

# ALABAMA BOARD OF NURSING

## REGULAR BOARD MEETING

Fiscal Year 2014-2015

Suite 350, RSA Plaza

770 Washington Ave

Montgomery, Alabama

August 21, 2014

### I. CALL TO ORDER

#### A. Roll Call

The meeting was called to order at 9:03 a.m. on August 21, 2014. The following Board members were present: Catherine Dearman, RN, PhD, President; Francine Parker, EdD, MSN, RN, Vice-President; E. Laura Wright, PhD, MNA, CRNA, Secretary; Cheryl Bailey, RN, BSN, MBA; Melissa Bullard, LPN; Vicki P. Karolewics, Ed.D.; Gladys Davis Hill, MSN, RN; Gregory Howard, LPN; Chrystabell King, LPN; Amy Price, MSN, RN; and Carol Stewart, CRNP, MSN. Genell Lee, Executive Officer, and Leslie Vinson, Executive Secretary/Recorder were present. Staff members attending portions of the meeting were: Peggy Benson, MSN, RN, Deputy Director; Cathy Boden, MSN, RN, Legal Nurse Consultant; Charlene Cotton, MSN, RN, Advanced Practice; Dawn Daniel, MSN, RN, Probation Nurse Consultant; Joyce Jeter, MSN, RN, CE/Practice Nurse Consultant; Honor Ingels, Chief Legislative and Information Officer; Cathy Russell, MSN, RN, PhD, Nursing Education Consultant; Mary Ed Davis, MSN, RN, Voluntary Disciplinary Alternative Program; LaDonna Patton, MSN, RN, Legal Nurse Consultant; Wyatt Gantt, Special Investigator; Howard Kenney, Chief Special Investigator; Nate Nunnelley, Special Investigator; Brad Jones, IT Systems Specialist; and Alice Maples Henley, General Counsel.

#### B. Declaration of Quorum

A quorum was declared with eleven Board members present. Pamela Autrey, PhD., MSN, RN, and Miriam Ellerbe, LPN, were not present.

#### C. Statement of Compliance with Open Meetings Act

Prior notice of this meeting was posted on the Secretary of State's web site in accordance with the Alabama Open Meetings Act.

D. Review of Agenda

1. Additions, Modifications, Reordering
2. Adoption of Agenda

**On August 21, Ms. Price moved that the Board approve the Agenda, as amended. Ms. Bullard seconded. Motion carried without objection.**

II. ADVANCED PRACTICE

A. Collaborative Practice Applications

Ms. Cotton reported that the roster of applications includes all applications that were completed by July 28, 2014. The Joint Committee met on August 19, 2014, to review the applications for collaboration with Alabama physicians as listed in the roster. The Alabama Board of Medical Examiners met on Wednesday, August 20.

The Joint Committee deferred action on the following applications due to failure to pay the fee to BME (Board of Medical Examiners): 1) Martha McPherson, 1-108419, and Dr. Robert Murray, 7868; and 2) Hailey Morgan, 1-088792, and Dr. Christopher Hall, 26554.

The Joint Committee recommended approving the following collaborative practice applications from the date of temporary approval through the date of termination: 1) Harley Bailey, 1-117620, and Dr. Cynthia Anastas, 25344; 2) Mary Callens, 1-096719, and Dr. Latoya Hicks, DO-1227; 3) Jessica Campbell, 1-102452, and Dr. George Kouns, DO-0493; 4) Jennifer Hayes, 1-117456, and Dr. Ryan Gregorio, 17420; and 5) D'Arcy Hughes-Cosby, 1-099653, and Dr. Angelina Orgera, 22218.

The following applicants withdrew their applications prior to commencing practice: 1) Tonya Medlock Austin, 1-097921, and Dr. Louis Nabors, 18934; 2) Jennifer Hayes, 1-117456, and Dr. Brendella Montgomery, 17420; and 3) D'Arcy Hughes-Cosby, 1-099653, and Dr. Ajit Naidu, 29028.

The following applicants terminated the collaborative practice after the roster was published: 1) Pamela Lolley, 1-114633, and Dr. Sadri Avsar, 11653; 2) Susan Salley, 1-127910, and Dr. Malek Karassi, 21830; 3) Elizabeth Stanfield, 1-037064, and Dr. Libby

Shadinger, 29308; 4) Sonja Summers, 1-143756, and Dr. Richard Horak, 26959; 5) Mark Smith, 1-072029, and Dr. John Bivona, 27607; 6) Teresa Peck, 1-079730, and William Admore, DO-0340; 7) Rebecca Slaten, 1-050249, and Dr. Alexis Penot, 28006; and 8) John Willis, 1-114309, and Dr. William English, 6834.

The Joint Committee approved the collaborative practice agreements for standard protocol, standard formulary, with or without remote locations, and/or covering physicians for items 1 through 203 as listed in the roster. The Joint Committee approved the collaborative practice agreements for standard protocol, standard formulary, additional duties and/or specialty formulary for items 204 through 233, excluding items 205-2 and 224-2. The Joint Committee deferred action on the specialty formulary and procedures for item 205-2, Tonya Austin and the procedures for item 224-2, Diantha Miller, and recommended approval of each collaboration with standard protocol and formulary.

The Joint Committee approved the modifications to existing collaborative practice for additional locations, duties, and/or restricted drug classifications for items 234 through 325.

Ms. Cotton provided copies of the roster of applications for the Board's review and approval.

**On August 21, Dr. Wright moved that the Board approve the applicants for collaborative practice as listed in the roster and amended report, excluding the items deferred by the Joint Committee. Mr. Howard seconded. Motion carried without objection.**

B. FTE Exemption

Ms. Cotton reported that Dr. James Steven Donald currently collaborates with three full-time CRNPs in Washington County. He submitted a request to the BME for an exemption to this limit, in order to practice with additional CRNP or PA personnel in rural Washington County. At the July 2014 meeting, BME authorized one additional full-time equivalent for practice with Dr. Donald. As of July 30, there is no additional CRNP application for collaboration with Dr. Donald.

Ms. Cotton provided copies of the request for the Board's information and review.

**On August 21, Dr. Parker moved that the Board approve the allowance for four full-time equivalent CRNP and PA**

**personnel in practice with Dr. James Steven Donald in rural Washington County. Mr. Howard seconded. Motion carried without objection.**

C. Exemption for Quarterly MD Visit

Ms. Cotton reported that Dr. Shakil Khan, collaborating psychiatrist, submitted request to the Alabama Board of Medical Examiners for exemption from quarterly visits to the remote collaboration sites located at Mental Health Outpatient Centers in Lineville and Roanoke. Mildred Blandamer, Psychiatric-Mental Health CRNP and CNS, received collaborative practice approval with Dr. Khan in June 2014.

Her approved practice sites include: (1) Cheaha Regional Mental Health Center Sylacauga Outpatient, 1661 Old Birmingham Hwy, Sylacauga AL 35150; (2) Cheaha Regional Mental Health Center Talladega Outpatient, 10 Bemiston Ave, Talladega AL 35160; (3) Clay Co Outpatient 88217 State Route 9, Lineville AL, 36266; (4) Randolph County Outpatient, 706 Main St, Roanoke, AL 36274; and (5) Caradale Lodge, 1721 Old Birmingham Hwy, Sylacauga, AL 35150.

The BME authorized a pilot program for Dr. Shakil Khan to meet with Mildred Blandamer CRNP at the clinics located at Lineville and Roanoke via HIPAA-approved electronic means to fulfill the requirement of Administrative Rule 540-X-8-.08(4) which states the collaborating physician shall visit each approved practice site not less than quarterly. Further, Dr. Khan is asked to provide semi-annual reports to substantiate that electronic communication has met the required objectives of a physical visit.

The ABN and BME approved video-conference collaboration at the Veterans Administration psychiatric Community Based Outpatient Clinic in northwest Alabama for the CRNP and the collaborating physician located in Birmingham. VA- CBOC staff includes a full-time Internal Medicine physician who is on-site and approved as a covering physician. The collaborating physician travels from Birmingham to northwest Alabama for quarterly site visits.

River Region Psychiatry, private practice based in Montgomery, received approval for collaboration with the CRNP and patient consultation by secure video conference at one of several practice sites. The collaborating physician is required to make quarterly visits to the remote sites.

Ms. Cotton provided copies of the request for the Board's information and review.

**On August 21, Dr. Wright moved that the Board approve the exemption from quarterly site visits by the collaborating physician Dr. Shakil Khan to Clay County outpatient and Randolph County outpatient under a pilot program allowing Dr. Khan to meet with Mildred Blandamer, CRNP, via HIPPA-approved electronic means to fulfill the requirements of the ABN Administrative Code, Rule 610-X-5-.08(4). Mr. Howard seconded. Motion carried without objection.**

### III. OPEN FORUM

#### A. Alabama Healthcare Action Coalition: Workforce Data Discussion

A compilation of the requests submitted by AL-HAC, including a student-conducted gap analysis between the Board's data and a national minimum dataset was reviewed by the Board at the May 2014 meeting. In addition, elements in the national minimum dataset were presented to the Board and identified those elements in the national minimum dataset that are in the licensing database or asked on renewal. The Board determined that secondary employment information would not be included during renewal. In addition, the subcategory listings were deleted because just the public and community health category had seventeen subcategories. Not only was it too long for nurses to complete, but the development of massive data points had to be considered since renewal has the sole purpose of renewing licenses. Data collection is a side benefit of renewal but the Board cannot add demographic questions to renewal and make it a requirement because it is not required in the law.

The response to AL-HAC identified those data elements that the Board agreed to collect and explanations were provided for those data elements the Board eliminated. AL-HAC submitted a second request including the same information from the prior request. The Board requested that AL-HAC attend a meeting to discuss data collection and Dr. Carol Ratcliffe from AL-HAC committed to attend the August 21, 2014 meeting. It is too late to change the questions on the 2014 RN renewal as staff is in the process of testing the renewal process. Renewal begins September 1, 2014 and development has ended.

The Board added some questions of its own to renewal. About four questions specific to patient safety is added. Patient safety is

a nationwide issue and healthcare facilities have invested significant resources into patient safety issues. The Board decided that asking registered nurses, through the renewal process, about patient safety could result in significant data.

Carol J. Ratcliffe, DNP, RN, FACHE, Associate Professor Ida V. Moffett School of Nursing, Samford University, co-lead AL-HAC, Lacy Gibson, Director of Human Resources Alabama Hospital Association, co-lead AL-HAC, and Ron Sparks, Director of Rural Development State of Alabama, AL-HAC Steering Committee, presented information to the Board regarding the types of data they wanted the Board to collect on the renewal application.

Kathleen Ladner, PhD, RN, FACHE, co-lead AL-HAC; Shaina Berry, Program Manager, AL-HAC; Kiesha Coleman, DNP, RN, BCBS of Alabama, AL-HAC Steering Committee; Ellen Buckner, PhD, RN, CNE, ASNA Leadership Academy; John Hankins, MSN, MBA, EdD, RN, Alabama Department of Public Health, AL-HAC Steering Committee; Dr. John Ziegler, Executive Director of ASNA, AL-HAC Steering Committee; and Janet Holt, RN, Alacare Associate V.P. for Business Development, were also present.

Ms. Lee provided copies of the original request from AL-HAC, the May 2014 response to AL-HAC, and the June 2014 response to AL-HAC for the Board's information and review.

Dr. Ratcliffe provided copies of the gap analysis and questions in response to the Board's response in July.

AL-HAC members answered questions from the Board.

B. Alabama State Nurses Association, RN Board Member Nomination Process

John Ziegler, Executive Director of ASNA, reviewed the Board member nomination process, how the nominating committee was established, and how an individual is selected to serve on the nominating committee.

Ms. Bailey was not present from 12:00 to 12:02 p.m.

C. Alabama Law Enforcement Agency Security Assessment

Ms. Lee reported that Howard Kenney, Chief Special Investigator, and Nate Nunnelley, Special Investigator, recently attended an "Active Shooter" conference. Upon their return, Mr. Kenney identified that the Alabama Law Enforcement Agency would

provide security assessments at no charge. Special Agent Mercado was contacted and conducted a security review of the Board's offices.

Agent Mercado reviewed the security assessment for the Board.

Ms. Lee provided copies of the security assessment for the Board's information and review.

The Board discussed having a metal detector. Ms. Lee will check prices of the metal detectors.

D. Hormone Replacement Therapy Video by Dr. Richard Blackwell, Professor Emeritus, University of Alabama at Birmingham

The Board viewed the video, Hormone Replacement Therapy by Dr. Richard Blackwell.

Dr. Dearman was not present from 3:27 to 3:31 p.m.

Dr. Parker left at 3:23 p.m.

Ms. Price, Dr. Karolewics, and Ms. Bailey were not present during the video.

#### IV. EDUCATION

A. Consideration of Workforce Data in an Application for a New Program

Dr. Karolewics reported that she wants to make sure that the Board members recognize the differences in the governing boards of public institutions, the responsibility of the Alabama Commission on Higher Education (ACHE) as far as coordinating education programs in the state and the lack of oversight with regards to private/non-profit institutions. The ABN is the only agency that has oversight over all nursing education programs.

Dr. Karolewics encouraged Board members to take a strong look at the content of the workforce data in new nursing education program applications before approving the program. It is not just the placement of graduates in a market that is soft but also the competition of existing nursing programs for clinical sites. The workforce data doesn't necessarily support approval of new programs. The Board has a responsibility to consumers and to students to protect their interest in making sure there are jobs when students graduate and become licensed as well as institutions that have existing programs.

Dr. Karolewics suggested that the Board secure a report or a letter from institutions within a fifty mile radius of the new program so the existing institution can tell the Board what the market looks like in regards to clinical placements, the job market, and how long graduates wait for jobs.

Ms. Lee reported that the Board has asked for that but the programs are not willing to share due to political issues between schools. The new programs are required to provide the impact it will have on the community and other programs. The hospitals will tell the new programs that there are clinical slots available but then will not let them in. New programs are required to submit clinical contracts as the first part of the application.

The nursing education annual report reveals that there are 3,000 qualified applicants of nursing programs turned away each year. The Board does not know how many programs a student applied to or the reasons the students were turned away. Oregon has a centralized application process and can tell if a student applies to more than one school.

Ms. Lee reported that if a Board denies a program that meets all the criteria listed in the rules, the program can appeal to the circuit court.

B. Report of Site Visits

Dr. Russell reported that the ABN Administrative Code, Rule 610-X-3.06 (1) states that the Board shall conduct surveys and evaluations as often as necessary to determine compliance with all standards set forth in Chapter 610-X-3. A program's inability to achieve the 80% first-time writers outcome standard, complaints alleging that the program violated a standard, a change in accreditation status or a combination of these factors served as the impetus for the scheduled site visits. A total of six site visits were made. Three programs were provisionally approved, two were approved with deficiency, and one was approved with low NCLEX® scores for FY 2013 and the beginning of 2014.

Breckinridge ITT-Tech-Mobile was granted provisional approval November 2011. Billie Ward, MSN, RN served as program director until November 2012. Michelle Alford served as interim until Connie Pizotti was appointed in January 2013.

Provisional Approval continues until the first class graduates and takes the NCLEX-RN®. The current regulations require that 80%

of the graduates of an approved nursing education program pass the first time the national exam is taken. The first cohort of students from Breckinridge ITT Tech-Mobile graduated June 2014. To date, one student has taken and passed the NCLEX® exam.

The education nurse consultant (NC) arranged a site visit for March 12, 2014. Mr. Merkie, Campus President, and Connie Pizotti, Program Director, were present. Dr. Russell met with students and faculty. Only one graduating senior was available to meet. Four faculty participated in the faculty session. According to the school's policies, students from each cohort should have representation on the NFO Committee but it was difficult to ascertain from the attendance roster whether any participants were students. There were no major issues related to the rules identified from the site visit.

Dr. Russell identified the following variables that may impact program outcomes: 1) Breckinridge employed six full time employees; all have less than one year tenure with the program and none had more than three years' experience in nursing education; 2) Breckinridge admits a higher percentage of students who have been unsuccessful at matriculating through three or more nursing programs; and 3) inexperienced faculty may have difficulty assessing and addressing the needs of this student population which may impact the program's ability to achieve the outcome standard.

Breckinridge ITT Tech-Madison was granted provisional approval, June 2011. The current regulations require that that 80% of the graduates of an approved nursing education program pass the first time the national exam is taken. First quarter FY 2014 scores for Breckinridge ITT Madison were 40% (five students wrote the exam, two passed); second quarter scores were 66.7% (three students wrote the exam, two passed); and third quarter scores were 100% (five students wrote the exam, five students passed). The average score for the partial year is 69.2% (thirteen students wrote the exam, nine passed).

As a result of the performance on NCLEX® and complaints alleging that graduation requirements were changed, the education nurse consultant arranged a site visit for May 20, 2014. Mr. Cato, Campus President, the Academic Dean, and Dr. Beckwith, Program Director, were present. Dr. Beckwith assumed the role of program director in December 2012. The Board of Nursing records indicate that Bonita Young served as the interim program director from June to December, 2012.

Dr. Russell met with approximately fifty students who participated in the student session and seven faculty members participated in the faculty session. The students who attended the session were newly admitted students and had not completed any nursing courses. Their comments were very positive. Faculty had numerous years of experience in nursing but most had between zero and three years of experience in nursing education.

The problems that exist within the nursing program are: the faculty handbook states that two students from each cohort should serve on the Student Advisory Committee and that one student per quarter should attend on a quarterly basis the Faculty meetings; there is no evidence that there are two students from each cohort attending the meetings; documentation of participants does not differentiate students from faculty; the complaints regarding changes in graduation requirements were not founded.

Fortis College was granted Provisional approval, February 2012. Stephanie Mitchell, MSN, RN is the Program Director and has been in that role since its inception. Each student from cohort one failed a course in their final semester moving the first graduation date from June 2014 to September 2014. There are seven students currently eligible to graduate in September 2014.

The education nurse consultant scheduled a visit to this program in response to complaints alleging that the faculty did not have appropriate credentials and concerns about manipulation of grades. Ms. Bacon, Campus President, and Stephanie Mitchell, Program Director were present. Dr. Russell also met with students and faculty. Approximately fifty students participated in the student session and seven faculty members participated in the faculty session.

Fortis College students rotate through Jackson Hospital, Baptist Medical Center South and Baptist Medical Center East. The hospital units where students are assigned should provide students the opportunity to care for patients experiencing complex health problems. Fortis faculty are in the process of modifying their clinical evaluation forms and their processes. However, the systematic plan of evaluation does not appear to have been updated. The form states that it is updated every two years on even numbered years. The exact month is not specified.

The problems that exist within the nursing program are: the faculty handbook denotes that the program embraces shared governance and that students serve on the various committees; the minutes that were available for review were dated for the previous month; it

was difficult to ascertain from the signatures whether participants were faculty or students; faculty was encouraged to adopt a process that differentiates between faculty and student members on committees.

Virginia College–Mobile was granted provisional approval, January 2009 and received full approval February 2013. ABN Administrative Code, Rule 610-X-3-05(2) specifies, “Graduates, as a composite of first time writers, shall achieve no less than an eighty percent (80%) pass rate on a board selected national licensure exam. Beginning with fiscal year (FY) 2013 (October 1, 2012), the Board shall calculate the program’s pass rate with a three-year rolling average. The first three-year period ends at the end of Fiscal Year 2015 (September 30, 2015). The Board shall take the pass rate for FY2013 through FY 2015 and average the pass rate. Subsequent to FY 2015, the Board shall drop the pass rate for the first of the three-year time period, add the subsequent first-time writers pass rate, and calculate the three year average and the Board shall establish the reporting time period.”

Following the FY 2013 NCLEX-RN® results, Virginia College-Mobile RN program had a 42.9 % first-time writer pass rate on the NCLEX-RN®. The average score for the partial year is 46.2% (thirteen students wrote the exam, six passed). Based on the school’s current performance, it is mathematically impossible to meet the outcome standard in FY 2015.

In response to performance on NCLEX® and changes in leadership, the education nurse consultant scheduled a site visit. Dr. Russell met with Mr. Berrios, Campus President; Ms. Conley, Academic Dean; Dr. Elliot, Nurse Consultant; Dr. Schondel Interim Dean; and Ms. Moore, Program Director. Ms. Moore assumed the role of program director in February 2014. Dr. Russell also met with approximately six students who participated in the student session and five faculty members participated in the faculty session. Faculty member had numerous years of experience in nursing but most had less than 3 years of experience as a nurse educator.

The students stated that they were not comfortable making comments in front of their peers. Several students shared that they had filed a grievance regarding inadequate faculty resources to teach courses. The claim of inadequate faculty was not substantiated on review of the minutes and on review of faculty contract hire dates. Dr. Russell followed up with administration in the exit interview regarding their policy for addressing grievances and whether anyone had filed a complaint. The president stated

that no grievances were filed for FY 2013 or FY 2014.

The problem that exists within the nursing program is: faculty handbook espouses shared governance but the minutes do not reflect student involvement in governance.

Lurleen B. Wallace MacArthur Campus is an approved program with deficiency. Their NCLEX® Score for FY 2012 was 68.9% (forty-five students wrote the exam, thirty-one passed) and 70.5% (forty-four students wrote the exam, thirty-one passed) for FY 2013. The average score for FY 2014 so far is 88% (twenty-five students wrote the exam, twenty-two passed). Additionally, the program's accreditation status changed from fully accredited to accredited with warning related to the percentage of clinical instructors who did not have an bachelor's degree.

The education nurse consultant met with Linda Cater, MSN, RN, Director of Health Programs, Department of Post-Secondary, Dr. Peggy Linton, Dean of Instruction, and Nancy Burnett, MSN, RN, Program Director. Approximately ten students participated in the student session and six faculty members participated in the faculty session.

There are four full-time instructors and eight-part time instructors. The lab instructor is also a clinical instructor and she is currently the only instructor with an associate degree. The students who attended the session were either newly admitted paramedic to RN bridge program students or students completing the associate degree program. Their comments were very positive.

The problems that exist within the nursing program are: the composite first time writers NCLEX® score for FY 2012 was 68.9% and 70.5% for FY 2013; and the minutes did not provide evidence of student involvement in government.

Dr. Russell identified the following variables that may impact program outcomes: 1) instructors travel between the Greenville and MacArthur campuses to teach the courses; and 2) there is no evidence of professional development courses to ensure that clinical instructors are comfortable with concepts essential for effective clinical teaching.

Ms. Lee suggested that the Board consider putting in the rules a requirement to notify the Board if the program opens another campus.

South University was granted provisional approval, January 2010 and received full approval February 2013. Following the FY 2013 NCLEX-RN® results, South University RN program had a 50% first-time writer pass rate on the NCLEX-RN®. The average score for FY 2014 so far is 36.4% (eleven students wrote the exam, four passed). Based on the school's current performance, it is mathematically impossible to meet the outcome standard in 2015.

As a result of performance on NCLEX®, the education nurse consultant met with Mr. Biebighauser, Campus President, and Dr. McElhaney, Program Director. Dr. McElhaney assumed the role of program director in June 2013. Approximately thirty students participated in the student session and four faculty members participated in the faculty session.

There are three full-time instructors and eight part-time instructors. Full-time faculty had less than three years of experience in nursing education but the majority of part-time faculty had more than five years of experience in nursing as an educator.

The students who attended the session were just beginning clinical nursing courses. Their comments were very positive.

The problems that exist within the nursing program are: 1) the composite first time writers NCLEX® score for FY 2012 was 100% and 50% for FY 2013; and 2) the average score for FY 2014 so far is 36.4%. Based on the school's current performance, it is mathematically impossible to meet the outcome standard in FY 2015.

The minutes do not provide evidence of student involvement in governance.

Dr. Russell provided copies of the summary of nursing education site visits for the Board's information and review.

Ms. Lee reported that since the three year rolling average went into effect, the pass rates are lower across the Board for RN programs.

Ms. Lee reported that the rules will be on the September agenda for review and discussion.

## V. PRACTICE

### A. Standardized Procedure Request from UAB: Pelvic Examinations

Ms. Lee reported that the Board reviewed a standardized procedure request from UAB at the July Board meeting for RNs to perform pelvic exams. The Board did not approve the request as it is beyond basic education for RNs to perform bimanual exams. UAB agreed to take out the bimanual exams and resubmitted the application.

Dr. Schewebke and her physician colleagues within the STD Program of the UAB Division of Infectious Disease will conduct clinical research on sexually transmitted disease and vaginitis funded by federal and private agencies.

RNs will conduct STD examinations to include pelvic examinations with collection of genital specimens. The pelvic bimanual exam has been eliminated. An estimated number of patients to be seen is 50 per month. RNs will work independently and consult with Dr. Schewebke or her designee as needed via phone or in person.

Ms. Lee provided copies of the application, policy and procedures, power point slides, and skill validation checklist for the Board's information and review.

The Board reviewed and discussed the information provided.

**On August 21, Dr. Wright moved that the Board approve the standardized procedure application from UAB with the exclusion of the bimanual exam. Mr. Howard seconded. Motion carried without objection.**

Ms. Stewart was not present from 2:01 to 2:06 p.m. and was not present for the vote.

## VI. EXECUTIVE OFFICER

### A. RN Renewal

Ms. Lee reported that the 2014 registered nurse (RN) renewal begins September 1, 2014. The processes are being tested by ABN staff. Typically the Executive Officer renews prior to the September 1, 2014 date so we can test live data. The nurses working for the Board are also asked to renew, particularly if there are issues with the first renewal. This is the first RN renewal with

our new Licensing Management System (LMS). Last year's LPN renewal occurred with LMS and there were minimal issues. There are significantly more RNs than LPNs so the systems will be tested.

The changes that subscribers will see is almost real-time updates to licensed nurses they are monitoring through their subscription service. License look-up online will also update in close to real time. The RN renewal is the first renewal for RNs where initial citizenship and legal presence have to be verified. A system-wide email went out to all RNs and LPNs the middle of July reminding individual licensees to obtain CE, verify that the Board verified the citizenship/legal presence, and to update email and mailing addresses.

Ms. Lee reported that 79.61% have had their citizenship/legal presence verified, 60% of RNs are missing continuing education, and 36% are eligible to renew.

B. Research

Ms. Lee reported that when the Board had a Nurse Workforce Researcher as the Director of the Center for Nursing, there was a research committee of the Board. When the Center for Nursing closed after funds were transferred to the General Fund in 2010, the research ended as well except for an occasional study that Dr. Jean Lazarus worked on part-time. Efforts to recruit a Nurse Workforce Researcher have not been successful. A candidate was interviewed a couple of months ago and declined.

Ms. Lee reported that the Board has a few options: contracting with a researcher is a possibility but it has to go through the legislative contract review committee; the Board could establish a research committee or discuss research on a quarterly basis at the Board meetings; or explore making this a part-time position. Predictions for the state budgets are grim for FY 2015 and there should be concern that if the Board asked to hire a consultant for research that a legislator may look at the Board's funds and decide to remove some.

After discussion, the Board directed Ms. Lee to explore making this a part-time position. If the budget issues change, the Board will look into taking it to the contract review committee.

C. Fall NCLEX® Review

Ms. Lee reported that once a year, the National Council of State

Boards of Nursing (NCSBN) allows members to take the NCLEX®. One testing center is closed for half a day for members to take the NCLEX®.

Dr. Parker and Dr. Wright indicated they would like to participate on October 17 in the AM.

Dr. Karolewics left at 2:18 p.m.

## VII. EXECUTIVE COMMITTEE

### A. Executive Officer Evaluation

Dr. Dearman reported that the Board is not required to evaluate the Executive Officer every year. The evaluation is for continuous improvement not merit raises. The process that is in place now is not beneficial to the Executive Officer.

Dr. Dearman asked the Board if they wanted to evaluate the EO this year and if the Board wanted to use the current process.

After discussion, the Board decided not to evaluate the EO this year and they do not like the current process.

Mr. Howard reported that the Executive Committee should talk to the EO if things are not going well.

Ms. Lee suggested that the Board have a conversation with her about her performance. This will take place at the annual meeting.

Ms. Price left at 2:22 p.m. and was not present for the discussion.

## VIII. REPORT OF MEETING ATTENDED

### A. NCSBN Annual Meeting, Chicago, IL – August 13-15, 2014

Mr. Howard, Ms. Hill and Ms. King reported on their attendance at the NCSBN Annual Meeting.

Ms. Bailey left at 2:38 p.m.

Dr. Parker was not present from 2:37 to 2:40 p.m.

Ms. Price was not present for the discussion.

IX. NEXT MEETING: September 18-19, 2014, 9:00 a.m., Suite 350, RSA Plaza

X. OTHER

- Ms. Lee reported that the NCSBN Simulation Study will be on the September agenda.
- Ms. Cotton reported that Beverly Jordan was elected Chairperson for the Joint Committee beginning in October.

XI. BOARD MEETING DEBRIEFING

XII. ADJOURNMENT

The meeting adjourned at 4:01 p.m. on August 21, 2014.

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Catherine Dearman, President

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E. Laura Wright, Secretary

Submitted by: \_\_\_\_\_  
Leslie Vinson, Recorder  
8/21/2014