursing care for well individuals who may experience actual and potential minor deviations from wellness. Basic or fundamental nursing skills are taught and cultivated so as to enable students to identify disturbances in physiological and psychological functioning and accompanying self-care deficits. Students will develop nursing care plans based on bio-psycho-social-cultural assessments so that homeostatic equilibrium may be maintained and/or restored. As a result, the role, relationship, and responsibilities of the nurse as a member of the health care team are identified and examined critically.

COURSE RATIONALE:

This course focuses upon the scope of nursing practice, the concepts of health and illness and essential nursing skills for assessment of wellness and the maintenance of a healthy state. Essential nursing skills include, but are not limited to, therapeutic uses of the nursing process, nursing care plans, and basic/fundamental nursing assessments techniques and procedures. Also, students examine variables critically for influences upon the client's experiences associated with sick role, pain, stress, immobility, fluid and electrolyte disturbances. The nursing process is used as the organizing framework for nursing care, including (but not limited to) assessment of universal self-care requisites, identification of self-care deficits, and planning and implementing nursing care systems for addressing client health needs. Maslow's hierarchy of needs and developmental theories are used to establish nursing priorities and to individualize plans for applying knowledge, exploring the role of the nursing, continued development of communication, interpersonal, assessment skills and through weekly clinical laboratory experiences.

Nursing 342L**Fundamentals for Nursing****2 credit hours****85 direct patient care hours****COURSE DESCRIPTION:**

This course is designed to facilitate development of knowledge and skills that are required for the design and implementation of systems of nursing care for well individuals who may experience actual and potential minor deviations from wellness. Basic or fundamental nursing skills are taught and cultivated so as to enable students to identify disturbances in physiological and psychological functioning and accompanying self-care deficits. Students will develop nursing care plans based on the bio-psycho-social-cultural assessments so that homeostatic equilibrium may be maintained and restored. As a result, the role, relationship, and responsibilities of the nurse as a member of the health care team are identified and examined critically.

COURSE RATIONALE:

This course focuses upon the scope of nursing practice, the concepts of health and illness and essential nursing skills for assessment of wellness and the maintenance of a healthy state. Essential nursing skills include, but are not limited to, therapeutic uses of the nursing process, nursing care plans, and basic/fundamental nursing assessments techniques and procedures. Also, students examine variables critically for influences upon the client's experiences associated with sick role, pain, stress, and immobility. The nursing process is used as the organizing framework for nursing care, including (but not limited to) assessment of universal self-care requisites, identification of self-care deficits, and planning and implementing nursing care systems for addressing client health needs. Maslow's hierarchy of needs and developmental theories are used to establish nursing priorities and to individualize plans for applying knowledge, exploring the role of the nursing, continued development of communication, interpersonal, assessment skills and through weekly clinical laboratory experiences.



MEMORANDUM

2C.2

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

TO: The Board

DATE: November 16, 2016

IN RE: Approval of Nursing Course Equivalent for CNA Training

Warren County Technical School is seeking approval of PN 101 Foundations of Nursing as a course equivalent for CNA training. This portion of the Nursing Program meets the requirement that the Board has determined for a CNA Training Program. See Md. Health Occupations Code Ann. § 8-6A-05 and COMAR 10.39.02.05.07.

PN 101 Foundations of Nursing is a six credit course with a total of four hours theory/didactic instruction, two hours of clinical instruction, and zero hours of lab instruction. In the course, students are introduced to professional nursing roles. This course explores the skills needed to provide safe and quality care. The nursing process is also introduced to the student as well as a beginning framework for decision making.

Warren County Vo Tech - PN

PN Program

Course Syllabus

Course Information:

Course Number and Title: PN 101 - Foundations of Nursing

Total Credit/Contact Hours: 6.00

Clinical Credit/Contact Hours: 2.00

Theory Credit/Contact Hours: 4.00

Course Description:

This course provides an introduction to nursing and roles of the nurse; as well as profession related and patient care concepts. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. The theoretical foundation for basic assessment and nursing skills is presented, and the student is given an opportunity to demonstrate these skills in a laboratory setting. An introduction to the nursing process provides the student with a beginning framework for decision making.

Course Objectives:

1. Discuss the history of nursing, the role of the nurse, and scope of practice related to established code of ethics, nurse practice acts, and professional registrations/certifications.
2. Review the spectrum of health care settings across which patient care is provided.
3. Recognize the relationship of profession related concepts to patient care: patient centered care, interdisciplinary collaboration, evidence based practice, quality improvement, safety, informatics, patient education, professionalism, and leadership.

4. Discuss concepts integral to the provision of safe, quality, patient centered care: nursing process, clinical judgment, advocacy, cultural sensitivity, and communication.
5. Appreciate the nurse's role in supporting a patient's physiologic needs: rest and sleep, spirituality, sensory perception, hygiene, activity and exercise, infection control, elimination, nutrition, and comfort.
6. Discuss patient care concepts and their relationship to providing care that is safe for the nurse and patient medication administration, documentation, body mechanics and ergonomics, and nursing process.
7. Demonstrate basic nursing skills using proper techniques and measures that ensure patient safety.
8. Relate the various elements of the nursing process to clinical decision-making.
9. Appreciate the nurse's role in data collection as an integral part of the nursing process.
10. Demonstrate basic assessment skills related to a patient's physiological, psychological, sociological, cultural, and spiritual dimensions using proper techniques and measures that ensure patient safety.

Content Units:

Nursing Role and Scope of Practice

Unit Objectives:

1. Define nursing and relate its current state to historical events and leaders.
2. Compare and contrast the various roles of contemporary nurses today.
3. Review the different educational paths to professional nursing and their implications for career mobility and advancement.

4. Discuss the scope of practice of unlicensed personnel, licensed/vocational nurses, professional nurses, and advanced practice nurses.

5. Describe how state nurse practice acts define the legal scope of nursing practice.

6. Review an established code of ethics and its role in guiding nursing practice and ethical decision making.

7. Recognize competencies related to knowledge, skills, and attitudes that nurses are expected to integrate into their practice.

Content Topics:

Spectrum of Healthcare

Unit Objectives:

1. Differentiate between the terms health and illness and the impact that lifestyle and risk factors has on one's health status.

2. Define the terms health promotion and wellness and discuss the nurse's role in supporting patient's movement towards optimal health.

3. Differentiate between primary, secondary, and tertiary care as well as the role of the nurse when providing these levels of care.

4. Differentiate between the goals of acute and chronic care and examples of patient conditions in each category.

5. Discuss the principles of restorative or rehabilitative care, its goals, and the role of the nurse when working with patients undergoing rehabilitation.

6. Compare and contrast palliative and hospice care and the role of the nurse in providing end of life care.

7. Describe the various health care settings within which patient care is delivered.

8. Discuss the roles of state and federal governments in regulating health care agencies.

Content Topics:

Profession Related Concepts/ Patient Centered Care

Unit Objectives:

1. Discuss the meaning of patient-centered care.

2. Describe concepts of holistic health and nursing.

3. Describe the concept of caring as a foundation for nursing practice.

4. Review the professional skills inherent in providing patient-centered care.

Content Topics:

a. Nursing process/ Define the nursing process and discuss its use as a tool for identifying actual and potential patient problems and planning patient-centered care.

b. Nursing process/ Compare and contrast the various steps of the nursing process and the role of the nurse.

c. Nursing process/ Discuss the purpose of a patient plan of care, its developmental process, its implementation, and role in determining attainment of patient outcomes.

a. Clinical judgment/ Define clinical judgment and its relationship to nursing practice.

b. Clinical judgment/ Compare and contrast clinical judgment and critical thinking.

c. Clinical judgment/ Differentiate between decision making and problem solving.

d. Clinical judgment/ Discuss the significance of the scientific method for determining best nursing practices.

a. Advocacy/ Define advocacy and its relationship to nursing practice.

b. Advocacy/ Discuss the relationship between the nurse's role as advocate and the patient's right to information and make informed health care decisions.

c. Advocacy/ Review the Patient's Bill of Rights and the Self Determination Act and their association with the nurse's role as patient advocate.

a. Cultural sensitivity/ Define cultural sensitivity and its relationship to nursing practice.

b. Cultural sensitivity/ Discuss the term culture and the various components that contribute to its definition (ethnicity, spiritual beliefs, social practices).

c. Cultural sensitivity/ Compare and contrast the terms cultural sensitivity and cultural competence in relation to the role of the health care provider.

d. Cultural sensitivity/ Recognize the influence culture has on health, health practices, illness, and

caring patterns.

- a. Communication/ Define communication and its relationship to nursing practice.
- b. Communication/ Describe the four components of the communication process.
- c. Communication/ Differentiate between verbal and nonverbal communication.
- d. Communication/ Discuss characteristics of varied types of communication.
- e. Communication/ Differentiate between nontherapeutic and therapeutic communication.
- f. Communication/ Discuss the use of technology in the communication process.
- g. Communication/ Describe how nursing documentation is a written form of communication.
- h. Communication/ Identify potential barriers to effective communication.

Profession Related Concepts/ Interdisciplinary Collaboration

Unit Objectives:

1. Define the concept of interdisciplinary care.
2. Describe the essential aspects of collaborative health care.

3. Discuss the benefits of an interdisciplinary health care team providing patient care.

Content Topics:

Profession Related Concepts/ Evidence-Based Practice

Unit Objectives:

1. Define the concept of evidence-based practice.
2. Identify available resources for evidence-based nursing practice.
3. Discuss how evidence-based practice provides optimum care for individuals and their families.

Content Topics:

Profession Related Concepts/ Quality Improvement

Unit Objectives:

1. Define the concept of quality improvement.
2. Discuss the role of the nurse in identifying patient concerns related to quality care.

Content Topics:

Profession Related Concepts/ Safety

Unit Objectives:

1. Define the concept of patient safety.

2. Discuss personal and environmental factors that impair a patient's ability to protect themselves from injury.

3. Review interventions that can assist in reducing risk of patient injury (properly identifying patient, using six rights of medication administration, performing fall risk assessment, communicating patient information to appropriate team member).

4. Discuss how proper and effective use of technology and standardized policies and procedures support safe, quality care.

5. Recognize the role of the nurse in monitoring own care and that of others in promoting a safe environment for the patient.

6. Review the National Patient Safety Goals developed by the Joint Commission and their relationship to the development of national safety standards and accreditation of health care institutions.

Content Topics:

Profession Related Concepts/ Informatics

Unit Objectives:

1. Define the concept of informatics.

2. Describe the uses of computers in nursing education and practice.

3. Discuss the computer skills and computer applications necessary for monitoring and documenting patient information.

4. Observe use of appropriate search engines and databases to obtain evidence based research

when determining best practice.

Content Topics:

Profession Related Concepts/ Patient Education

Unit Objectives:

1. Define the concept of patient education.
2. Identify the role of the nurse in relation to patient education.
3. Describe the three domains of learning.
4. Review basic principles of learning.
5. Discuss how to identify educational needs of patients.

Content Topics:

Profession Related Concepts/ Professionalism

Unit Objectives:

1. Define the concept of professionalism and its relationship to nursing practice.
2. List professional behaviors that are consistent with those of a nurse.
3. Discuss the relationship of ethical and legal practice to the role of nurses.

4. Compare and contrast accountability and responsibility.

Content Topics:

Profession Related Concepts/ Leadership

Unit Objectives:

1. Define the concept of leadership.
2. Identify the characteristics of effective leaders.
3. Describe various leadership roles assumed by nurses.
4. Discuss how nurses as leaders can influence provision of safe patient care.

Content Topics:

Patient Related Concepts/ Rest and Sleep

Unit Objectives:

1. Review the role played by rest and sleep in maintaining good physical and mental health.
2. Discuss the effect that lack of sleep has on a patient's physical and mental health.
3. Discuss developmental variations in sleep patterns.

4. Describe the functions, physiology, and stages of sleep.
5. Identify conditions that interfere with a patient's rest and sleep pattern.
6. Recognize the characteristics of common sleep disorders.
7. Review nursing interventions that can help improve a patient's quality of rest and sleep.

Content Topics:

Patient Related Concepts/ Spirituality

Unit Objectives:

1. Compare and contrast the concepts of spirituality and religion.
2. Review the religious practices of selected religions and their relationship to health promotion and health care.
3. Determine factors that contribute to spiritual distress and resulting manifestations.
4. Review the nurses' role when caring for patients who are experiencing spiritual distress.

Content Topics:

Patient Related Concepts/ Growth and development

Unit Objectives:

1. Review selected theories of human development and their respective stages.

2. Discuss the impact that successful and unsuccessful achievement of developmental tasks has on the ability of an individual to progress to a higher level of development.

3. Ascertain the personal and environmental factors that can influence an individual's successful achievement of developmental tasks.

4. Review indicators of successful and delayed task resolution.

Content Topics:

Patient Related Concepts/ Sensory perception

Unit Objectives:

1. Review the role played by sensory perception in maintaining good physical health.
2. Describe the anatomical and physiological components of the sensory-perceptual process.
3. Discuss factors that affect a patient's sensory perceptual processes.
4. Identify conditions that interfere with a patient's ability to process sensory input.
5. Differentiate between sensory deficits, overload, and deprivation.
6. Review nursing interventions that can facilitate or maintain a patient's sensory perceptual processes.

Content Topics:

Patient Related Concepts/ Hygiene (includes Hygiene Skills Lab)

Unit Objectives:

1. Review the role played by the skin, mucous membranes, teeth, and nails in maintaining the body's first line of defense against pathogens.

2. Describe conditions and activities that place patients at risk for altered skin integrity.

3. Discuss hygienic practices that support healthy skin integrity.

4. Discuss the effect that cultural practices and developmental stage has on hygiene practices.

5. Determine a patient's need for assistance with hygiene-related care.

6. Describe the procedures for providing hygiene-related care in a safe, comfortable environment.

7. Demonstrate proper techniques that support patient hygiene.

Content Topics:

- a. Hygiene skills lab/ mouth, skin, hair, nail, foot and perineal care

- b. Hygiene skills lab/ baths and bed making

Patient Related Concepts/ Activity and Exercise (includes Mobility Skills Lab)

Unit Objectives:

1. Review the role played by the musculoskeletal and neurological systems in providing and regulating movement.
2. Relate the effect exercise has on proper functioning of body systems and activity tolerance.
3. Identify the elements of an exercise program that serves to maintain proper functioning and prevent lifestyle diseases.
4. Discuss the effect lack of movement has on bones, muscles, and joints.
5. Discuss the effect developmental stage has on bones, muscles, and joints.
6. Demonstrate proper techniques that support patient mobility and prevent complications of immobility.

Content Topics:

- a. Mobility skills lab/ walking with a crutch/cane/walker
- b. Mobility skills lab/ wheelchair assembly/disassembly and use
- c. Mobility skills lab/ client positioning
- d. Mobility skills lab/ pressure ulcer prevention measures and equipment
- e. Mobility skills lab/ range of motion

Patient Related Concepts/ Infection Control (includes Infection Control Skills Lab)

Unit Objectives:

1. Compare and contrast the various elements of the chain of infection.
2. Review the anatomical and physiological barriers that protect an individual against infections.
3. Describe the signs and symptoms of an inflammatory response, local and systemic infections, and related diagnostic tests.
4. Discuss the etiology of nosocomial infections.
5. Differentiate between medical and surgical asepsis.
6. Relate principles of asepsis and their application to patient care.
7. Differentiate between standard precautions and various types of isolation precautions.
8. Review nursing interventions that can protect a patient against infections.
9. Demonstrate proper techniques that support infection control.

Content Topics:

- a. Infection control skills Lab/ hand hygiene and universal precautions
- b. Infection control skills Lab/ isolation precautions

c. Infection control skills Lab/ medical and surgical asepsis and applying sterile gloves

d. Infection control skills Lab/ wound care

Patient Related Concepts/ Elimination (includes Urinary and Bowel Elimination Skills Lab)

Unit Objectives:

1. Review the role played by elimination in maintaining good physical health.
2. Describe the process of urine and feces production and subsequent elimination patterns.
3. Differentiate between normal and abnormal elimination patterns.
4. Discuss developmental and other factors that affect a patient's elimination status.
5. Identify conditions that interfere with a patient's normal elimination patterns.
6. Compare and contrast normal and abnormal characteristics of urine and feces.
7. Identify diagnostic tests related to elimination and the nurse's role in obtaining specimens.
8. Review nursing interventions that can facilitate or maintain a patient's elimination patterns.
9. Demonstrate proper techniques that support a patient's elimination needs.

Content Topics:

- a. Bowel elimination skills Lab/ bedpans and urinals

- b. Bowel elimination skills Lab/ collecting urine and stool specimens

- c. Bowel elimination skills Lab/ catheter insertion and removal

- d. Bowel elimination skills Lab/ enemas

Patient Related Concepts/ Nutrition (includes Nutrition Skills Lab)

Unit Objectives:

1. Review the role played by nutrition in maintaining good physical health.

2. Describe normal processes related to digestion, absorption, and metabolism of carbohydrates, proteins, and fats.

3. Describe the role water, vitamins, minerals, and electrolytes play in supporting body functions and processes.

4. Determine the significance of the balance between caloric intake and energy expenditure in relation to weight gain and loss.

5. Discuss physical, psychological, developmental, and cultural factors that affect a patient's nutritional status.

6. Identify norms for body weight and BMI based on established standards.

7. Use guidelines based on the USDA Food Pyramid when determining dietary recommendations for patients.

8. Differentiate between various alternative and therapeutic diets.

9. Review nursing interventions that can assist patients in meeting their nutritional needs.

10. Demonstrate proper techniques that support a patient's nutrition needs.

Content Topics:

a. Nutrition skills lab/ tray setup and feeding

b. Nutrition skills lab/ special diets

c. Nutrition skills lab/ intake and output

Patient Related Concepts/ Comfort/Pain (includes Comfort Skills Lab)

Unit Objectives:

1. Review the role played by pain, as a symptom of a health issue, and its impact on basic physiological needs.

2. Review theories related to the physiology of pain.

3. Discuss physical, psychological, developmental, and cultural factors that affect the perception and expression of pain.

4. Differentiate between the various types and characteristics of pain.
5. Determine a patient's need for pain relief using established subjective tools and objective data.
6. Review pharmacologic and non-pharmacologic nursing interventions that can assist patients in managing their pain.
7. Review alternative and complementary methods of pain relief that patients may consider (acupressure, acupuncture, biofeedback).
8. Demonstrate proper techniques that support a patient's comfort needs.

Content Topics:

- a. Skills Lab/ application of heat and cold
- b. Skills Lab/ pain rating scales

Patient Related Concepts/ Medication Administration (includes Medication Skills Lab)

Unit Objectives:

1. Discuss the role of the nurse in safely and legally administering medications to patients.
2. Discuss factors that can increase the risk of making a medication error.
3. Identify the six rights of medication administration.
4. Determine the various routes by which medication can be administered.

5. Perform basic apothecary to metric conversions and drug calculations.
6. Discuss the role of the nurse related to educating patients about their medications.
7. Demonstrate proper techniques that support safe medication administration.

Content Topics:

- a. Medication skills lab/ oral, ophthalmic, otic, nasal, rectal, topical, inhaled and vaginal medications
- b. Medication skills lab/ proper medication preparation using six rights
- c. Medication skills lab/ basic drug calculation
- d. Medication skills lab/ medication administration charting

Patient Related Concepts/ Documentation (includes Documentation Skills Lab)

Unit Objectives:

1. Describe the significance of nursing documentation as a written form of communication.
2. Discuss the use of technology in the communication process.
3. Identify the purpose and various elements of the patient record.

4. Review the legal parameters that guide documentation and the maintenance of patient records.
5. Review proper guidelines for effective documentation.
6. Apply principles of effective documentation to an actual or simulated patient record.
7. Demonstrate proper documentation techniques that support accurate, thorough, and timely charting.

Content Topics:

- a. Documentation skills lab/ subjective and objective data
- b. Documentation skills lab/ narrative charting
- c. Documentation skills lab/ flow sheets and trending records
- d. Documentation skills lab/ computer information systems and computerized records

Patient Related Concepts/ Body Mechanics and Ergonomics (includes Body Mechanics Skills Lab)

Unit Objectives:

1. Review principles of good body mechanics and ergonomics when positioning, moving, lifting, and ambulating patients.
2. Identify assistive devices that can be used when moving patients to aid in the prevention of injury.

3. Examine the relationship between using good body mechanics and preventing injuries.

4. Discuss appropriate interventions to take to minimize injury to patient and self during a patient fall.

5. Demonstrate proper body mechanics and ergonomics when positioning, moving, lifting and ambulating patients.

Content Topics:

- a. Body mechanics skills lab/ turning patient, moving patient up in bed, and use of draw sheet

- b. Body mechanics skills lab/ gait belts

- c. Body mechanics skills lab/ transfers

Patient Related Concepts/ Nursing Process (includes Nursing Process Lab)

Unit Objectives:

1. Identify the steps of the nursing process.

2. Review the use of the nursing process as a tool for planning patient care.

3. Differentiate between subjective and objective data and various data collection methods.

4. Review the elements of a nursing diagnosis and its use in describing potential and actual patient problems.

5. Apply principles of the nursing process to an actual or simulated patient record.

Content Topics:

Patient Related Concepts/ Assessment/Data Collection (includes Assessment Labs by Body System)

Unit Objectives:

1. Describe the purpose of assessment/data collection when providing patient care.

2. Review assessment/data collection techniques used during comprehensive/focused assessments.

3. Use culturally sensitive, therapeutic communication when interviewing the patient regarding their health history and current reason for seeking health care.

4. Discuss interventions that will foster a therapeutic, caring nurse patient relationship

5. Differentiate between normal and abnormal physical and laboratory findings for each body system.

6. Use appropriate terminology when documenting assessment/data collection findings.

7. Demonstrate proper assessment techniques when collecting data on patients.

Content Topics:

- a. Lab Assessment/data collection purpose and techniques

- b. Lab/ Vital signs

- c. Lab/ Health history

- d. Lab/ Skin, hair, and nails

- e. Lab/ Eyes, ears, nose (external structures), mouth, and oropharynx

- f. Lab/ Heart sounds and pulses

- g. Lab/ Lung sounds

- h. Lab/ Breasts and lymph nodes

- i. Lab/ Abdomen and bowel sounds

- j. Lab/ Musculoskeletal and range of motion

- k. Lab/ Mental status (level of consciousness, orientation, language)

- l. Lab/ Head to toe assessment

Clinical Objectives:

1A. Use the nursing process as a framework for planning nursing care/ Practice basic data collection skills using proper techniques and safety measures.

1B. Use the nursing process as a framework for planning nursing care/ Practice basic nursing skills using proper techniques and safety measures.

1C. Utilize the nursing process as a framework for planning nursing care/ Use the steps of the nursing process when developing a plan of care.

1D. Use the nursing process as a framework for planning nursing care/ Include cultural and age-appropriate interventions in the plan of care.

2A. Use scientific principles and evidence-based literature when planning care/ Use appropriate resources when selecting interventions for the plan of care.

2B. Use scientific principles and evidence-based literature when planning care/ Base rationales for interventions on scientific principles.

3A. Recognize the professional and legal responsibilities of nursing practice/ Identify skills that are within the LPN's scope of practice.

3B. Recognize the professional and legal responsibilities of nursing practice/ Identify legal parameters that govern nursing practice.



MEMORANDUM

2.D

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

TO: The Board

DATE: November 16, 2016

IN RE: CNA Advisory Committee-Consumer Member (A'Lise Williams, MSN, BSN, RN)

A'Lise Williams is currently an active registered nurse for Baltimore City Community College as a Nurse Transition Coach. Ms. Williams has a vast knowledge of long-term care nursing, sub-acute care nursing, the role of the nursing assistant, and education of the nursing assistant. Her tenure with the Maryland Board of Nursing will bring a much needed perspective to the CNA Advisory Committee. Ms. Williams has an expressed interest in the protection of the public. She was made aware of the duties expected of a member of the CNA Advisory Committee set forth in Maryland Annotated Code, Health Occupations Article, section 8-6A-13(f). She is being considered for the consumer member designation noted in Maryland Annotated Code, Health Occupations Article, section 8-6A-13(b)(8).

A'lise Taylor-Williams, MSN, BSN, RN

Personal Information



Education

Western Senior High School
Baltimore, MD 21209
High School Diploma received June 1984

Delaware State University
Dover, DE 19902
Bachelor of Science in Nursing received May 1997 (RN License current and active)

University of Maryland at Baltimore
Baltimore, MD 21201
Master of Science in Nursing Administration received May 2001
*Full Time Graduate Student 1999-2001

Professional Experience

July 2016 – Present
Nurse Transition Coach

Baltimore City Community College Baltimore, MD

- I. Collaborate with teachers and administrators in the development, evaluation, and revision of school programs and the preparation of master schedules for curriculum offerings.
- II. Counsel students regarding educational issues, such as course and program selections, class scheduling and registration, school adjustment, truancy, study habits, and career planning.
- III. Plan and conduct orientation programs and group conferences to promote the adjustment of individuals to new life experiences such as starting college.
- IV. Compile and study occupational, educational, and economic information to assist counselees in determining and carrying out vocational and educational objectives.
- V. Represent the College presenting appropriate data at meetings, conferences, trainings and/or workshops.
- VI. Confer with parents, teachers, administrators, and other stakeholders to resolve academic, environmental, social and cultural matters that may be barriers to student success.
- VII. Other related duties as dictated by position.

May 2015 – May 2016
Director of Nursing Practice

MD Board of Nursing

Baltimore, MD

- I. Develops scope of practice positions for Board decision making and interprets the scope of nursing practice for nurses, employers, and regulators.
- II. Provides overall administrative direction to the Electrology, Workman's Compensation Case Manager, Direct Entry Midwifery & Forensic Nurse Examiner departments.
- III. Analyzes federal and state legislation, regulations and policy to determine the impact on the scope of nursing practice and takes action to assure that license and certificate holders practice in accordance with their specific competencies.
- IV. Represents the Board on committees, task forces, before other Boards or agencies, etc. regarding the practice of nursing and certificate holders.

February 2014 – May 2015
Acting Deputy Director

MD Board of Nursing

Baltimore, MD

- I. Provides leadership in coordination and general supervision of all Board programs to assure operational efficiency and consistency with Maryland Board of Nursing's (MBON) strategic plan and the Nurse Practice Act (NPA) & Regulations.
- II. Provides leadership in coordination and general supervision of all Board programs to assure operational efficiency and consistency with Maryland Board of Nursing's (MBON) strategic plan and the Nurse Practice Act (NPA) & Regulations.
- III. Analyzes federal and state legislation, NPA & Regulations, and standards of APRN certifying bodies and organizations to determine the impact on the APRN practice.
- IV. Represents the Executive Director or the Board on state and national committees, task forces, before legislative groups or other boards or agencies, etc. regarding all areas of nursing practice.
- V. Collaborates with the Executive Director, Board and staff to carry out special projects or initiatives designed to meet MBON strategic plan.

June 2011 – February 2014
Director of Nursing Practice

MD Board of Nursing

Baltimore, MD

- I. Develops scope of practice positions for Board decision making and interprets the scope of nursing practice for nurses, employers, and regulators.
- II. Provides overall administrative direction to the Nursing Assistant Program.
- III. Analyzes federal and state legislation, regulations and policy to determine the impact on the scope of nursing practice and takes action to assure that nurses only practice in accordance with their competencies.
- IV. Represents the Board on committees, task forces, before other Boards or agencies, etc. regarding the practice of nursing.

November 2003 – June 2011
Nursing Program Consultant/Education

MD Board of Nursing

Baltimore, MD

- I. Evaluate all new education programs within three months of approval and all current programs as required.
- II. Evaluates program proposals and modification for compliance with regulatory standards.
- III. Recommends approval to the Board and provides assistance and consultation to programs in establishing a new nursing assistant program to assure adequate training resources and curriculum for the training program.
- IV. Provide expert interpretation of the Nurse Practice Act and regulations to provide direction regarding practice, education, or certification of the nursing assistant or medication assistant to employers, nurses, nursing assistants to assure compliance with the law.
- V. Represent the Board in collaborating with other state and federal agencies providing technical direction on matters surrounding certification programs and registries regulated by the Board

September 2000 – November 2003
Registered Nurse/Charge Nurse

Genesis Eldercare Baltimore, MD

- I. Supplemental staff nursing duties on sub-acute, dementia, and long-term care units where patient care duties were provided according to facility policies and procedures.
- II. Supervision, education & training of nursing assistants assigned to patients.
- III. Maintain frequent communication with health care providers.
- IV. Other nursing duties as indicated by individual patient situation.

October 1997 to July 2000
Registered Nurse

Johns Hopkins MSC

Baltimore, MD

- I. Charge Nurse duties per shift requirements.
- II. Triage of walk-in patients with initiation of further treatment per protocol.
- III. Check in patients including verification of insurance, pre-employment or injury related urine and blood screening.
- IV. Ongoing communication with departments such as social work or patient education to ensure patient is being treated holistically.
- V. Other nursing duties as indicated by individual patient situation.

Military Experience

United States Air Force Rank: Staff Sargent

Enlisted: October 1987 to May 1997 (Inactive Ready Reserve 1995 thru 1997)

Personnel Specialist (1987 to 1989)

Medical Service Specialist (1989 to 1997)

Additional Activities

Member of Delaware State University Nursing Honor Society

Awarded 1997 Joy Cottrell Pediatrics Award from Delaware State University

Recent Service on following Councils:

- I. Maryland Organization of Nurse Executives/Nurse Residency Council-2nd term ended 2015
- II. Maryland Higher Education Commission Secretary's Advisory Council-currently serving 2nd term
- III. National Council State Board of Nursing/Committee on Regulatory Excellence (CORE)-2nd term ended 2016

IV. Department of Health and Mental Hygiene/Community First Choice Council-1st term
ended 2015



4A

M E M O R A N D U M

To: Maryland Board of Nursing
From: Patricia Kennedy, Director of Education
Re: FY 2017 Education First Quarter Reports
Date: November 16, 2016

NCLEX-RN® First Time Candidates Performance, Maryland Programs

NCLEX-PN® First Time Candidates Performance, Maryland Programs

**Maryland Board of Nursing
November 26, 2016**

**NCLEX-RN® 1st Time Candidate Performance, Maryland Programs
1st Quarter: July 1-September 30, 2016 (FY 2017)**

Baccalaureate Programs

	Number	Number Passing	Passing Rate
Bowie State University	41	28	68.29%
Coppin State University	32	26	81.25%
Johns Hopkins University	82	78	95.12%
Morgan State University	10	6	60.00%
Notre Dame of Maryland University	14	3	92.86%
Salisbury University	21	17	80.95%
Sojourner-Douglass College	0	0	0.00%
Stevenson University	28	21	75.00%
Towson University	21	17	80.95%
Universidad del Turabo	1	0	0.00%
University of Maryland	50	38	76.00%
Washington Adventist University	0	0	0.00%

Master's Program

	Number	Number Passing	Passing Rate
University of Maryland	21	15	71.43%

TOTAL BSN & Master's—321 Students

Associate Degree Programs

	Number	Number Passing	Passing Rate
Allegany College	4	3	75.00%
Anne Arundel Community College	19	17	89.47%
Baltimore City Community College	16	16	100.00%
Carroll Community College	15	10	68.67%
Cecil College	4	3	75.00%
Chesapeake College	5	4	80.00%
College of Southern Maryland	27	22	81.48%
Community College of Baltimore County—Catonsville/Essex	45	33	73.33%
Frederick Community College	7	5	71.43%
Hagerstown Community College	1	1	100.00%
Harford Community College	42	33	78.57%
Howard Community College	58	50	86.21%
Montgomery College	47	40	85.11%
Prince Georges's Community College	45	31	68.89%
Wor-Wic Community College	28	21	75.00%

TOTAL ADN—363 Students

**Maryland Board of Nursing
November 26.1016**

**NCLEX-PN® 1st Time Candidate Performance, Maryland Programs
1st Quarter: July 1-September 30, 2016**

	Number	Number Passing	Passing Rate
Allegany College	2	2	100.00%
Anne Arundel Community College	3	3	100.00%
Carroll Community College	5	5	100.00%
Cecil College	2	2	100.00%
Community College of Baltimore County—Dundalk	6	6	100.00%
Hagerstown Community College	3	3	100.00%
Sojourner-Douglass College	1	1	100.00%
Wor-Wic Community College	16	16	100.00%

PN Programs Total Number—38 Students



4B

M E M O R A N D U M

To: Maryland Board of Nursing
From: Patricia Kennedy, Director of Education
Re: Review of FY 2016 licensure examination performance of first-time candidates from RN/PN programs (COMAR 10.27.03.16)
Date: November 16, 2016

The following RN programs have not performed acceptably on the NCLEX for two (2) successive years as required by COMAR 10.27.03.16C(3)(a)(i)-(ii):

Bowie State University
Morgan State University
Prince George's Community College
Sojourner-Douglass College—closed
Washington Adventist University

Excluding Sojourner-Douglass College, letters re successive unacceptable NCLEX-RN® performance will be sent to these nursing programs.

None of the PN programs have performed unacceptably for two (2) successive years.

Forensic Nurse Examiner (FNE) Courses On-Line

8c.

(2016)

School	Cost	FNE or SANE	Information	Contact Info.
American Institute of Forensic Education	\$350 for entire program	SANE Certificate Program	Clinical and non-clinical internships are the responsibility of the students to arrange after completion of didactic portion of course. Have up to 6 months to complete self-paced study course.	American Institute of Forensic Education, Inc. 760-322-9925 255 North El Cielo Road, Suite 140-195 Palm Springs, CA 92262
Duquesne University	\$599- for entire course	SANE Certificate Program	8 week online course Will need a preceptored experience to get certification upon completion of course	Trish Smiley 412-396-1592 smileyp@duq.edu Pittsburgh, PA 15282
Duquesne University (adjunct to on-line program)	\$1302 per credit	ADV FNE Graduate Program	40 hrs of clinical to be done on campus Have up to 5 yrs to complete program	Susan Hardner 412-396-4945 hardnersue@duq.edu Pittsburgh, PA 15282
Duquesne University (Includes on-line didactic and hands on Clinical experiences)	\$38,929 for entire program	FNE Undergraduate Program	40 hour clinicals done in fall semester in lab. <ul style="list-style-type: none"> • summer starts only • 24 Credits 	Susan Hardner 412-396-4945 hardnersue@duq.edu Pittsburgh, PA 15282
International Association of Forensic Nurses	\$350 Member \$500 Non-Member	SANE (Adolescent/Adult) Certificate Program	No clinical Have up to 12 weeks to complete. <ul style="list-style-type: none"> • 40 hours online training 	Sarah Tucker 410-626-7805 6755 Business Pkwy Suite 303 Elkridge, MD 21075

			<ul style="list-style-type: none"> • ANCC accredited 	
School	Cost	FNE or SANE	Information	Contact Info.
International Association of Forensic Nurses	\$450 Member \$600 Non-Member for entire course	SANE (Pediatric/Adolescents) National Certification	No clinical. Have up to 12 weeks to complete. 43- hour online training. Clinical preceptor to be completed outside of course. ANCC accredited.	Sarah Tucker 410-626-7805 6755 Business Pkwy Suite 303 Elkridge, MD 21075 410-626-7805
Kinetic Learning SANE-SART Online Interactive Course	\$600 for entire course	SANE/SAFE/SAMFE Certificate Program	No clinical. 40 hour online course. 40 CEU's.	www.sane-sart.com/online-interactive-learning c/o Kinetic Learning, Inc. 15801 Seaton Place Minnetonka MN 55345 +1.612.868.6199
Memorial Hospital University of Colorado Health	In state no fee Out of state \$400	SANE/SAFE Certificate Program	Clinical must be done in Colorado. 8 week online course. 64 CEUs.	Shay Ramirez 719-365-8345 1400 East Boulder St Colorado Springs, CO 80909
Midwest Regional Children's Advocacy Center	\$349 for entire course	PSANE Certificate Program	Completion of clinical is done outside of the course. 40 course hours.	Kim Martinez k.martinez@childrensmn.org 612-759-9344 Midwest Regional CAC Children's Business Campus 5901 Lincoln Dr Edina, MN 55436
Oklahoma State University (Includes on-line didactic and hands on clinical experiences)	\$525 per credit	SANE Certificate Program	Can take with or without clinicals. Have up to 24 weeks to complete. 55 hrs. of education. 20 self-paced units. 13 of the 20 units need to be completed if taking clinical portion.	Kathy Bell 918-561-1108 coordinator.fx@okstate.edu OSU Forensic Sciences CE 1111 W. 17 th St Tulsa, OK 74107

School	Cost	FNE or SANE	Information	Contact Info.
Penn State University	\$535-\$579 per credit	FNE Certificate Program	No clinical. 12 credit undergraduate certificate. 6 credits go toward BSN degree.	800-252-3592 pennstateonline@psu.edu The Pennsylvania State University 128 Outreach Building University Park, PA 16802
University of California Riverside Extension	\$4200	FNE Certificate Program	No clinical 12-15 month program. 16 CEUs.	Jennifer Campbell 1200 University Ave Riverside, CA 92507 951-827-4105 951-827-5804 800-442-4990

The Honorable Edward J. Kasemeyer
Chairman
Senate Budget and Finance Committee
11 Bladen Street
Annapolis, MD 21401

The Honorable Maggie McIntosh,
Chairman
House Appropriations Committee
9 Bladen Street
Annapolis, MD 21401

In re: Joint Chairman's Report
Operating Budget – 2016
M00B0104
Maryland Board of Nursing

October 31, 2016

Dear Chairmen Kasemeyer and McIntosh:

The Maryland Board of Nursing has reviewed all the on-line courses for the education of Forensic Nurse Examiners (FNE). There are 12 programs that teach either a FNE program or Sexual Assault Forensic Examiner (SANE) program. Only one program is in Maryland. All of them offer on-line programs. Except for two university programs and one hospital program, none of them have a required clinical experience component for certification as an FNE or SANE.

Our regulations require a minimum of 40 clock hours of didactic and 40 clock hours of clinical age appropriate learning experience for approval. Any program that does not meet those requirements would not meet Maryland standards.

Because of the unique nature of this field of nursing, the kind of emotional support that victims need, and a nurse's acquired ability to respond appropriately with victims we require a clinical education experience in an FNE program. We also require that any Maryland program for Maryland students be approved by the Board of Nursing prior to beginning any instruction. Another advantage of having a face to face clinical experience is that the instructor can evaluate a student's ability to work in this challenging area.

We recommend that any FNE program should include a clinical learning experience. While it appears that most of these on-line programs are stand alone and not affiliated with any health care facility it would still be possible for a program to arrange a clinical learning component through contract or memorandum of understanding with a health care facility.

The Board of Nursing has been regulating FNE education programs in Maryland since 2000. All programs are subject to review every two years and whenever there is a change in curriculum. Instructors must be approved by the Board. Renewal applicants have clinical and didactic requirements. This provides quality assurance for the program and the FNE providers.

For the above reasons we recommend that an FNE education program have a clinical component.

Sincerely,

Richard A. Proctor
Acting Executive Director

COVER PAGE FOR DATA COLLECTION

LDEM name: _____

LDEM license number: _____

Date of submission: _____

Randomized number of form (repeats on each page of form): _____

Maryland Data Collection form Licensed Direct-Entry Midwives (LDEM)

Under Maryland law, LDEMs must submit this annual report to the midwifery advisory committee summarizing their outcomes of care by October 1st of each calendar year. This report must include all data from July 1st of last year through June 30th of this year. The data submitted in this form by individual midwives will be kept confidential by the committee and will be aggregated with the data from all midwives and submitted to the Board of Nursing and the Maryland legislators in reports. This data will help the Board of Nursing make legislative recommendations in the future to improve midwifery care in Maryland.

Do not include identifying information about clients¹ on this form. This report should contain de-identified data only.

DUPLICATE RECORDS: Do not submit duplicate records for an individual client if she was attended by more than one midwife. If you practice in a partnership or group of midwives, assign one designated midwife to each client who will submit the data for that individual. If the birth occurs at home or in a birth center, the same midwife who signs the birth certificate form must submit the data. For antenatal transfers, the person who initiates the transfer must submit the data. A single case must not be reported twice if multiple midwives attended the birth or gave care prenatally.

The designated midwife that submits the data for a birth is not claiming more or less legal responsibility for the birth than any other midwife that participated in her care. **The purpose of this data is for quality assurance of midwifery care as a whole in Maryland, not to investigate individual midwives or cases.**

1. Clients who entered care with midwife in the report year:_____
2. Clients who entered care in previous year and were in midwife’s care for labor/birth in report year_____
3. Number of clients who went into labor intending to give birth at home/birth center_____
4. Home/birth center births completed as planned_____
5. Number of spontaneous abortions/miscarriages not requiring transfer_____
6. Number of unanticipated multiple births completed out-of-hospital_____
7. List the number of births completed at home/birth center as planned by county. Enter “0” (zero) if there were none. These numbers should match the birth certificates you have submitted per county:

Allegany		Harford	
Anne Arundel		Howard	

¹ The term “client” in this document is equivalent to the term “patient” as used in Maryland statute 8-6C-01(n).

Baltimore City		Kent	
Baltimore County		Montgomery	
Calvert		Prince George's	
Caroline		Queen Anne's	
Carroll		St. Mary's	
Cecil		Somerset	
Charles		Talbot	
Dorchester		Washington	
Frederick		Wicomico	
Garrett		Worcester	

8. Clients who entered care in report year and transferred out in pregnancy: _____ (total number)

Elective or non-emergency transfers in pregnancy

9. Total number of elective or non-emergency transfers in pregnancy:____
 A. Enter the total number of transfers for each reason. Enter "0" (zero) if there were none:

Code	Reason for transfer	Total number of transfers for this reason
301	Medical or mental health conditions <i>unrelated</i> to pregnancy	
302	Hypertension developed in pregnancy	
303	Blood coagulation disorders, including phlebitis	
304	Anemia	
305	Persistent vomiting with dehydration	
306	Nutritional & weight loss issues, failure to gain weight	
307	Gestational diabetes	
308	Vaginal bleeding	
309	Suspected or known placental anomalies or implantation abnormalities	
310	Loss of pregnancy (includes spontaneous and elective abortion) <i>when a transfer took place</i>	
311	HIV test positive	
312	Suspected intrauterine growth restriction, suspected macrosomia	
313	Fetal anomalies	
314	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
315	Fetal heart irregularities	
316	Non vertex lie at term	
317	Multiple gestation	
318	Clinical judgment of the midwife (when a single other condition above does not apply)	
319	Client choice/non-medical [client moved, cost/insurance problem, client wanted another provider, midwife-initiated other than due to complications, client chose unassisted birth, midwife provided prenatal care for planned hospital birth, no reason given by client, etc]	
320	Other (please specify)	

Urgent or emergency transfers in pregnancy

10. Total number of urgent or emergency transfers in pregnancy: _____

A. Reasons for urgent or emergency transfers in pregnancy:

Code	Reason for transfer
401	Non pregnancy-related medical condition
402	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia
403	Isoimmunization, severe anemia, or other blood related issues
404	Significant infection
405	Significant vaginal bleeding
406	Preterm labor or preterm rupture of membranes
407	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
408	Fetal demise
409	Clinical judgment of the midwife (when a single other condition above does not apply)
410	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. For each urgent or emergency transfer in pregnancy list the reason for transfer and outcome of the birth, using the lists above in 10-A, 10-B and 10-C:

Transfer	Reason for transfer— <i>Use correct code from 10-A</i>	Outcome for mother, if available— <i>Use correct code from 10-B</i>	Outcome for infant, if available— <i>Use correct code from 10-C</i>
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Intrapartum Transfers

11. Total number of intrapartum transfers: _____

Total number of immediate postpartum transfers (within 72 hours of birth): _____

A) Of the total, list the number of immediate postpartum transfers **initiated** to provide:

1. Care for the mother: _____ [record these transfers one time each under either section 14-D or 15-D only]
2. Care for the baby: _____ [record these transfers one time each under either section 16-D or 17-D only]
3. Medically indicated care for both mother and baby: _____ [record these transfers one time each under either section 14-D or 15-D *only*. Make a note of the reason for transfer of the baby under the “additional space” section provided at the end of this packet].

Elective or non-emergency intrapartum transfers

12. Of the total intrapartum transfers how many were elective or non-emergency? _____

A. Reasons for intrapartum elective or non-emergency transfers:

Code	Reason for intrapartum elective or non-emergency transfer
501	Persistent hypertension, severe or persistent headache
502	Active herpes lesion
503	Abnormal bleeding
504	Signs of infection
505	Prolonged rupture of membranes
506	Lack of progress, maternal exhaustion, dehydration
507	Thick meconium in the absence of fetal distress
508	Non-vertex presentation
509	Unstable lie or malposition of the vertex
510	Multiple gestation
511	Clinical judgment of the midwife (when a single other condition above does not apply)
512	Client request; request for methods of pain relief
513	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks

103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each intrapartum elective or non-emergency transfer and the outcome of the birth using the lists above in 12-A, 12-B and 12-C:

Transfer	Reason for transfer— <i>Use correct code from 12-A</i>	Outcome for mother, if available— <i>Use correct code from 12-B</i>	Outcome for infant, if available— <i>Use correct code from 12-C</i>
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Urgent or emergency intrapartum transfers

13. Of the total intrapartum transfers how many were urgent or emergency? _____

A. Reasons for urgent or emergency intrapartum transfers:

Code	Reason for urgent or emergency intrapartum transfer
601	Suspected preeclampsia, eclampsia, seizures
602	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor
603	Suspected uterine rupture
604	Maternal shock, loss of consciousness
605	Prolapsed umbilical cord
606	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress
607	Clinical judgment of the midwife (when a single other condition above does not apply)
608	Other life threatening conditions or symptoms
609	Multiple gestation (BIRTH IS IMMINENT OR AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF- HOSPITAL)

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown

208	Information not obtainable
209	Other

D. List the reason for each urgent or emergency intrapartum transfer and the outcome of the birth using the lists above in 13-A, 13-B and 13-C:

Transfer	Reason for transfer— <i>Use correct code from 13-A</i>	Outcome for mother, if available— <i>Use correct code from 13-B</i>	Outcome for infant, if available— <i>Use correct code from 13-C</i>
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Immediate postpartum maternal transfers (within 72 hours of birth)

14. Of the total immediate postpartum maternal transfers, meaning in the first 72 hours after birth, how many were elective or non-emergency? _____

A. Reasons for immediate postpartum maternal elective or non-emergency transfers:

Code	Reason for immediate postpartum maternal elective or non-emergency transfer
701	Retained placenta without significant bleeding
702	Repair of laceration beyond midwife's expertise
703	Postpartum depression
704	Social, emotional or physical conditions outside of scope of practice
705	Signs of infection
706	Clinical judgment of midwife (when a single other condition above does not apply)
707	Client request
708	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable

209	Other
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D. List the reason for each immediate postpartum maternal elective or non-emergency transfer and the outcome of the birth using the lists above in 14-A, 14-B and 14-C:

Transfer	Reason for transfer— <i>Use correct code from 14-A</i>	Outcome for mother, if available— <i>Use correct code from 14-B</i>	Outcome for infant, if available— <i>Use correct code from 14-C</i>
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Immediate postpartum (within 72 hours of birth) maternal urgent or emergency transfer

15. Of the total immediate postpartum maternal transfers, meaning in the first 72 hours after birth, how many were urgent or emergency? _____

A. Reasons for immediate postpartum maternal urgent or emergency transfers:

Code	Reason for immediate postpartum maternal urgent or emergency transfer
801	Abnormal or unstable vital signs
802	Uterine inversion, rupture or prolapse
803	Uncontrolled hemorrhage
804	Seizures or unconsciousness, shock
805	Adherent or retained placenta with significant bleeding
806	Suspected postpartum psychosis
807	Signs of significant infection
808	Clinical judgment of the midwife (when a single other condition above does not apply)
809	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died

207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum maternal urgent or emergency transfer and the outcome of the birth using the lists above in 15-A, 15-B and 15-C:

Transfer	Reason for transfer— <i>Use correct code from 15-A</i>	Outcome for mother, if available— <i>Use correct code from 15-B</i>	Outcome for infant, if available— <i>Use correct code from 15-C</i>
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Immediate postpartum (within 72 hours of birth) newborn elective or non-emergency transfers

16. Of the total immediate postpartum newborn transfers, meaning in the first 72 hours of birth, how many were elective or non-emergency? _____

A. Reasons for immediate postpartum newborn elective or non-emergency transfers:

Code	Reason for immediate postpartum newborn elective or non-emergency transfer
901	Low birth weight
902	Congenital anomalies
903	Birth injury
904	Poor transition to extrauterine life
905	Insufficient passage of urine or meconium
906	Parental request
907	Clinical judgment of the midwife (when a single other condition above does not apply)
908	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for newborn:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died

207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum newborn elective or non-emergency transfer and the outcome of the birth using the lists above in 16-A, 16-B and 16-C:

Transfer	Reason for transfer— <i>Use correct code from 16-A</i>	Outcome for mother, if available— <i>Use correct code from 16-B</i>	Outcome for infant, if available— <i>Use correct code from 16-C</i>
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Immediate postpartum (within 72 hours of birth) newborn urgent or emergency transfers

17. Of the total immediate postpartum newborn transfers, meaning in the first 72 hours after birth, how many were urgent or emergency?

A. List of reasons for immediate postpartum newborn urgent or emergency transfers:

Code	Reasons for immediate postpartum newborn urgent or emergency transfer
351	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
352	Signs or symptoms of infection
353	Abnormal cry, seizures or loss of consciousness
354	Significant jaundice at birth or within 30 hours
355	Evidence of clinically significant prematurity
356	Congenital anomalies
357	Birth injury
358	Significant dehydration or depression of fontanelles
359	Significant cardiac or respiratory issues
360	APGAR of less than seven at 5 minutes
361	Abnormal bulging of fontanelles
362	Clinical judgment of the midwife (when a single other condition above does not apply)
363	Other

B. Outcomes for mother:

Code	Outcome for mother
101	Healthy mother, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of mother
105	Unknown
106	Information not obtainable
107	Other

C. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant

202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

D. List the reason for each immediate postpartum newborn urgent or emergency transfer and the outcome of the birth using the lists above in 17-A, 17-B and 17-C:

Transfer	Reason for transfer— <i>Use correct code from 17-A</i>	Outcome for mother, if available— <i>Use correct code from 17-B</i>	Outcome for infant, if available— <i>Use correct code from 17-C</i>
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18. 3rd or 4th degree lacerations:_____

19. Breastfeeding initiated:_____

20. Breastfeeding as of 6-week postpartum visit:_____

21. Hospital transfer outcomes:

A. Cesarean sections:_____

B. Vacuum or forceps deliveries:_____

22. List the number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death (if you had transferred into the hospital and were no longer primary caregiver at the time of the death do not include the demise here—these belong under number 23). Enter “0” (zero) if there were none:

County	Fetal Demise	Infant Death	Maternal Death	County	Fetal Demise	Infant Death	Maternal Death
Allegany				Harford			
Anne Arundel				Howard			
Baltimore City				Kent			
Baltimore County				Montgomery			
Calvert				Prince George’s			
Caroline				Queen Anne’s			
Carroll				St. Mary’s			
Cecil				Somerset			
Charles				Talbot			
Dorchester				Washington			
Frederick				Wicomico			
Garrett				Worcester			

23. List the number of cases of fetal demise, infant deaths (within the first 6 weeks of life), and maternal deaths (within 6 weeks of birth) when the midwife was not the primary caregiver at the discovery of the demise or death.

Type of incident	Total number
Fetal Demise	

9 b

December 1, 2016

The Honorable Senator Joan Carter Conway, Chairman
Education, Health and Environmental Affairs Committee
2 West
Miller Senate Office Building
Annapolis, Maryland 21401

The Honorable Peter A. Hammen, Chairman
Health and Government Operations Committee
Room 241
House Office Building
Annapolis, Maryland 21401

In Re: Report required by Health Occupations Article,
Section 8-6-10, Annotated Code of Maryland

Dear Chairman and Members of the Committee:

Commencing in June 2015, the Maryland Board of Nursing accepted resumes of persons interested in having a seat on the Direct-Entry Midwifery Advisory Committee. The committee was formed and held its first meeting on October 14, 2015. Committee members include 2 certified nurse midwives, one representative of the Maryland Hospital Association, three direct-entry midwives, and one consumer member. The Board planned to hire a full time administrator to assist the committee in its duties but could not do so because of the hiring freeze. Instead, one Administrator III and an Administrative Specialist from existing board staff were assigned to the Committee in April 2016.

A Stakeholders workgroup was formed and held two public meetings in December 2015. At the completion of the second meeting the workgroup members had reached consensus on a majority of the forms required: an informational packet, the midwifery formulary, and suggested language for regulations.

The Direct-Entry Midwifery Advisory Committee presented the following at the MBON May 24-25, 2016 meeting and all were approved by the MBON.

Fee Schedule to be included in regulations

Initial fee for application is \$900. 2-year renewal fee is \$800.

(The fee schedule was supported by fees in various jurisdictions and a bar chart of types of agencies throughout the U.S. that regulate direct-entry midwives.)

Maternal Transport Form

Newborn Transport Form

Informed Consent Form

Direct-Entry Midwives License Information Sheet

Direct Entry Midwives Application for Licensure

The type of data to be collected and submitted to the Legislature in December of each year has been determined, and the data collection form was presented to the Board at its regularly scheduled meeting of November 18, 2016.

After working for more than a year on the proposed regulations, the proposal was published in the Maryland Register on September 30, 2016. The comment period ended October 30, 2016. Very few comments were received: two were positive and one made non-substantive suggestions.

The staff of the Direct-Entry Midwifery Advisory Committee is working with the staff of the Information Technology Department to formulate the DEMs licensure data base, and to place the application on line. The application form can be filled in online, printed off by the applicant, and submitted via U.S. mail along with supporting documents and the initial licensure fee. The Direct-Entry midwives will be subject to criminal background checks as a condition of licensure. Approximately fifty direct-entry midwifery applications for licensure are expected initially. A target date of early 2017 has been set for licensing these initial applicants.

The committee will start collecting birth and delivery data in 2017 after the direct-entry midwives are licensed and practicing.

Sincerely,

Richard A. Proctor, Interim Executive Director

cc: Alexa Richardson
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