

ALABAMA BOARD OF NURSING

REGULAR BOARD MEETING

Fiscal Year 2013-2014

Suite 350, RSA Plaza

770 Washington Ave

Montgomery, Alabama

June 19, 2014

I. CALL TO ORDER

A. Roll Call

The meeting was called to order at 9:00 a.m. on June 19, 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; Pamela Autrey, PhD., MSN, RN; Cheryl Bailey, RN, BSN, MBA; Melissa Bullard, LPN; Miriam Ellerbe, LPN; Gladys Davis Hill, MSN, RN; Gregory Howard, LPN; Chrystabell King, LPN; Vicki P. Karolewics, Ed.D.; 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; Brad Jones, IT Systems Specialist; Patrick Samuelson, Assistant General Counsel; and Alice Maples Henley, General Counsel.

B. Declaration of Quorum

A quorum was declared with thirteen Board members 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 June 19, Dr. Parker moved that the Board approve the Agenda, as amended. Ms. Stewart seconded. Motion carried without objection.

II. ADVANCED PRACTICE

A. Collaborative Practice Applications

Ms. Cotton reported that the roster includes all applications that were completed by May 27, 2014. The Joint Committee met on June 17, to review the applications for collaboration with Alabama physicians as listed in the roster.

The Joint Committee deferred action on the following applications due to failure to pay the fee to the Board of Medical Examiners (BME): 1) D'Arcy Hughes-Cosby, 1-099653, and Dr. Ajit Naidu, 29028; 2) Margaret Ivey, 1-019394, and Dr. Rosalyn Morgan, 12244; 3) Linda McAdams, 1-054912, and Dr. Keith Roberts, 25746; 4) Alexander Mikolaschek, 1-107266, and Dr. Kapil Veeravalli, 32714; 5) Michael Mosley, 1-100021, and Dr. Jay Ripka, 14557; 6) Darshna Patel, 1-131005, and Dr. Kara A. Sands, 30011; 7) Ashton Tureaud, 1-117908, and Dr. Sarah Nafziger, 23580; 8) Kimberly Wilson, 1-078924, and Dr. Jeril K. Thomas, 22507; 9) Kelly Hansard, 1-097277, and Dr. Jacqueline Crespon, 20565; 10) Brandie Jolly, 1-125063, and Dr. Nitin Windham, 29846; and Kelli McAllister, 1-074149, and Dr. David Claassen, 16897.

The Joint Committee recommended approving the following collaborative practice applications from the date of temporary approval through the date of termination: 1) Cody Davis, 1-109209, and Dr. Edward Ferguson, 16741; 2) Dan Harris, 1-044722, and Dr. Elton Hurst, 13278; 3) Nina Hester, 1-047048, and Dr. Daniel Spangler, 11528; 4) Melanie Malone, 1-087247, and Dr. Daniel Spangler, 11528; 5) Kristine Mollohan, 1-055332, and Dr. Syed Faizullah, 23507; 6) Vivian Odom, 1-062778, and Dr. David Pavlakovic, 22143; 7) Emily Pilling, 1-126802, and Dr. Shirley William, 22947; 8) Sandra Ponder, 1-036985, and Dr. Marc Watkins, 25785; 9) Joni Snow, 1-077157, and Dr. Morris Scherlis, 19205; 10) Donna Watson, 1-029084, and Dr. Lonnie Albin,

20176; 11) Harley Bailey, 1-117620, and Dr. Cynthia Anastas, 25344; 12) Joshua Christian, 1-124990, and Dr. Sakina Kamal, 16537; 13) Robin Doyle, 1-068843, and Dr. John Tucker, 16639; 14) Tamala Sparks, 1-070362, and Dr. Jason Junkins, 21962; 15) Amy Hunter, 1-097247, and Dr. John Tucker, 16639; 16) Jonathan Wilson, 1-143647, and Dr. Richard Horak, 26959; and 17) Stephanie Williams, 1-120329, and Dr. Christine Still, 21703.

The Joint Committee recommended approving the collaborative practice agreements for standard protocol, standard formulary, with or without remote locations, and/or covering physicians for items 1 through 216 on the roster.

The Committee recommended approving the collaborative practice agreements for standard protocol, standard formulary, additional duties and/or restricted drug classifications for items 217 through 247 with the following exceptions: 1) delete advanced critical care protocol for Kayce Dillon, 1-121211, and Dr. Phillip Lazenby, 19135; 2) delete orthopaedic protocol for Tracy Porter, 1-099444, and Dr. Brett Franklin, 29249; and 3) delete orthopaedic protocol for Tracy Porter, 1-099444, and Dr. Jack Moore, 21750.

The Committee recommended approving the modifications to existing collaborative practice agreements for additional locations, duties and/or restricted drug classifications for items 248 through 313, with the following exceptions: deny action on requests to perform hormone pellet insertion and removal at this time for items 253-3; 275-3; and 276-3 on the roster.

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

On June 19, Ms. Stewart moved that the Board accept the recommendations from the Joint Committee and approve the applicants for collaborative practice listed in the published roster, excluding items denied by the Joint Committee. Dr. Wright seconded. Motion carried without objection.

B. Prescribing and Insertion of Hormone Pellets by CRNPs and CNMs

Ms. Cotton reported that in March 2012, the Alabama Board of Nursing denied a Standardized Procedure application for RNs to perform deep intramuscular insertion of hormone pellets.

In March 2013, the Alabama Board of Medical Examiners approved unrelated requests from two collaborating physicians to

delegate insertion of subcutaneous hormone replacement pellets to a Certified Nurse Midwife and a Certified Registered Nurse Practitioner. This approval was reported to the Joint Committee. Recent review of records and minutes revealed the request was not submitted to the Board of Nursing for specific approval in the scope of Advanced Practice Nurses.

In May 2013, the collaborative practice application with request for "Subcutaneous Hormone Pellet Insertion" was listed on the Roster of applications. Androgenic hormones are listed on Controlled Substance Schedule 3, and the CRNP, at that time, did not have the authority to prescribe testosterone. The application specified the physician would prescribe the therapy, and the CRNP would perform the insertion. The request for this particular applicant was not called to the attention of the Board of Nursing. The Board of Nursing approved the applicants and additional procedures as listed in the roster.

The following are the collaborative practice applications approved in 2013 with the additional protocol for hormone pellet insertion: 1) October 2012, Eileen Dover submitted supervised practice for pellet insertion in application with Dr. Mark Smith; 2) December 2012, Eileen Dover applied for Subdermal Hormone Pellet Insertion with Dr. Kathleen Dupper; and 3) BME approved two requests from physicians for CRNP to perform subdermal insertion of hormone pellets, after physician prescription; 4) March 2013, Dr. R. C. Brown received approval for subcutaneous hormone pellet insertion upon prescription by the physician, with Misty Thompson, 1-090635, and Diantha Miller, 1-054953; 5) May 2013, additional skill request for hormone pellet implant for hormone replacement for Dr. Angela McCool and Jennifer Lambert, 1-101314; 6) September 2013, additional skill request for hormone pellet implant for hormone replacement for Dr. Lawrence Carpenter and Amanda Brantley, 1-090284; 7) November 2013, additional skill request for hormone pellet implant for hormone replacement for Dr. Lawrence Carpenter and Jennifer Byrd, 1-118405; and 8) November 2013, additional request for hormone pellet implant for hormone replacement for Testopel® insertion by Leslie Lovelady, 1-104451, and Dr. Amit Chakrabarty.

The revised specialty protocols for CRNP and CNM were presented to the Board of Nursing and Board of Medical Examiners in December 2013 and January 2014. Hormone Pellet Insertion is not listed on the Standard Protocol or Specialty Protocol. However, the Joint Committee recommended the CRNP/CNM and physician would have to individually apply for this procedure, and it is listed on the electronic application pathway for

CRNP and CNM. Implementation of the on-line application pathway prompted CRNPs in two separate practices to apply for privileges to perform Hormone Pellet Insertion.

CRNPs and CNMs who receive Controlled Substance Certificate from BME may have the option to prescribe medications containing testosterone.

Recently, the Joint Committee has discussed concerns about adverse patient outcomes in hormone pellet insertion. This discussion prompted review of the practices currently approved for hormone pellet insertion as well as those with pending applications.

There is conflict between the requests for subdermal insertion vs deep intramuscular insertion. A physician with the UAB Department of OB/GYN has submitted complaints about individual adverse outcomes associated with the procedure. Patients go to UAB when there are problems with the insertion or the dosage. Various issues such as deep cellulitis, exorbitant estrogen levels, gynecologic issues that should have been evaluated prior to use of the hormone pellets, and failure to communicate with patients are just examples of complaints submitted. If the Board allows this additional skill, there should be discussion about parameters if any that should accompany the skill.

Ms. Benson reported that those that have already been approved to insert hormone pellets will be reviewed by the Joint Committee at the August meeting. BME requested that the ABN deny the three new applications and bring back those previously approved for review. BME also requested that the skill be removed from the individual skills list.

Ms. Lee reported that if there is a new skill or procedure request, the request should come to the ABN for approval first but the three currently performing this procedure did not come before the ABN for approval.

Ms. Lee reported that she has asked a medical doctor at UAB to do some training for the Board.

Ms. Cotton provided copies of ACOG 2012 Statement: Compounded Bioidentical Menopausal Hormone Therapy; FDA: Menopause & Hormones: Common Questions; Testopel® FDA Manufacturer Information; and applications from: Dover: Dr. Smith/Dr. Dupper; Miller: Dr. Brown and McCool; Thompson: Dr. Brown and McCool; Lambert: Dr. Brown and McCool; Brantley:

Dr. Carpenter; Byrd: Dr. Carpenter; and Lovelady: Dr. Chakrabarty for the Board's information and review.

On June 19, Ms. Stewart moved that the Board defer action on pending requests from individual CRNPs and CNMs subject to ABN and BME decisions on proposed rule for prescribing medications that vary or exceed FDA approved therapy. Dr. Parker seconded. Motion carried without objections.

On June 19, Dr. Autrey moved that the Board send a letter to the CRNPs who are currently approved to perform this procedure, asking them to stop performing the procedure of prescribing and inserting hormone pellets until a decision is made by the ABN and the Joint Committee. Mr. Howard seconded. Motion carried without objection.

C. Corrections to CRNP and CNM Protocols

Ms. Cotton reported that in November 2013, the Joint Committee reviewed new formats for all protocols. The Boards approved the new documents in December 2013. The Mid-Level Critical Care Specialty Protocol and Advanced Critical Care Specialty Protocol did not include information adopted by the Board of Medical Examiners in March 2013. Central Venous Line insertion, Internal Jugular was moved from the Advanced Level to the Mid-Level protocol.

Initial approval of vascular line placement at one anatomic location requires twenty supervised procedures. The alternative requirements for total demonstrated procedures on vascular line placement allow a combined total of 50 supervised procedures for initial approval of all four vascular line placement procedures. Annual maintenance requires a combined total of 20 procedures including at least one demonstration for each vascular line. The BME also allows supervised procedures to be performed in simulation lab for no more than 50% of each type of line. There must be at least one live patient event for each anatomic location.

Ms. Cotton provided copies of the corrected mid-level critical care specialty protocols, and the corrected advanced critical care specialty protocols for the Board's information and review.

On June 19, Dr. Autrey moved that the Board approve corrections to the advanced critical care specialty protocols, deleting internal jugular central venous line. Mr. Howard seconded.

After discussion, Dr. Autrey withdrew her motion.

Ms. Price was not present from 10:07 to 10:09 a.m.

On June 19, Dr. Autrey moved that the Board approve corrections to the advanced critical care specialty protocols, deleting internal jugular central venous line. Ms. Stewart seconded. Motion carried without objections.

On June 19, Ms. Stewart moved that the Board approve corrections to the mid-level critical care specialty protocol to add central venous line insertion, internal jugular. Ms. Price seconded. Motion carried without objection.

On June 19, Mr. Howard moved that the Board approve adding the alternative requirements for the total demonstrated procedures in vascular line placement. Dr. Wright seconded. Motion carried with one opposition (Dr. Autrey).

D. Prescribing Intravenous Iron by CRNP and CNM

Ms. Cotton reported that in 2013, the drug classification “Heavy Metals and Antagonists” was removed from the formulary options for Certified Registered Nurse Practitioners and Certified Nurse Midwives. CRNPs who prescribed Intravenous Iron requested clarification on the status of this drug. With consensus from the Joint Committee and the Board of Medical Examiners, the Board of Nursing adopted a specialty formulary for Intravenous Iron. This option became available with the on-line application in April 2014.

The Board of Medical Examiners, on June 17, 2014, voted to add Intravenous Iron to the Standard Formulary for CRNP, CNM and Physician Assistants, and remove all requirements for individual request as a specialty formulary.

On June 19, Ms. Stewart moved that the Board approve the recommendation to add intravenous iron to the standard formulary. Dr. Wright seconded. Motion carried without objection.

III. NATIONAL COUNCIL OF STATE BOARDS OF NURSING

A. Election of Delegates to Annual Meeting

Ms. Lee reported that the ABN is a member of the National

Council of State Boards of Nursing (NCSBN) and membership allows Alabama candidates access to the National Council Licensure Exam (NCLEX). The business meeting of NCSBN occurs each year in August. Each Board is allowed two delegates to vote on issues that come before the Delegate Assembly. The ABN normally selects two alternate delegates in the event one or both delegates are unable to attend.

Dr. Autrey and Ms. Hill volunteered to be delegates. Ms. King and Ms. Ellerbe volunteered to be alternate delegates.

Ms. Lee reported that the recommendations for the Annual Meeting will be on the July agenda.

IV. POLICY

- A. ABN Administrative Code, Rule 610-X-5-.08, Requirements for Collaborative Practice by Physicians and CRNPs

This item was deleted from the agenda.

- B. ABN Administrative Code, Rule 610-X-5-.11, Prescriptions and Medication Orders by CRNPs

This item was deleted from the agenda.

- C. ABN Administrative Code, Rule 610-X-5-.19, Requirements for Collaborative Practice by Physicians and CNMs

This item was deleted from the agenda.

- D. ABN Administrative Code, Rule 610-X-5-.22, Prescriptions and Medication Orders by CNMs

This item was deleted from the agenda.

- E. Final Certification, ABN Administrative Code, Chapter 610-X-8, Disciplinary Action

Ms. Lee reported that the Board reviewed and approved amendments to ABN Administrative Code, Chapter 610-X-8, Disciplinary Action, at the April 2014 meeting. The proposed amendments were filed with the Alabama Legislative Reference Service, posted on the Board's website, and published in the April 30, 2014 *Alabama Administrative Monthly*. Anyone interested in commenting had until 4:30 pm on Wednesday, June 4, 2014, to do

so. No one commented during the designated time frame.

Ms. Lee provided copies of the proposed amendments for the Board's review and approval.

On June 19, Dr. Wright moved that the Board approve, as final certification, amendments to ABN Administrative Code, Chapter 610-X-8, Disciplinary Action.

F. Discussion Regarding SB 57

Tom York, Attorney, reported that he and Ms. Henley attended a meeting with the Governor's Office, Mr. Byrne, Dr. Bice and a representative from the Attorney General's Office to discuss the strategy on how to address things going forward. Dr. Bice is supportive of the Board's position. The next step is to come up with proper rules to allow the implementation of the program for delegation of glucagon and training for school personnel.

Over the next few weeks, Mr. York will work on rules, share the proposed rules with the Department of Education and will submit for the Board's review and approval.

Ms. Lee reported that she is trying to get a meeting with the endocrinologists at Children's Hospital for their professional judgment.

The proposed rules may be ready by the August Board meeting. Dr. Bice wants the training of school personnel to start in January 2015.

V. PRACTICE

A. Standardized Procedure for Foot Care by RN Certified Foot Care Nurse (CFNC)

Ms. Jeter reported that Specialized Nail Care will be a clinic that will provide more than just a pedicure. The clinic proposes to offer in-depth foot assessments that will include four areas: 1) foot condition - dermatologic assessment to include skin integrity and nail structure; 2) footwear condition - appropriate footwear size and socks; 3) self-care ability - individual ability to take care of feet and toenails; and 4) planning - individualized plan to provide basic or advanced care. Basic care will maintain comfort and hygiene of skin/toenail/footwear and improve education on foot care. Advanced care interventions will be performed based on the

patient's individualized assessment and doctors' orders.

One of the main advanced foot care interventions performed will be toenail and callus debridement. Toenail Debridement is reduction of the length, thickness or width of toenails as may be required to prevent pain, infection, ingrown edges, subunagual ulcerations and dermal trauma to adjacent toes. Hyperkeratotic Tissue Debridement will reduce the thickness of the nonviable tissue to reduce pressure and pain on ambulation, prevent skin breakdown/ulceration, and prevent cracking into deeper tissue, which can lead to infection.

Initial demonstration is received upon completion of the course. The supervising physician will observe care given by the nurse to complete competency checklist at six months then yearly. Certification expires every five years.

Ms. Jeter provided copies of the application, policy and procedures, the organized program of study, and competency checklist/certificates of certification for the Board's information and review.

The Board reviewed and discussed the information provided.

On June 19, Mr. Howard moved that the Board approve the standardized procedure application from Specialized Nail Care/Cynthia Wilson. Ms. King seconded. Motion carried without objection.

B. Standardized Procedure for Central Vascular Access and IV Therapy in Dialysis Clinics for LPNs

Ms. Jeter reported that Dialysis Clinic, Inc. is a non-profit corporation that provides hemodialysis in Southeast Alabama. Current clinic locations are: Dothan (corporate office), Enterprise, and Eufaula, Alabama. In the dialysis setting, IV medications are administered via the dialysis extracorporeal circuit or the fistula needle/hemodialysis catheter. The dialysis clinic medications are limited to those that either treat or manage conditions associated with complications of End Stage Renal Disease (ESRD) or adverse effects of the hemodialysis treatment. The average monthly number of in-center treatments for all three facilities is 2,500.

Limitations as listed in the application include: 1) have 6 months experience as an LPN in any clinical setting, but at least 6 months experience in the dialysis clinical setting; 2) the LPN is prohibited

from administration of any IV medication prior to successful completion of the IV Therapy for LPNs in the Hemodialysis Setting course; 3) the LPN is prohibited from administration of emergency medications via IV push route during a CODE situation; 4) the LPN is prohibited from administration of any IV medication not listed in the training outline; and 5) the LPN is prohibited from administration of any IV medication without the presence of the RN charge nurse in the immediate vicinity.

Ms. Jeter provided copies of the application, policy and procedures, proposed organized program of study, the plan for initial and periodic demonstrated competence, and ABN Administrative Code, Rule 610-X-6-.14, IV Therapy by LPNs for the Board's information and review.

The Board reviewed and discussed the information provided.

On June 19, Dr. Wright moved that the Board deny the standardized procedure application from Dialysis Clinic, Inc. Ms. Price seconded. Motion carried without objection.

VI. EDUCATION

A. Application for New ADN Program, Drake State Community and Technical College

Dr. Russell reported that Drake State Community and Technical College submitted a letter of intent and feasibility study to begin an Associate Degree program which the Board reviewed at its July 2013 meeting. The Board suggested that Drake State include: 1) the spectrum of clinical slots not just the number of slots and validate their numbers; 2) the nursing program's budget; and 3) details regarding the demand for an Associate Degree Program.

The Drake State Phase II Application Review is based on the rules for establishing a new program as outlined in Rule 610-X-3-.07 of the ABN Administrative Code.

After initial review of the Phase II Application, the nurse consultant asked Drake State to provide additional information to address questions surrounding classroom space assignment, organization chart, faculty for both programs, clinical affiliation agreements and clinical rotations, and faculty assignment. The Phase II Application Review worksheet contains the standards for approval, excerpts from the narrative, and comments.

Drake State plans to use LPN instructors to teach across programs. Drake State's PN NCLEX score for FY 2013 was 85.7%. Scores for first and second quarter of FY 2014 were 0% (3 tested, 0 passed) and 63.6% (11 tested, 7 passed) respectively. There is concern about the impact on NCLEX scores for each program, if any; it may have on achieving the ABN outcome standard. Increasing the total number of students for one program is not equivalent to increasing the total number of students for two separate curriculums with a different scope of practice. The School currently has 5 classrooms and 2 labs for both programs.

The division chairs, working as a team, will devote 10-15% of their time to developing the new program. Once the program is implemented, about 25% of their time will be dedicated to the new program. The narrative did not clearly delineate which instructors and the percentage of time they would spend teaching in each program.

The narrative provided conflicting information regarding teaching methods to be employed. One section indicated, live instructional methods are employed, however, the narrative under standard 13 indicated that "the students will be taught theory in a variety of modalities including live and online classes". The narrative also indicated that team-teaching would be employed.

The anticipated start date for the proposed new program is January 2015.

Dr. Russell provided copies of the Phase II application, health sciences student handbook, 2011 catalog, plans of instruction, and Drake State Phase II application review for the Board's information and review.

Deborah Milling, Co-Chair; Dr. Thuy Lam, Co-Chair; Dr. Alice Raymond, Director of Institutional Effectiveness, and a student in support of the program, were present to answer questions from the Board.

On June 19, Dr. Autrey moved that the Board defer action until the 3rd quarter NCLEX-PN® scores are out, and until they submit clarification of the issues raised, such as attrition, the number of admissions, financials, and faculty. Dr. Parker seconded. Motion carried without objection.

VII. BOARD DEVELOPMENT

A. Aggression and Bullying in the Workplace: A Qualitative Study, Dr. Pam Autrey

This item was deferred until the July Board meeting.

B. Probation Online Monitoring Report

Ms. Daniel conducted a power point presentation on the new online probation monitoring reports.

C. VDAP Online Monitoring Report

Ms. Davis conducted a power point presentation on the new online VDAP monitoring reports.

D. Board Self-Evaluation

Dr. Dearman reported that the Board completed a self-evaluation through Survey Monkey. Eleven out of thirteen Board members responded. There was not much improvement since the self-evaluation completed in 2013.

Ms. Lee provided a comparison of the Board self-evaluation from 2013 and 2014.

Dr. Karolewics suggested that the Board review and re-structure the questions. There are compound questions and it is hard to tell what the point is.

The Board discussed creating a task force to review the self-evaluation questions.

The Board reviewed the results of the evaluation.

Ms. Price was not present from 1:17 to 1:20 p.m.

On June 19, Dr. Wright moved that the Board eliminate the Board self-evaluation. Ms. Price seconded. Motion carried with one abstention (Ms. Hill).

E. National Patient Safety Report

Ms. Bailey reported on her attendance at the National Patient Safety Conference.

VIII. NEXT MEETING DATE: July 17-18, 2014 9:00 a.m., RSA Plaza, Suite 350, 770 Washington Ave, Montgomery

IX. REPORT OF MEETING ATTENDED: Discipline Case Management Conference, June 4-, 2014, Park City, UT

Ms. Bullard, Ms. Bailey and Dr. Autrey reported on their attendance at the Discipline Case Management Conference.

Ms. Lee reported that Mark Wilkerson, Hearing Officer, also attended the conference. NCSBN paid for Mr. Wilkerson to attend.

Dr. Parker was not present from 2:01 to 2:04 p.m.

X. OTHER

- Dr. Dearman welcomed the students from Chattahoochee Valley Community College and Auburn Montgomery.
- Ms. Benson reported that the resource manual is now on Directorpoint.
- Dr. Dearman reported that she received communication from the Alabama Healthcare Action Coalition (AL-HAC) and they have requested to come to a Board meeting to speak to the Board. The group wants the Board to fully understand what they want. It will be on the July or August Board agenda.

XI. BOARD MEETING DEBRIEFING

- Dr. Karolewics reported that it would have been helpful for her to see the first part of the application for Drake State Technical College. Dr. Karolewics requested to see copies of communications that occur between the ABN nurse consultant and potential new nursing education programs.
- Dr. Russell reported that she did ask for detail and asked specific questions from Drake State.
- Ms. Hill reported that she feels like she needed to know more about the first part of the Drake State Technical College application for a new ADN program, which is the Letter of Intent and Feasibility Study.
- Mr. Howard reported that the Board has an Education Nurse Consultant that is prepared and well versed.
- Dr. Autrey reported that the schools have time to prepare the application before appearing before the Board. The Board needs to be more diligent, in order to protect the public and students, and not

just approve every nursing education program.

- Ms. Lee reported that the nursing education programs do not get all questions in advance. The Board has the right to ask questions.
- Ms. Lee reported that the Board does not know which schools have multiple sites. Bevill State Community College has three sites and Jeff State Community College has four. The Board may want to ask how many locations each program has on the nursing education annual report in order to have a clear report.
- Ms. Lee reported that since the three year rule for NCLEX® outcome standard is in effect, some of the provisionally approved programs will not make it. Ms. Lee asked the Board to think about the programs that currently have provisional approval and if it is not mathematically possible for the program to achieve the 80% pass rate, why wait until the third year to review the program.

XII. ADJOURNMENT

The meeting adjourned at 2:21 p.m. on June 19, 2014.

Catherine Dearman, President

E. Laura Wright, Secretary

Submitted by: _____

Leslie Vinson, Recorder
6/19/2014