WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #3

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Aug 16 11 22 AM '93

OFFICE OF WEST VIRGINIA SECRETARY OF STATE

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY: WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES TITLE NUMBER: 19CSR

CITE AUTHORITY §30-1, §30-7, §30-15, & §30-24

AMENDMENT TO AN EXISTING RULE: YES___ NO *

IF YES, SERIES NUMBER OF RULE BEING AMENDED: ______

TITLE OF RULE BEING AMENDED: ______

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 19CSR9

TITLE OF RULE BEING PROPOSED: DISCIPLINARY ACTION

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Janet W. Fairchild

19.20

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

RE: BRIEF SUMMARY
Proposed Rule: §19CSR9
Title: Disciplinary Action

BRIEF SUMMARY

This rule defines the role and authority of the Board in investigation and resolution of disciplinary matters. Furthermore, the rule describes through detailed listing those practices which constitute professional misconduct for a registered professional nurse.

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES

FILED
MAR 16 11 22 AM '93
OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

SERIES 9

DISCIPLINARY ACTION

§19-9-1. General.

1.1 Scope.- This rule defines the role and authority of the Board in investigation and resolution of disciplinary matters.

1.2 Authority.-W.VA. CODE §30-1, §30-7, §30-15, and §30-24.

1.3 Filing Date.-

1.4 Effective Date.-

§19-9-2 Definitions.

The following words and phrases as used in this rule shall have the following meanings, unless the context otherwise requires:

2.1 "Board" means the West Virginia Board of Examiners for Registered Professional Nurses.

2.2 "Complaint" shall refer to any written, verbal, or other communication with the board or its representatives which indicates or tends to indicate that a licensee is acting, or has acted in violation of West Virginia Code §30-7-1 et seq. or §30-15-1 et seq., or rules governing the practice of registered professional nursing.

2.3 "Impaired" refers to the condition of a licensee whose performance or behavior is altered through the use of alcohol, drugs, or other means.

2.4 "Proof" shall refer to all types of evidence except testimony, including but not limited to records, documents, exhibits, concrete objects, laboratory or other tests, and the reports of results of examinations or laboratory or other tests.

2.5 "Structured treatment program" shall refer to a program for physical, psychological, social and/or spiritual rehabilitation, if such program has been expressly approved by the board.

2.6 "Testimony" shall refer to evidence given by a witness under oath or affirmation, including but not limited to oral statements, affidavits, or depositions.

§19-9-3 Investigation.

3.1 Upon complaint or on its own initiative, the board or its employees or designees may investigate conduct which, is occurring, or has occurred which would violate West Virginia Code §30-7-1 et seq., §30-15-1 et seq., or rules governing the practice of registered professional nursing.

3.2 For the purposes of an investigation by the Board:

3.2.1 The executive secretary or assistant executive secretary may subpoena witnesses and documents and administer oaths;

3.2.2 Witnesses may be deposed, sworn statements taken, and other evidence collected;

3.2.3 The board may institute proceedings in the courts of this state to enforce its subpoenas for the production of witnesses and documents and its orders and to restrain and enjoin violations of West Virginia Code §30-7-1 et seq., §30-15-1 et seq., or rules governing the practice of registered professional nursing;

3.2.4 Notwithstanding any other provision of law related to the confidentiality of medical records, such records shall not be excluded from the board's review during the course of an investigation;

3.2.5 The board, or its employees or designees within the limits of authority granted by the board, may employ investigators, consultants and other such employees as may be necessary to assist in an investigation;

3.2.6 All powers of the Board and its employees or designees may be exercised to investigate a matter, even if a hearing or disciplinary action does not result from the investigative findings;

3.2.7 Upon a finding of probable cause, the board may require a registered professional nurse or person applying for licensure to practice as a registered professional nurse in this state to submit to a physical or mental examination by a practitioner approved by the board. Any individual who applies for or accepts the privilege of practicing as a registered professional nurse in this state is deemed to have given consent to submit to all such examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining practitioner on the ground that the testimony or report is privileged communication. If an applicant or licensee fails or refuses to submit to any such examination under circumstances which the board finds are not beyond his or her control, such failure is prima facie evidence of his or her inability to practice as a registered professional nurse competently and in accordance with accepted standards for professional practice.

§19-9-4 Disciplinary Action

4.1 The Board has the authority to deny, revoke, suspend, or otherwise discipline a licensee upon proof that the licensee has violated the provisions of West Virginia Code § 30-7-1 et seq.

4.1.1 The board shall afford every person subject to disciplinary proceedings an opportunity for a hearing;

4.1.2 If an applicant for licensure or a licensee fails to appear at a scheduled hearing or fails to reply to the notification of hearing, the charges specified may be taken as true and the board may proceed with disciplinary action(s);

4.1.3 The Board will issue its decision on any disciplinary matter which is set for hearing before the Board or a hearing examiner;

4.1.4 The Board may establish a committee that has the authority to resolve disciplinary matters through a formal consent agreement with a licensee, permitting the licensee to voluntarily agree to disciplinary action in lieu of a formal evidentiary hearing.

4.1.5 The Board or its authorized committee may take disciplinary action which includes, but is not limited to, denial, suspension, or revocation of licensure as a registered professional nurse, or probation of a registered professional nursing license with terms to be met for continued practice, or the assessment of fines against a licensee, or a combination of these or other actions. A fine levied at the time of suspension or revocation shall be due at the time the licensee requests reinstatement of the license. A fine imposed in conjunction with penalties other than suspension of the license shall be due and payable within six (6) months of the date of the order imposing such fine. A licensee who fails to pay a fine levied by the Board as a part

of a disciplinary proceeding, within the time period contained in these rules or as otherwise agreed upon between the parties shall not be eligible for renewal of the license until such fine is paid.

4.1.6 If the board finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. Such proceedings shall be promptly instituted and determined.

§19-9-5 Professional Misconduct

5.1 Pursuant to West Virginia Code § 30-7-11(f), the Board is authorized to take disciplinary action against an applicant or licensee upon proof that the individual "[i]s guilty of conduct derogatory to the morals or standing of the profession of registered nursing." The Board hereby declares that the following conduct, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to West Virginia Code § 30-7-11(f):

5.1.1 failing to adhere to common and current standards for professional nursing practice, including but not limited to standards established by a national professional nursing organization, nursing research, nursing education, or the Board;

5.1.2 failing to adhere to established standards in the practice setting to safeguard patient care;

5.1.3 committing knowingly an act which could adversely affect the physical or psychological welfare of a patient;

5.1.4 abandoning patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;

5.1.5 practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities that the nurse knows or has reason to know that he or she is not licensed, qualified, or competent to perform;

5.1.6 impersonating another licensed practitioner;

5.1.7 permitting another person to use his or her license for any purpose;

5.1.8 permitting, aiding, or abetting an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration;

5.1.9 delegating professional responsibilities to a person when the registered professional nurse delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them;

5.1.10 practicing registered professional nursing while the license is suspended, lapsed, or inactive;

5.1.11 failing to comply with terms and conditions as may be imposed by the board based upon previous disciplinary action of the board;

5.1.12 practicing professional nursing while the ability to safely and effectively practice is compromised by alcohol, or drugs;

5.1.13 practicing professional nursing while the ability to safely and effectively practice is compromised by physical or mental disability;

5.1.14 refusing or failing to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the Board;

5.1.15 providing false or incorrect information to an employer regarding the status of a license, or failing to inform an employer of a change in the status of a license;

5.1.16 knowingly falsifying an application for employment;

5.1.17 knowingly providing false information regarding completion of educational programs;

5.1.18 falsifying patient records or intentionally charting incorrectly;

5.1.19 improperly, incompletely, or illegibly documenting the delivery of nursing care, including but not limited to treatment or medication;

5.1.20 knowingly making or filing a false report;

5.1.21 knowingly or negligently failing to file a report or record required by state or federal law;

5.1.22 willfully impeding or obstructing the filing of a report or record required by state or federal law;

5.1.23 inducing another person to file a false report, fail to file a report required by state or federal law, or obstruct the filing of a report required by state or federal law;

5.1.24 failing to report to the board the incompetent, unethical, illegal, or impaired practice of a registered professional nurse;

5.1.25 failing to report through proper channels the incompetent, unethical, illegal, or impaired practice of another person who is providing health care;

5.1.26 impeding or obstructing an investigation by the board by failing to comply or respond to requests for action or information, whether such failure is knowing or negligent;

5.1.27 violating any provision of West Virginia Code §30-7-1 et seq., or rules governing the practice of registered professional nursing, or a rule or order of the board, or failing to comply with a subpoena or subpoena duces tecum issued by the board;

5.1.28 failing to register or notify the Board of any changes of name or mailing address;

5.1.29 failing to disclose to the Board a criminal conviction in any jurisdiction to the board;

5.1.30 Conviction of a misdemeanor with substantial relationship to the practice of registered professional nursing, in a court of competent jurisdiction.

5.1.31 failing to disclose to the Board treatment or counseling for substance abuse, or participation in any professional peer assistance program;

5.1.32 providing false information on an application for licensure by examination or endorsement, or an application for renewal, or any other document submitted to the board for the purpose of licensure or privileges;

5.1.33 misappropriating medications, supplies, or personal items of a patient or employer;

5.1.34 self-administering or otherwise taking into the body any prescription drug in any way not in accordance with a legal, valid prescription or the use of any illicit drug;

5.1.35 prescribing, dispensing, administering, mixing or otherwise preparing a prescription drug, including any controlled substance under state or federal law, other than in good faith and in a therapeutic manner in accordance with accepted nursing practice standards and in the course of professional nursing practice, or in accordance with 19 CSR 8;

5.1.36 physically or verbally abusing, or failing to provide adequate protection or safety for an incapacitated individual in the context of a nurse-patient/client relationship;

5.1.37 using the nurse-patient/client relationship to exploit a patient or client;

5.1.38 exercising influence or advantage within a nurse-patient/client relationship for the purpose of engaging a patient or client in sexual activity.

5.2 A finding of guilt for improper professional practice or professional misconduct by a duly authorized professional disciplinary agency or licensing or certifying body or board in this or another state or territory, where the conduct upon which the finding was based would, if committed in this state, constitute professional misconduct under the laws of this state, may serve as a basis for disciplinary action by this board.

§19-9-6 Impaired Nurse Treatment Program

6.1 Pursuant to West Virginia Code § 30-7-11, the Board has the authority to deny, revoke, suspend, or otherwise discipline an applicant or licensee upon proof of prohibited conduct. Other forms of discipline may include, but are not limited to, directing the licensee to participate in a structured treatment program.

6.1.1 Participation in an approved treatment program may be monitored by a designee of the Board;

6.1.2 An applicant or licensee that remains in compliance with the terms of an approved treatment program, to the satisfaction of the Board's designee(s), may be permitted to not appear before the Board or hearing examiner to respond further to charges of misconduct;

6.1.3 An applicant or licensee that fails to comply with the terms of an approved treatment program, to the satisfaction of the Board's designee(s), may be subject to further disciplinary action to the fullest extent of the Board's authority;

6.2 Establishment and function of an impaired nurse treatment program or programs will be determined by the board.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: DISCIPLINARY ACTION

Type of Rule: * Legislative ____ Interpretive ____ Procedural

Agency WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

Address 101 DEE DRIVE

CHARLESTON WV 25311-1620

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1. Effect of Proposed Rule

	ANNUAL		FISCAL YEAR 1994		
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
ESTIMATED TOTAL COST	$ N/A	$	$	$	$
PERSONAL SERVICES	N/A				
CURRENT EXPENSE	N/A				
REPAIRS & ALTERNATIONS	N/A				
EQUIPMENT	N/A				
OTHER	N/A				

2. **Explanation of above estimates:** Implementation of this rule does not directly increase or decrease the operating budget of this agency. It is anticipated that the number of disciplinary cases being reported to the Board will increase, and thus will increase the workload of the agency. This was previously provided for through a licensure fee increase implemented in 1991 and through the addition of clerical staff (1) in 1992 as well as sufficient legal counsel from the Attorney General's office.

3. **Objectives of these rules:**

To more clearly delinate disciplinary action authority of the Board as well as to delineate professional misconduct practices.

Rule Title: DISCIPLINARY ACTION

4. **Explanation of Overall Economic Impact of Proposed Rule.**

   A. **Economic Impact on State Government.**

   NONE: As the Board is a Special revenue agency, by law, it may not receive funds from general revenue, nor may the Board's funds be diverted to the general fund.

   B. **Economic Impact on Political Subdivisions; Specific Industries; Specific groups of Citizens.**

   N/A

   C. **Economic Impact on Citizens/Public at Large.**

   N/A

Date: June 29, 1993

Signature of Agency Head or Authorized Reprensentative

Janet H. Fairchild

DATE: August 16, 1993

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

LEGISLATIVE RULE TITLE: DISCIPLINARY ACTION

1. Authorizing statute(s) citation §30-1, §30-7, §30-15, & §30-24

2. a. Date filed in State Register with Notice of Hearing
   JUNE 29, 1993

   b. What other notice, including advertising, did you give of the hearing?
   (1) Sent to directors of nursing in all hospitals in WV
   (2) Sent to deans/directors of all nursing education programs
   (3) Sent to organizations/associations related to nursing

   c. Date of Hearing(s) July 30, 1993

   d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

   Attached x No comments received ____

   e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

   August 16, 1993

   f. Name and <u>phone number(s)</u> of agency person(s) to contact for additional information:

   Janet H. Fairchild, MS, RN

   Executive Secretary

   558-3596

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

   a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

      N/A

      ____

      ____

   b. Date of hearing: ______________________________

   c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

      ____

   d. Attach findings and determinations and reasons:

      Attached ______________________________________

SUMMARY OF REPLY

19CSR9 : DISCIPLINARY ACTION

The Board in session August 10 - 11, 1993 discussed and reviewed the transcript of the hearing held July 30, 1993 on the proposed rule 19CSR9: Disciplinary Action.

In response to oral and written comments, the Board made changes to the following subsections: 3.1.; 3.2.7. of original rule deleted; 3.2.7.; 4.1.5.; 5.1.1.; 5.1.4. of original rule deleted; 5.1.13.; 5.1.14. added from 5.1.13; 5.1.18.; 5.1.22.; 5.1.25.; 5.1.26.; 5.1.27.; 5.1.30.; 5.1.31. added; 5.1.31.

FILED

Aug 16 11 23 AM '93

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

SUMMARY OF COMMENTS/REPLY

PROPOSED 19CSR9

1. George D. Velianoff, DNS, RN
   Administrator for Nursing
   Charleston Area Medical Center
   3101 MacCorkle Avenue, SE
   Charleston, WV 25304

ORAL AND WRITTEN COMMENTS:

". . . are fully supportive and thrilled to see these rules being proposed."

2. Rosalie Vlahutin, RN, MPH
   Vice President, Nursing
   St. Joseph's Hospital
   19th Street and Murdoch Ave.
   Parkersburg, WV 26101

ORAL AND WRITTEN COMMENTS:

" . . . commend the Board on its attempt to define a disciplinary process. Mandatory reporting helps the individual as well as the profession."

Expresses concern that the rule challenges concept of due process and other specific concerns with implementation.

3. Karen Daniels, MSN, RN
   Director Specialty Care Division
   Cabell Huntington Hospital
   1340 Hal Greer Boulevard
   Huntington, WV 25701-0195

WRITTEN COMMENTS:

" . . . is supportive of Mandatory Reporting Legislation."

Expresses some concerns with possible due process problems as well as implementation of rule.

4. Carolyn Escandon, M.Ed., RN
   Clinical Director
   St. Joseph's/Parkside
   P.O. Box 327
   Parkersburg, WV 26102-9327

ORAL AND WRITTEN COMMENTS:

" . . . I believe that the Board has not only the right but the duty to investigate and take action in instances where conduct is harmful or not appropriate; however, the rule as stated causes

me concern because I believe the language may create fear and avoidance rather than participation and cooperation."

5. Gil DeLaura
   Vice President/General Counsel
   WV Hospital Association
   600 D Street
   South Charleston, WV 25303

WRITTEN COMMENTS:

Supports " . . . ensuring that the process of patient (nursing) care is provided by competent practitioners (nurses) qualified to safely practice (nursing) their profession."

Expresses specific concerns with subsection 5.1.9. and 5.1.10. related to delegation of professional nursing responsibilities.

6. Nan Cameron, MSN, RN
   Associate Executive Dir.
   Green Brier Valley Med. Center
   P.O. Box 497
   Ronceverte, WV 24970-4411

WRITTEN COMMENTS:

Believes rule is ". . . narrow and restrictive as currently written and will be difficult for many health care settings to apply based on other regulatory standards, resources, and institutional/corporate philosophies."

7. Alita K. Sellers
   Chairperson, Nursing
   West Virginia University
   at Parkersburg
   Rt. 5, Box 167 A
   Parkersburg, WV 26101-9577

WRITTEN COMMENTS:

"Given the number and complexity of the disciplinary matters faced by the Board, I applaud the efforts to better address practice parameters."

8. Marion L Culbertson
   Assistant Prof. of Nursing
   West Virginia University
   at Parkersburg
   Rt. 5, Box 167 A
   Parkersburg, WV 26101-9577

WRITTEN COMMENTS:

"Proposed Rule 19CSR9 effectively defines the role and authority of the Board in investigation and resolution of disciplinary matters and clearly describes through detailed listing those practices which constitute professional misconduct for a registered professional nurse."

9. Suzanne J. Shackelford, RN
   Director of Nursing Services
   Jefferson Memorial Hospital
   300 S. Preston Street
   Ranson, WV 2543888

WRITTEN COMMENTS:

Recommended specific changes to subsection 5.1.19., 5.1.24., 5.1.24., and 5.1.25.

10. Sylvia L. McNeil
    President District 1
    (Hancock, Brooke, Ohio,
    and Marshall Counties)
    WV Nurses' Association

WRITTEN COMMENTS:

"District I <u>SUPPORTS</u> the action of the Board of Examiners for Registered Professional Nurses regarding rules and regulations for disciplinary action . . . "

11. Rachel G. Byrd, RN, BSN
    924 Chappell Road
    Charleston, WV 25304

WRITTEN COMMENTS:

"I am in full support of both rules." " . . . as a profession we must be ever responsible and accountable for our sacred public trust."

12. Julia Hartman, RN, MSN, Ed.D.
    Chair, Dept. of Nursing
    Davis and Elkins College
    Elkins, WV 26241-3996

13. Karen E. Sadler, RN, BSN, CRNI
    Rt. 1, Box 129
    Little Hocking, OH 45741

WRITTEN COMMENTS:

" . . . I believe the Board of Nursing is the appropriate governing body for the investigation of matters concerning the

practice of the Registered Professional Nurse."

Recommended specific concerns with three subsections.

14. Janice M. Smith, MSN, RN, C
Clinical Nurse Manager
Women and Children's Hospital
Charleston, WV

and
Vice President, District 8
WV Nurses' Association

WRITTEN COMMENTS:

" . . . Adds a clearer definition of professional misconduct. Helps to assure the impaired nurse does not endanger the public while practicing under the influence." "These definitions assist the nurse, employers, and public to understand who must/should be disciplined, actions that will be taken, and consequences." "Establishes the authority for the board and strengthens their role and responsibility in protecting the public."

15. Shelia M. Kyle, MSN, RN C
Huntington, WV

WRITTEN COMMENTS:

". . . letter of support for the proposed rules entitled . . Disciplinary Action." " . . . rules are necessary . . . protecting the public."

16. Lynn B. Welch, EdD, RN
Dean, School of Nursing
Marshall University
400 Hal Greer Boulevard
Huntington, WV 25755-9500

WRITTEN COMMENTS:

"On behalf of the faculty of Marshall University, I wholeheartedly endorse this rule . . . clearly defines the role and authority of the Board in its investigation and resolution of disciplinary matters. The detailed listing of those practices which constitute professional misconduct appears to have been thoroughly considered and the list seems to be exhaustive."

17. Giovanna Morton, EdD, RN
Graduate Program Director
Professor
School of Nursing
Marshall University
400 Hal Greer Boulevard
Huntington, WV 25755-9500

WRITTEN COMMENTS:

"As a past Board member (President), I realize how important it is to define not only the role and authority of the Board, but also to have a detailed listing of those practices which constitute professional misconduct for a registered professional nurse . . . are in the best interest of the public and the nurse."

18. Sandra S. Bowles, Ed.D., RN
    Dean, Division of Health Sciences
    The University of Charleston
    2300 MacCorkle Ave. SE
    Charleston, WV 25304

WRITTEN COMMENTS:

" . . . support the changes proposed . . ."

19. Judith Tiano, RN, MEd, MBA, CNAA
    Vice President for Nursing
    Monongalia General Hospital
    1200 J.D. Anderson Drive
    Morgantown, WV 26505

WRITTEN COMMENTS:

" . . . some concerns regarding the role of the Board being in conflict with the role of the employing agencies of registered professional nurses . . ."

Listed specific concerns with five subsections.

20. Rochelle L. Boggs, MS, RN, CCRN, CS
    1130 Market Street
    Parkersburg, WV 26101

WRITTEN COMMENTS:

"I strongly support the proposal for Disciplinary Action (rule) . . . (gives) two examples . . ."

21. Karen Sadler, RN, BSN
    President, District #3
    WV Nurses' Association
    P.O. Box 4651
    Parkersburg, WV 26104

WRITTEN COMMENTS:

" . . . express collective support for the (rule) . . . uphold the WV Board of Examiners as the regulating and enforcing body for maintaining the standards of nursing practice in the state of WV."

22. Ruth J. Moore, RN
Director, Practice and Development
Charleston Area Medical Center
Corporate Professional Nursing
3101 MacCorkle Avenue, SE
Charleston, WV 25304

WRITTEN COMMENTS:

"I support the need for these rules and applaud your efforts."

Expressed specific concerns and recommended changes for four subsections.

23. Teresa Calhoun, RN, BSN
5117 Waycross Drive
Cross Lanes, WV

WRITTEN COMMENTS:

"As a staff nurse working in a large institution and chairperson for the Quality Improvement Nursing Council, I strongly support both proposed rules."

24. Rosemary Nolan, RN, MSN, CNA
Vice President,
Patient Care Services
Weirton Medical Center
601 Colliers Way
Weirton, WV 26062-5091

WRITTEN COMMENTS:

Expressed specific questions, concerns, recommended wording changes to ten subsections.

25. Lorraine Ritz, MSN, RN, CNAA
President
WV Organization of Nurse Executives

WRITTEN COMMENTS:

"The West Virginia Organization of Nurse Executive wishes to commend the West Virginia Board of Registered Professional Nurses on the development of . . . Disciplinary Action Rules."

Quote from April 17, 1992 position statement " . . . endorses the practice of mandatory reporting of the Registered Nurse known substance abuser to the . . . (Board) . . . and encourages development and implementation of this policy."

26. Janice S. Smith, MSN, RN
Chair
Advanced Nursing Practice Conference Group
WV Nurses Association
P.O. Box 1946
Charleston, WV 25327

WRITTEN COMMENTS:

"Because of leadership reorganization, West Virginia Nurses Association is unable to comment on the rules currently being reviewed by the . . . (Board)."

27. George Perich
Vice President
Human Resources
Fairmont General Hospital
1325 Locust Avenue
Fairmont, WV 26554

WRITTEN COMMENTS:

Expressed specific concerns with subsection 5.1.9. and 5.1.10. related to delegation of professional nursing responsibilities.

Also expressed concern with due process issues.

28. Sue Sowards
St. Joseph's Hospital
P.O. Box 327
Parkersburg, WV 26102

ORAL COMMENTS:

"I would like to say that I support the effort to define your all's role in the disciplinary process.

Further expressed some general and specific concerns.

29. Bonnie Brauner
WV Div. of Health (OHFLAC)
2880 Pennsylvania Ave.
Charleston, WV 25302

30. Phillip Bolt
Raleigh General Hospital
1710 Harper Road
Beckley, WV 25801

31. Jessica Sharp
    Raleigh General Hospital
    1710 Harper Road
    Beckley, WV 25801

32. Christa Rivers
    St. Joseph Hospital
    2813 25th Street
    Parkersburg, WV

ORAL COMMENTS:

" . . . support the need to recognize a change in regulating nursing practice."

Raised questions/concern regarding the impaired nurse.

33. Connie Stone
    St. Joseph Hospital
    17 Maple Drive
    Mineral Wells, WV

ORAL COMMENTS:

Raised questions/concerns regarding resources of Board to follow-up on disciplinary complaints.

34. Oveta McMillian
    Cabell Huntington Hospital
    Huntington, WV

ORIGINAL

COPY

BEFORE THE
STATE OF WEST VIRGINIA
BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

PUBLIC HEARING
JULY 30, 1993
19CSR9
DISCIPLINARY ACTION

Transcript of proceedings had on the 30th day of July, 1993, at 101 Dee Drive, Charleston, West Virginia, commencing at 9:30 a.m..

BEFORE: JANET H. FAIRCHILD, Hearing Officer

APPEARANCES: CAROL A. EGNATOFF, Attorney at Law,
Assistant Attorney General,
Counsel for State of West Virginia,
Board of Examiners
for Registered Professional Nurses,
and
LAURA S. RHODES, MSN, RN,
Assistant Executive Secretary,
State of West Virginia,
Board of Examiners
for Registered Professional Nurses,
101 Dee Drive,
Charleston, West Virginia 25311-1620.

DATE: 8/9/93

NINETY DAYS FROM THE ABOVE DATE THE TAPES OF THIS MATTER WILL BE ERASED SO THAT THEY MAY BE REUSED UNLESS WE HEAR FROM YOU INDICATING YOUR REASONS WHY THIS SHOULDN'T BE DONE.
JANET T. SURFACE

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MS. FAIRCHILD: I'm Janet Fairchild. I have nine-thirty. So the hearing will begin promptly.

On behalf of the Board, I want to express appreciation for everyone being here and showing an interest with your presence to be here, whatever direction your interest is in. And what we will do now, the sign-in sheet is going around. We request that everyone sign in, giving your name, your address, the agency, if you represent or are affiliated with one. The sign-in sheet also asks whether or not you wish to speak to the rules. If you do wish to speak to the rules, then our court reporter will ask each one of you to state your name into the record and also ask whether or not you're speaking on behalf of an agency or if you're speaking just for yourself.

So at this time, I will retrieve the sign-in sheet. Then we'll proceed here. For those who don't know me, I am Janet Fairchild, the Executive Secretary of the Board. Laura Rhodes, our Assistant Executive Secretary just walked in.

I now have the sign in sheet, and the first person on the list is George Velianoff. And, George, if you would like to come up by the court reporter so that you can speak into the microphone, that will be helpful.

MR. VELIANOFF: I'm George Velianoff, and I'm representing Charleston Area Medical Center as well as myself. And although we have submitted a written letter in support of the rules, I wanted to take the opportunity to also state our support verbally at this time. That's all I have.

MS. FAIRCHILD: Thank you.

The next person on our list is Sue Sowards. Sue, would you please come forward?

Sue, would you please come forward if you would wish to speak?

MS. SOWARDS: I don't wish to speak.

MS. FAIRCHILD: The next person on our list who wished to speak to the rules, I believe, is Jessica Sharp.

MS. SHARP: No, I don't at this time. I've written "no."

MS. FAIRCHILD: And would you like to speak to the rules?

MR. BOLT: No.

MS. FAIRCHILD: For those persons who just walked in, I'm requesting that you complete the sign-in sheet. And as soon as I get a name off the sign-in sheet, I'll call one of you forward to speak to the rules.

At this time, I'm requesting that Christa Rivers come forward and speak to the rules as requested. This is the rule on disciplinary action.

MS. RIVERS: Oh, I would rather speak this afternoon.

MS. FAIRCHILD: Okay. The morning hearing is on Rule Number 9, which is disciplinary action, titled.

Folks are still signing in.

We'll call forward now Rosalie Vlahutin, and you have the opportunity to speak to the disciplinary action rule.

MS. VLAHUTIN: Thank you, Ms. Fairchild.

My name is Rosalie Vlahutin. I address this Board on behalf of myself as a registered nurse and on behalf of my institution where I serve as vice-president of nursing.

Our response is built mainly on our experiences as nurses, as administrators. It's rooted in our knowledge of the history of nursing and our belief that as professionals we support and affirm the desire to have standards and support and affirm the Board's attempt to develop rules and regulations for disciplinary action.

In reviewing the rules and regulations on disciplinary action, however, we do have some concerns about

due process, and in particular I would like to quote some of the issues that we, we would like to have revisited as we look at the rules and regulations.

In order for standards to be useful, in order to have disciplinary action, rules and regs that can be integrated into having those standards enforceable, the standards must be realistic. They must be appropriate. They must be enforceable. And they must really show what's going on in the, in the working world.

When you look at the particular rules and regs on the disciplinary action, the concerns are that the standards are really reflecting a level of practice that one grows into, in our opinion, and not necessarily a level of practice that one obtains upon graduation from a program for nursing and the successful completion of a licensure exam.

And if the standards of practice are so sophisticated that one does not have really the skills to meet those standards upon initiation into the practice of nursing, then the rules and regs for disciplinary action really bear a great influence on that because as we look at new practitioners in particular and try to mesh their behavior with the new standards as they're written in the rules and regs, and I don't think you can differentiate the

two rules and regs at this time, that they are hand-in-hand, that really we're setting our nurses up and asking them and expecting them to practice at a level that they often times are not prepared for.

And so as you look at the disciplinary action rules and regs, you want them to be seen in the light of where that practitioner is at any given point.

The issues of concerns about due process is that I believe that the Board is obviously acutely aware of the propensity for health care workers, often times because of culture and work involved, to be exposed to situations that may increase their tendency to be alcohol or drug impaired.

However, the approach one would want to take is not a punitive approach. The approach would be to encourage people to understand the standards and try to comply with them but not to put them in such a situation that they're afraid to speak up.

The proposed regulations contain significant due process problems in the sense that a complaint can be verbally communicated and a complaint can be in consideration of future actions, which may nearly be impossible to prove and just as difficult to defend.

Also of concern is the Board's ability under the proposed rules and regulations in the disciplinary rule is that the Board could require a registered professional nurse to undergo physical or mental examinations at its request. The regulations do not set forth the grounds for such a request, and the failure to comply would be prima facia evidence of a nurse's inability to practice. This regulation has profound due process and privacy right implications.

The question I ask myself: Is the Board's responsibility not to act as an advocate of the nurse while still protecting the rights of the patient? And it's a very fine line that the Board must walk.

Another privacy and privilege problem contained in these regulations is the Board's perceived ability to review medical records during the course of an investigation without regard to confidentiality laws.

Item 2.3, in my mind, is somewhat unclear where we talk about the impaired practitioner and their performance or behavior. Does this refer to work time only? And, additionally, to what does the phrase "other means" refer?

Item 2.5 mentions "structured treatment

programs." The question I ask: Is the Board in a position to determine the appropriate content for an individual on a case-by-case basis if one subscribes to the, to the philosophy that each impaired practitioner's case must be analyzed on an individual basis and a program structured for that individual? Is this the legitimate role of the Board, to become involved in determining what structured treatment programs are appropriate? What is the role of the employer to the employee? How does this interact with those employers who do have a strong employee assistance program? Again, how would the Board's decision integrate into the workplace with an employee assistance program?

Under the section Professional Misconduct, the phrase "preponderance of evidence" is used but not defined, nor are the phrases "common and current standards." What criteria would be used by the Board to define and evaluate competence?

Items 5.1.9 and 5.1.10 are somewhat troublesome to us in light of the conflicting licensure laws and regulations which exist in the State of West Virginia.

Another issue is: Can a mental disability truly, as mentioned in 5.1.13, truly be a cause for disciplinary action? And how is a mental disability

defined? How does this work with the Americans With Disabilities Act? And what is the relationship with the Board in regard to the individual employees as they try to abide by the ADA? What professional resources would be available to the Board to determine a mental disability? And is the Board in a position really to enforce these standards?

Items such as 5.1.24 and 5.1.25 seem to overlap with the responsibilities of the employer in regards to the actions of their respective employee.

Item 5.1.30, in regard to participation in any professional peer assistance program seems vague and open to wide interpretation. Would such a reference in our standards and in our regulations for disciplinary action discourage employees from seeking appropriate support services for fear of being labeled impaired and, therefore, subject to disciplinary actions by the Board?

Item 6.2 is an example of the Board assuming a responsibility heretofore ascribed appropriately to the employer. Again, what is the relationship between the employer and the employee? And how does the Board's action integrate with that?

In conclusion, I want to affirm my support for

professional nursing standards. They can be a useful mechanism to define scope of practice and a measure against which one compares performance. Perfecting one's practice, however, is an on-going process. Providing care has both technical and emotional components. Nursing is both task oriented and cognitive. Patient care needs vary, and individual nursing standards wax and wane in importance in response to the individual patient needs at any given point in time. Perception of care rendered may or may not be based on reality. The Board, we request that it be diligent in its establishment and implementation of the standards, taking a road either too lenient nor too harsh but still being the advocate for the nurse to develop professional standards.

MS. FAIRCHILD: Thank you. Would you like to have your written comments included in the testimony?

MS. VLAHUTIN: Yes, I would.

MS. FAIRCHILD: Okay. We will include that.

MS. VLAHUTIN: Thank you.

MS. FAIRCHILD: Would any of the folks who indicated earlier that they did not wish to speak to the rules wish to do so now?

MS. RIVERS: Mine is not a speech as much as it is a

question. Can you answer a question for me?

MS. FAIRCHILD: No. There's no dialogue.

MS. SHARP: I guess then I need to state some of this I think needs to be better defined.

My name is Jessica Sharp, and I'm speaking to reg 5.1.9, and that says, "permitting, aiding, or abetting an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration."

MS. FAIRCHILD: Is this for the Rule Number 9?

MS. SHARP: I'm on disciplinary.

MS. FAIRCHILD: Five-point-one-point-one-nine?

MS. SHARP: (Indicating.)

MS. FAIRCHILD: Oh, okay.

MS. SHARP: Am I on the right one?

MS. FAIRCHILD: Go ahead. Yes.

MS. SHARP: My question--, my concern is that: Is this for all health care providers here that we're speaking, or are we speaking only to registered nurses here? Unregistered RN's, I don't understand that point right there. Is it, it is for all health care providers that are unregistered, that they all be registered, or is it just RN's that are registered? All right. That's my, that's my

concern. Thank you.

MS. FAIRCHILD: Thank you for your comments.

Would anyone else like to speak to the rule?

(No response.)

MS. FAIRCHILD: Just for a point of clarification, in a formal public hearing, the purpose of the hearing is to receive comments and--, rather than dialogue.

I see that we have two more folks coming in. So I will ask them to sign in.

At this time, I invite anyone present who has not had an opportunity to speak to come forward if they would like to speak to the rule. This is the Rule Number 9 on disciplinary action.

MS. DANIELS: We just have a letter we'd like to submit.

MS. FAIRCHILD: Okay. We will also accept written comments, if you'll come forward, please, and sit down.

If you'll say your name.

MS. DANIELS: Karen Daniels, from Cabell Huntington Hospital.

MS. FAIRCHILD: And you would like to submit written comments into the record?

MS. DANIELS: Yes. Yes.

MS. FAIRCHILD: We will accept them.

MS. ESCANDON: Janet.

MS. FAIRCHILD: Yes.

MS. ESCANDON: I have some written comments also.

MS. FAIRCHILD: Okay. For the record, will you state your name?

MS. ESCANDON: Carolyn Escandon.

MS. FAIRCHILD: And would you like to speak to the rule?

MS. ESCANDON: I think Rosalie covered most of my points.

MS. FAIRCHILD: And you would like to submit written comments?

MS. ESCANDON: Yes.

MS. FAIRCHILD: Okay. We will receive the comments and put them in the record, then.

MS. ESCANDON: Thank you very much.

MS. FAIRCHILD: We certainly have plenty of time. So if anyone does wish to speak further to them, you have the opportunity to do so.

Again, I would like to say, for those of you who have come in since the hearing began at nine-thirty, that, on behalf of the Board, the Board appreciates your willingness to come and speak to and/or submit written

comments personally into the record. We appreciate the interest that you show by coming here and doing that.

The hearing will be open to public comments and submission of documents through eleven-thirty. So those of you who, you know, wish to stay, you're welcome to stay. Again, there won't be any dialogue. It's-- The purpose of the hearing is to receive oral comments and/or additional written comments into the record. So if you, you know, wish to leave, that's perfectly acceptable, too.

For the gentleman who just walked into the hearing, I'll ask you to sign in and indicate if you'd like to speak to the disciplinary rule.

At this time, I'd like to call forward Mr. Gil DeLaura, who, I believe, would like to submit some written comments that are applicable to both rules. The written comments on either rule may be accepted through four p.m. today, but the oral comments for this rule will conclude at eleven-thirty.

So I now have received for introduction into the record written comments from Mr. Gil DeLaura.

Again, I would like to offer, if any of the folks would like to step across the hall for a cup of coffee, or the restrooms are out the door and to your left

and around the corner.

Let the record show that one more person has come to the hearing and will be given an opportunity to speak, if he so chooses.

MR. LAW: Thank you.

MS. FAIRCHILD: Mr. Law, would you like to speak to the rules?

MR. LAW: No, ma'am. Thank you. I want to note the presence of the Nursing Association and the interest of the Nursing Association in the rules and their passage.

MS. FAIRCHILD: Okay. Thank you.

MR. LAW: I suppose I did speak.

MS. FAIRCHILD: Off the record.

(WHEREUPON, a discussion was had off the record.)

MS. FAIRCHILD: We're back on the record now. Some of our visitors wish to speak to the rule. So for those who want to, please come forward.

I believe we have Christa Rivers, who is employed at Saint Joseph's Hospital in Parkersburg.

Christa, you have the floor.

MS. RIVERS: Thank you. I'm a registered nurse, and

also a licensed professional counselor in the State of West Virginia. And I want to start by saying how I support the need to recognize a change in regulating nursing practice.

As a therapist, I have some concerns regarding the impaired nurse, and particularly Section 6.1 through Section 6.2. As a practitioner, I see women in particular struggle with issues of shame and guilt. And since the nursing profession at this point is predominantly composed of women, as an advocate for this group I would like to see that impaired nurse program maybe given to a task force to clarify specifically what we need so that we can be advocates for the nurse, advocates for the employers, and primarily advocates for the patient.

And I thank you for this time, and I congratulate you on your work. Again, the question is: Could we further investigate how we could do this more effectively? Thank you.

MS. FAIRCHILD: Thank you for your comments.

Would someone else like to speak to the rules?

We have Carolyn Escandon, also from Saint Joseph's Hospital. Okay, Carolyn.

MS. ESCANDON: Okay. I would like to say also that I

support the efforts of the Board and certainly the idea that the Board has the right and the duty to investigate and take actions for nursing, but my concern is that the language is couched in a way that inspires participation and cooperation rather than fear and avoidance and withdrawal from the people that we're trying to get support.

And in-- As an example, I refer to 2.2 and 3.1 where, for instance, the statement that says, "tends to indicate that a licensee is about to act," or that the Board, "on its own initiative...may investigate conduct which is about to occur."

I think that taken literally that might convey a message that isn't what the Board, I think, is trying to convey, which is, it sounds threatening. And so I'd like to make that point.

The, the other point is, is some definitions for clarification. And phrases like "failing to exercise competence." At-- Out in the trenches I'd like a clear definition so that--, to make that more enforceable.

Also some clarification because, for instance, the licensure laws for other professionals are in conflict and sometimes, particularly in my field, which is psych, what one person does and what nurses do overlap a lot. And

so I'd like some clarification about that to make things more enforceable.

I appreciate your listening and the opportunity to speak.

MS. FAIRCHILD: Thank you.

We have Sue Sowards coming forward now to speak to the rule. Sue is also an employee of Saint Joseph's Hospital in Parkersburg.

MS. SOWARDS: I would like to say that I support the effort to define your all's role in the disciplinary process. I have a few concerns. I became aware of these changes through my role as a nurse manager. And as a registered professional nurse, I have received no written communication from the Board. I telephoned several of my peers this week who are in practice in a variety of nursing roles, and they were completely unaware of these proposed changes.

If the goals and outcomes of this change process are to be effective, I feel that we need to establish a better communication mechanism so that they can become aware and that we would see this room filled, because I think if we're going to have these changes in place and to be effective they must know what these changes are going to

be.

A second concern I have that is more general in nature is the fact of the broad language that are used and have been already pointed out by other participants in this process. And I would just like to reinforce their statements there that as a nurse manager it would help me in my role if I had some further definition of those terms so that I know exactly what the intent of the Board is.

On Number 3.2.7, one of those examples is the term "advisory committee of professionals." I would like to know what, what professionals would be included in this. I feel that it's imperative that one of those professionals be a registered professional-- I would prefer the whole committee be registered professional nurses but that at least one member would be currently functioning at the staff nurse level. I think that's very important.

The other concern I have is I've worked with my current work group for approximately two years. And with 5.1.24, the "failing to report" role of the nurse as an individual concerns me because after working one-on-one with a group for the last two years, I just feel we're getting to the point where they feel a trust with me as a manager to give me information that could lead to investigational

processes. And I feel because they don't know the Board and have not gotten involved in this process previously they'll be intimidated. And it might push some efforts. It might establish some barriers and push the people underground, as to say, and we would not be as apt to find out about it as early.

And that's all I have.

MS. FAIRCHILD: Thank you, Sue.

MS. SOWARDS: Thank you.

MS. FAIRCHILD: We have another person who would like to speak.

MS. STONE: Thank you.

MS. FAIRCHILD: You are?

MS. STONE: My name is Connie Stone, and I'm a registered nurse, and my field of expertise is in emergency nursing. So I have some concerns from that viewpoint.

The first that I'd like to address is 3.2.6 and 3.2.7. And in my interpretation of this, towards the end of this ruling there's sort of a synopsis about how this will affect the practice of the Board and what kind of implication it will have with the resources that the Board holds. And I guess I was sort of looking at this sort of in a broad spectrum. And I really have concerns that it would

really tax the resources of the Board in that if we look--, if, if we allow people to do telephone or verbal communications of concerns, which I think that the--, as I read this, my interpretation was that we really wanted to make this available for our public and so that people felt that they could access and be heard if they had concerns about their nursing care or about the nursing process. But I'm concerned that this may turn into such an overwhelming task for the Board that there should be some way to really regulate this or perhaps screen that.

And one of the things that came to my mind is perhaps we need to encourage people who address concerns to do that in a written complaint. That takes a little bit of time and energy on the person who is calling to express their concerns. It would be able to give you a document to work with so that you could really sort of pinpoint where the concerns were.

And then our resources, that I feel are going to be even more limited with health care reform in the future, would be able to be focused on things that people felt strongly enough about or people felt that they really needed to be investigated so that way we could focus our resources on those concerns and perhaps be a little bit more

effective in utilizing our resources to get to the basis of what we need to be looking at.

Okay. And the other one that I would like to speak to is 5.1.10. And this one brings a great concern to me. The various disciplines of health care often inter-lap in their responsibilities, and I feel that this is very important, that we need to be taking a very collaborative approach to the patient care.

And, again, with health care reform on the horizon, I think that it's very important that we recognize that and not that we give away any of the responsibilities that nursing has to patient care but that we do recognize the fact that, that as a health care continuum it's very important that we give the best care that we can to a patient without being as territorial and perhaps looking at things with more of a blinder system on.

And one of the things, because of my field of expertise in emergency, that really concerns me is the delegation of task and exactly how is this going to be interpreted and how will it be looked upon from the Board ruling.

One of the things that happens, to sort of give you an example, is within my setting frequently

patients come to us through the EMS system. And through that system in the area that I practice frequently there have been some pretty aggressive interventions that have been initiated in the field.

And typically what happens with this patient's care is as they arrive into the emergency department there is a whole scope of different disciplines that are caring for that patient. And it is so important to be able to take the information that has been gathered from the EMS. We'll have people from respiratory therapy who will be there. So there's respiratory therapy. The medicine, the physicians are there, the nursing staff, the nursing assistants. All play a very important role in the care of that patient.

And my concern is that if we are really tied up into sort of delineating out what the responsibilities are in that type of setting, the patient will suffer as a result because frequently the things that have been initiated in the field, it's a continuum for us to continue that. And, of course, there's always an assessment and a re-assessment that's going on just in a minute-by-minute basis in many cases in those situations.

And the information that the various disciplines bring to us, I don't know that I would have time

to stop and think: Is this something that this person is permitted to do within the walls of my facility? When five minutes ago they were fully capable of, of initiating all of those procedures on their own. And I would never advocate that the nursing role is not extremely important in that, and there is a passing of those responsibilities from the one discipline to the other. But it certainly doesn't stop with the walls of the hospital. And I guess that's a concern that if this is really very strictly interpreted and enforced that as an end result, sort of in summary, the patient care will end up suffering because of that. Okay.

MS. FAIRCHILD: Thank you. Any other comments?

MS. STONE: No.

MS. FAIRCHILD: Thank you. We'll continue to be available for three more minutes here till the close of the hearing to accept comments.

For the record, I would like to note that it is now eleven-thirty, and the formal hearing to receive oral comments has now ended.

STATE OF WEST VIRGINIA

COUNTY OF KANAWHA

I, the undersigned, Deborah A. Dickens, Stenomask Reporter, do hereby certify that the foregoing is, to the best of my skill and ability, a true and accurate transcript of the proceedings had in the above-styled public hearing on the 30th day of July, 1993.

Given under my hand this 9th day of August, 1993.

Deborah A. Dickens

Reporter

Charleston Area
Medical Center

Corporate Professional Nursing

3101 MacCorkle Avenue, SE
Charleston, West Virginia 25304
304 348-4343

July 25, 1993

Janet H. Fairchild, MS, RN
Executive Secretary
Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, West Virginia 25311-1620

Dear Janet:

I am writing in regards to the legislative rules proposed by the Board specifically, 19CSR9 and 19CSR10. On behalf of myself and the Office of Professional Nursing at Charleston Area Medical Center, we are fully supportive and thrilled to see these rules being proposed. Impaired nurses and the requirement to report these individuals is a must. It costs several thousand dollars per individual each year to monitor, treat and mainstream them back into the system. This is after numerous episodes of employment and threat to both patients and the community. Nursing has always been an advocate for quality and efficient patient care as well as safeguarding the public in its health care. Rule 19CSR9 and 19CSR10 help cement and guarantee this charge. Further, it will make every nurse executive and for that matter, every nurses responsibility much easier.

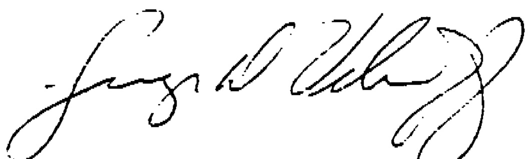
19CSR10 is very helpful in laying the framework for nursing practice and expectations. Although every nurse is quite aware of these principles and framework, it is very helpful to see them in writing and finally in some manner that make it unquestionable the role and responsibility expected from nursing professionals. Further, it delineates and describes the nursing process which is very much needed. In the rapid changing health care environment, people sometimes forget that the nursing process IS the framework for nursing and the care we deliver.

I would again like to state our full support for these rules and if we can be of any assistance in this matter, please call me. One last comment: we have heard some may attempt to add an amendment

regarding changing the stance on accepting verbal orders. We object vehemently to this attempt and do not believe there is any need to change the current thinking nor is it appropriate to introduce such changes with rules 19CSR9 and 19CSR10.

Thank you for the chance to respond to the proposals. Let us know if we can be helpful in any way.

Sincerely,



George D. Velianoff, DNS, RN
Administrator for Nursing

ST. JOSEPH'S HOSPITAL

July 30, 1993

Janet Fairchild, M.S., R.N.
Executive Director
West Virginia Board of Examiners For Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild,

Thank you for requesting review of the proposed rules on Standards for Professional Nursing Practice and on Disciplinary Action. The following is my response:

My response to the proposed rules is rooted in part in my interpretation of nursing history, its impact on the culture of nursing practice and my personal philosophy of nursing.

Historically, professional nursing has struggled with disunity in regard to delineating a substantive definition of nursing practice and establishment of educational standards for entry into nursing practice. The definitions offered by Florence Nightingale, Virginia Henderson and even the ANA all share one characteristic: they are vague; and they overlap with the scope of work of other professions. This lack of definition may be unavoidable, however, as nursing remains a generalist's field despite the fact it includes more than thirty specialties. The practice of nursing continues to be closely identified with the care of the entire patient. Joan Lynaugh, PhD, writes that "being a nurse is a very amorphous, all-inclusive kind of activity". Given this history and the culture in which we practice, it is understandable that establishing minimum acceptable levels of safe practice for the registered professional nurse is a formidable task.

Establishing standards is a legitimate role for a professional board, however, and one that the WV Board of Examiners has obviously taken seriously. Standards can help to define the profession and provide a method to measure against a desired level of performance.

In order to be effective, standards must be realistic, appropriate, clear, measurable, and enforceable. My concerns regarding the standards as they are written revolve around these areas.

19th Street and Murdoch Ave. Parkersburg, WV 26101 1-304-424-4111

VHA
Partner–VHA Mid-Atlantic
Affiliate of the Voluntary
Hospitals of America System.

Any professional registered nurse meeting the standards as they are described would indeed be a credit to the nursing profession. The standards reflect both the science and the art of nursing. They describe, however, a level of practice that one grows into, not a level automatically obtained upon successful completion of a licensure exam. To describe these as minimum acceptable levels of safe practice implies otherwise. Can any of our varied educational programs graduate students well versed in knowledge of, and practice in, these standards?

Standards written for the 'generalist' must be appropriate for all arenas of practice. For example, while the use of a nursing diagnosis may well be appropriate as the basis for the strategy of care in an acute care setting, the identification of problems using other methods is more appropriate in a multidisciplinary approach to a patient in a behavioral health setting. The issue ought not to be - have we used a nursing diagnosis, but rather, have we assessed the patient and articulated and planned a strategy of care based on this assessment?

Standards must be measurable. Phrases such as "optimum patient care" are apt to evoke different scenarios based on differing criteria. How does the Board intend to define and measure? Phrases such as appropriate educational and appropriate experience elicit the same response. Do the words "independent practice" in 3.20 refer to advance practitioners?

Finally, are these standards enforceable? Perhaps, more importantly, what problem is the Board trying to correct? Is the practice of nursing truly deteriorating? If so, why might that be? Does the Board feel that practitioners do not know what is expected of them? Or is it a case where expectations are unrealistic due to systems issues?

Is the increase in complaints due to a "consumer" activist movement? Are these standards written to guide nursing practice or to establish a punitive approach in the hope of obtaining improvement through fear?

The proposed rule on disciplinary action presents issues of concern also. Obviously the Board of Nursing is acutely aware of the propensity for health care workers to become involved in inappropriate usage of drugs, including alcohol, due in part, to multiple cultural and environmental factors. I commend the Board on its attempt to define a disciplinary process. Mandatory reporting helps the individual as well as the profession. These proposed rules, however, appear to challenge the concepts of due process.

These proposed regulations contain significant due process problems. Under these regulations, a "complaint" can be verbally communicated and a "complaint" can be in consideration of future actions; which may be nearly impossible to prove and just as difficult to defend.

Also of concern is the Board's ability to require a registered professional nurse to undergo physical or mental examinations at its request. The regulations do not set forth the grounds for such a request and the failure to comply would be prima facia evidence of a nurse's inability to practice. This regulation has profound due process and privacy right implications. Is the Board not to act as an advocate of the nurse while protecting the rights of the patient?

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Under professional misconduct, the phrase "preponderance of evidence" is used, but not defined. Nor are the phrases "common and current standards". What criteria is used to define and evaluate competence?

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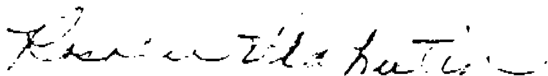
Item 5.1.30 in regard to participation in any professional peer assistance program seems vague and open to wide interpretation. Would such a reference discourage employees from seeking appropriate support services for fear of being labeled impaired and subject to disciplinary actions by the Board?

Item 6.2 is an example of the Board assuming a responsibility often ascribed appropriately to the employer.

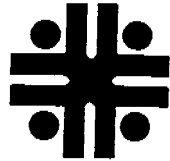
In conclusion, I wish to affirm my support for professional nursing standards. They can be a useful mechanism to define scope of practice and a measure against which one compares performance. Perfecting one's practice, however, is an ongoing process. Providing 'care' has both technical and emotional components. Nursing is both task oriented and cognitive. Patient care needs vary and individual nursing standards wax and wane in importance in response to the individual patient needs at any given point in time. Perception of care rendered may or may not be based on reality. The Board must be diligent in its establishment and implementation of standards - neither too lenient, nor too harsh.

Sincerely,



Rosalie Vlahutin, RN, MPH
Vice President, Nursing

4785W



CABELL HUNTINGTON HOSPITAL

July 30, 1993

Janet Fairchild, MS, RN
Executive Secretary
Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

RE: 19CSR9 (Disciplinary Action)

Dear Ms Fairchild:

In reference to legislative rule 19CSR9, Cabell Huntington Hospital is supportive of Mandatory Reporting Legislation. However, as written, there are some concerns with the pending legislation.

First, the issue of mandatory reporting of improper conduct, substance abuse, etc. of the nurse is not explicitly stated. The only way I interpret this as a mandatory reporting bill is through section 5.1.24. It is my opinion that it should be expressed more clearly if this is indeed to be a MANDATORY REPORTING act.

Secondly, several points for which a nurse may be subject to investigation and disciplinary action by the Board have been interpreted by legal experts as being open to interpretation, which may affect one's constitutional rights and produce due process problems. Could there some point of clarification for:

2.5 What criteria will the board use to "expressly approve" a structured treatment program? As a nurse administrator having experienced reporting of nurses involved in substance abuse, I would hope that a program will be approved for its efficacy--one that has successful outcomes.

3.2.4 To what degree are records made public? What safeguards are there to balance the "right to know" against the right to confidentiality?

5.1 How is "preponderence of evidence" defined?

5.1.4 How will competence be measured and/or defined? For example, suppose the RN is involved with an isolated medication incident: how serious would the incident be before one would report the nurse to the board? Minor, major, life-threatening?

5.1.19 Illegibility of the nursing documentation: While I

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agree it is important to have legible handwriting, does this mean that if I cannot read one of my nurse's records I am obligated to subject this nurse to disciplinary action or that I am subject to the same disciplinary action for failing to report? Are we to have nurses disciplined when the physician's handwriting goes unreadable and unreported?

5.1.20 What types of reports? Does this apply only to one's profession, or to every report filled out in one's life?

5.1.24 As a nurse administrator who may have counseled or disciplined a nursing employee in the past: what if this nurse at a later time goes through a disciplinary action at the Board level? Will I be subject to like discipline for failing to have notified the Board each time a nurse has been disciplined for violation of a hospital practice/procedure?

5.1.25 Regarding unethical practice: who defines unethical practice? Individuals have differing values.

5.1.30 Does this violate ADA ?

Will the fear of penalty for "failure to report to the board the incompetent, unethical, or illegal practice of a registered professional nurse" lead to a rash of reports based on differences of opinion of what might constitute incompetent or unethical behavior/practice?

In conclusion, the nursing administration of Cabell Huntington Hospital is in support of the concept of a mandatory reporting legislation. It would be more comforting if some of the elements were more clearly defined/explained so that they would not be subject to interpretation by the reporting individual.

Respectfully submitted:

Karen Daniels

Karen Daniels, MSN, RN, CCRN, CNA
Director Specialty Care Division

ST. JOSEPH'S/PARKSIDE
CENTER FOR BEHAVIORAL MEDICINE

July 28, 1993

Janet Fairchild, M.S., RN
Executive Director
West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild

This letter is in response to the Legislative Rule Number 19CSR concerning discipline of registered nurses and minimum practice standards.

With regard to the Disciplinary Action Rule, I believe that the Board has not only the right but the duty to investigate and take action in instances where conduct is harmful or not appropriate; however, the rule as stated causes me concern because I believe the language may create fear and avoidance rather than participation and cooperation.

(1) 3.2.8 - When the Board requires registered nurses to submit to a physical or mental examination, a practitioner agreeable to both may alleviate much anxiety.

(2) 5.1.4 - I believe that the words "failing to exercise competence" need a clear definition of what exercise competence means.

(3) 5.1.9 - Since licensure laws for different professional groups may be in conflict, clarification of this statement would be very helpful.

(4) 5.1.13 - Please define or specify physical disabilities or mental disabilities which would impair the practice of nursing.

(5) 19.2.2 - The Board has right and obligation to respond to actions taken but to respond to a statement which "tends to indicate that a licensee is about to act." and 19.9.3.1 - The Board "on its own initiative may investigate conduct which is about to occur," taken literally may convey a message contrary to the message I believe the Board means to convey.

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With regard to the Standards of Nursing Practice 19.10, I have the following comments:

(1) 2.2 - In regard to using nursing diagnosis as a standard, after two years of trial we find in our psychiatric facility that nursing diagnosis is not helpful and creates more problems than it solves. We use the nursing process in our approach to all patients but do not find current psychiatric nursing diagnoses helpful.

(2) 3.10-3.11 - There needs to be clear definitions of professional duties, nursing interventions, and nursing measures.

(3) 3.19 - Who defines appropriate education and appropriate experience?

I believe that these standards basically define an excellent model for normal practice but knowing the level of expertise of new graduates and general ignorance of practice standards in the education of most, at what point would these standards apply in the "real world"; and how would this be implemented and monitored in this day of minimum staffing levels?

As a profession we are facing a lot of changes, difficult adjustments, and threats to our integrity and I believe that collaboration, information sharing and problem solving will be helpful and useful to all of us. If that fails, we need strict enforceable laws as a back up. My concern is that too punitive an approach will shut down communication and present a barrier to progress. I support the efforts of the Board and am ready to participate in improving and elevating nursing care in West Virginia.

Sincerely

Carolyn Escandon

Carolyn Escandon, M.Ed, RNCS
Clinical Director, CBM

Sarah Crowe, RNC
Adult Program Director

Susan Steffel

Susan Steffel, RNC
Adolescent Program Director

lff

WVHA
West Virginia Hospital Association

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South Charleston, West Virginia 25303
(304) 744-9842 FAX (304) 744-9889

July 30, 1993

West Virginia Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25511-1620

Re: Proposed Rulemaking
Standards for Professional Nursing Practice (19 CSR 10)
Disciplinary Action (19 CSR 9)

The West Virginia Hospital Association (the Association) wishes to thank the West Virginia Board of Examiners for Registered Professional Nurses (the Board) for this opportunity to comment on the two proposed legislative rules captioned above.

Prior to articulating our specific recommendations and supporting rationale, a threshold explanation of the general position of the Association may be helpful to provide a reference point from which our reactions to these proposed rules are considered.

West Virginia hospitals have a commonality of interest with the Board in ensuring that the process of patient care is provided by competent practitioners qualified to safely practice their profession. The Association readily acknowledges the vital role of the Board in promulgating rules to protect the patient and the public. Similarly, we assume the Board is aware of the multitude of systems and processes in place at the hospital in support of the patient and health care practitioners.

The proposed rule, "Disciplinary Action", contains, at 19-9-5, a section entitled "Professional Misconduct", correctly citing the general proposition that the Board is authorized to take action against a licensee if the individual is guilty of conduct in derogation of the certain professional standards.

Two such standards merit comment and should be taken as a group. More specifically, the proposed rule outlaws:

> "permitting, aiding or abetting an unlicensed, uncertified or unregistered person to perform activities requiring a license, certificate or registration."

at 5.1.9. Section 5.1.10 also prevents the delegation of:

> "professional responsibilities to a person when the Registered Professional Nurse knows or has reason to know that such person is not qualified by training, experience or licensure to perform them."

It is doubtful that a registered professional nurse can reasonably be expected to know what <u>nursing</u> responsibilities or duties may be permissibly delegated to

another. According to 3.10 of the standards of conduct, the nurse "shall delegate to another only those nursing measures" which another person is "prepared and qualified to perform." At no place in the rule, however, are essential nondelegable nursing activities defined. Further difficulty arises when another professional person is involved in the patient care process.

Commenting on the nature of interventions nurses provide, one group of professional registered nurses observe:

> "Multiple terms are used when nurses refer to the treatment phase of the nursing process: action, activity, intervention, treatment, therapeutics, order, and implementation. Sometimes these terms are used interchangeably, and sometimes they are used to indicate differences.
>
> There is also confusion about the differences between intervention, assessment, and evaluation. For example, the following are typical interventions listed in current textbooks:
>
> - Position the limb with sandbags.
> - Raise the head of the bed 30 degrees.
> - Explore the need for attention with the patient.
> - Observe for coughing.
> - Inspect the nails for abnormalities.
> - Monitor respiratory pattern.
>
> Which of these are nursing interventions? Should any of them be called interventions, or are they only pieces or parts of protocols for interventions? Are some more appropriately labeled assessment or evaluation activities? We refer to the type of statements above as nursing activities. An appropriate set of nursing activities describes the implementation of a particular nursing intervention.
>
> As apparent in these examples, interventions are currently viewed as discrete actions. There is little conceptualization of how these actions fit together to form interventions or treatments. The result is long, wordy care plans that are never used and nursing information systems that list thousands of nursing actions, of which nurses generally choose a much smaller number.
>
> Nursing textbooks, which are usually based on conceptual classifications of body systems, medical diagnoses, and, more recently, nursing diagnoses, continue to address nursing interventions at the most discrete level. Typically, textbooks include long lists of nursing actions for each type of patient; the list in one book is not the same as the list in another, even though the same type of patient is being discussed. Moreover, lists change with each new edition. One of the most widely used textbooks lists over 2,500 interventions!
>
> The lists are long particularly because nursing, having a brief history as a profession in the selection of interventions, lacks

information for decision-making. As a profession, nursing has failed to set priorities among interventions; nurses are taught and believe they should "do everything." Contemporary textbooks and care plan guides reinforce this belief with lengthy lists of discrete activities - called interventions - related to each nursing diagnosis."

See: McCloskey and Bulechek, Iowa Intervention Project: Nursing Interventions Classification, Mosby Year Book, 1992 at pp. 4-5.

In some instances, an activity which may traditionally be regarded as a nursing responsibility may simultaneously be a legitimate tenant of another profession and separate practice act or legislative rule. Two examples of intervention which are not exclusively in the realm of professional nursing are: airway insertion and stabilization (insertion or assisting with insertion and stabilization of an artificial airway) or code management (coordination of emergency measures to sustain life). Both of these activities could contain nondelegable nursing functions. Both may require substantial specialized judgment and skill. Both may also be able to be performed with equal competency and safety by a non-nurse such as certified paramedics, in accordance with West Virginia Code 16-4C-8(2)(g).

The definition of the practice of registered professional nursing, as enacted by our Legislature at Chapter 30-7-1(b) is admittedly broad, but it does not encompass all professional patient care activity. If this were so, the Legislature would not have enacted statutory authority for Physician Assistants in 1971 (The Medical Practice Act, 30-3-1, et seq.) or Emergency Medical Technicians in 1984 (the Emergency Medical Services Act of 1984, 16-4C-1, et seq.). An examination of both statutes leads to a reasonable conclusion that nowhere in either statute did our Legislature limit either physician assistants or emergency medical technicians to a non-hospital setting. Additionally, because statutes relating to emergency medical technicians and physician assistants were enacted by the Legislature after passage of the Registered Professional Nurses Act, there can be no conclusion that these professional groups were excluded from activity which may have scope of practice components similar or identical to those contained in the Registered Professional Nurses statute.

The proposed rules should recognize the present regulatory environment: multiple regulatory agencies governing specific health care professionals which may have parallel or concurrent scope of practice. It is appropriate, therefore, for the Board to consider acknowledgment of this environment, while justifiably retaining its responsibilities.

As an example, the Maryland Board of Nursing excluded from rules relating to delegation of nursing functions: "Other health care practitioners who are authorized delegatory powers under their respective acts." See: State of Maryland, Department of Health and Mental Hygiene, Title 10, Board of Nursing Subtitle 27, Chapter 11.

Additionally, within the hospital setting, the rules do not acknowledge any role of the hospital in safeguarding patient care through extensive quality assurance, peer review, JCAHO, credentialing, scope of practice protocols and outcome evaluation criteria and analysis. These activities, among other things, result in

an ongoing assessment of clinical competence of all licensed individuals, not only registered professional nurses.

The rules appear to refuse to acknowledge the existence of other professionals in the hospital environment.

The Board has recently issued two position statements appearing in the Summer 1993 R.N. Newsletter. The first statement (issued March 19, 1993) relates to emergency medical service personnel employed in hospital emergency departments. The statement is in the form of a directive to registered professional nurses working with personnel in hospital settings, including hospital emergency departments. A portion of this statement reads:

> "The Registered Professional Nurse must not delegate professional functions to caregivers not qualified as professional nurses."

Initially, this statement standing by itself would be acceptable if we were considering a matter of delegation of functions restricted exclusively to nursing. As the Board is aware, it is possible that other professional with concurrent patient care functions may be employed in an emergency department setting. The patient care functions that may be performed by other professionals is essentially management's prerogative, in consultation with other state practice acts, legislatively approved regulations and quality of patient care considerations.

The Board then makes the following statement:

> "Patient care in the Emergency Department must be coordinated by a Registered Professional Nurse, who defines the standards of care and scope of practice for all nursing and assistive personnel. While other participants in the health care process may provide assistance in defining the role(s) of the non-RN caregiver in the Emergency Department, the final responsibility for delegating patient care activities must remain with the Registered Professional Nurse who serves as Department Manager/Coordinator."

The Association is unaware of any statutory authority or any standard which requires an Emergency Department anywhere in the State of West Virginia to be coordinated or managed by a registered professional nurse. This statement reflects an absence of awareness by the Board of the multi-professional dimension of patient care which occurs in many Emergency Departments. Secondly, we can find no legal authority for the Board to issue such a statement. The Board appears to have exceeded its lawful jurisdiction. There simply is no power for the Board to determine by fiat: "the final responsibility for delegating patient care activities must remain with the Registered Professional Nurse who serves as Department Manager/Coordinator."

A second position statement of the Board concerns registered professional nurses implementing orders written by physician assistants. The Board states that:

> "Orders written by a physician assistant may be implemented only after the order has been authorized by the physician assistant's supervising physician. Authorization is evidenced by the presence

> of the supervising physician's signature, or by telephone contact between the registered nurse and the supervising physician, confirming authorization prior to implementing the order."

This position statement requiring all orders written by a physician assistant to be implemented only after confirmed authorization by the supervising physician limits the authority of the physician assistant, negates any internal policy making role of the individual hospital and ignores applicable state law. On April 18, 1986, the Attorney General of West Virginia issued an opinion which concluded:

> ". . . that a registered professional nurse is obligated to carry out orders of a properly certified physician assistant as long as the nurse believes the physician assistant to be authorized to give such orders and as long as the nurse, in the exercise of professional judgment, believes said orders to be in the best interests of the patient."

A copy of the opinion is attached to this correspondence.

The practice of the Board of issuing policy statements in the form of a newsletter to registered professional nurses statewide for information purposes is laudable. However, holding the professional nurse to adherence of various policy statements - and contemplating disciplinary action at 19-9-4 of the proposed rule for lack of compliance - may be one intention of the Board. This effort would appear to violate rulemaking requirements of the Administrative Procedures Act, West Virginia Code 29A-1-1, et seq.

This Act defines a rule as:

> "Every regulation, standard or statement of policy or interpretation of general application and future effect . . . affecting private rights, privileges or interests or the procedures available to the public, adopted by an agency to implement, extend, apply, interpret or make specific the law enforced or administered by it . . . every rule shall be classified as "legislative rule", interpretive rule" or "procedural rule" . . . and shall be effective only as provided in this chapter." (Emphasis supplied).

West Virginia Code 29A-1-2(i). The APA also defines "agency" to include "any state board . . . authorized by law to make rules or adjudicate contested cases, except those in the legislative or judicial branches." West Virginia Code 29-A-1-2(a).

Thus, the Board of Examiners is issuing a policy statement is in reality issuing a "rule" as statutorily defined, supra. Unless the agency is specifically exempted by our Legislature, the standard which must be met by the Board is that:

> "Every rule and regulation (including any amendment of any rule to repeal any other rule) shall be promulgated by an agency only in accordance with this article and shall be and remain effective only to the extent that it has been or is promulgated in accordance with this article." (Emphasis supplied).

West Virginia Code 29A-3-1. The "policy statements" issued by the Board relating to emergency medical service personnel employed in hospital Emergency Departments (May 19, 1993) and Registered Professional Nurses implementing orders written by physician assistants (undated) are a nullity because they are legally unenforceable. Both statements were not issued in conformity with applicable statutory requirements. See also: West Virginia Chiropractic Society, Inc., et al. v. Mary Martha Merritt, Commissioner. 177 W.Va. 560, 355 S.E. 2d 53 (1987)

On behalf of the West Virginia Hospital Association, may I thank the Board of Examiners for Registered Professional Nurses for the opportunity to submit comments in this matter.

Sincerely,

Gil DeLaura
Vice President/General Counsel

GD/pdp

Enclosure

STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
CHARLESTON 25305

CHARLIE BROWN
ATTORNEY GENERAL

April 18, 1986

S. Eileen Catterson, M.D.
President
West Virginia Board of Medicine
100 Dee Drive, Suite 104
Charleston, West Virginia 25311

Dear President Catterson:

This is in response to your letter of March 7, 1986, wherein you request our opinion on the following question:

> "Is there legal vulnerability for registered nurses under the provisions of our Nurse Practice Act if in rendering inpatient care such nurses take and follow orders of properly certified physician assistants - all pursuant to Board of Medicine Regulations; and further, is there an obligation on the part of registered nurses to follow such orders?"

Physician assistants are defined by statute, W. Va. Code § 30-3-16(a)(1) and 30-3-16(a) (2), as follows:

> "(1) 'Type A physician assistant' means an assistant to a primary care physician who is a graduate of an approved program of instruction in primary health care, has passed the national certification examination and is qualified to perform direct patient care services under the supervision of the primary care physician;
>
> "(2) 'Type B physician assistant' means an assistant to a physician who is a graduate of an approved program of instruction in a recognized nonprimary care clinical specialty or is a graduate of an approved program of instruction in primary health care and has either received additional post-graduate training in a recognized nonprimary care clinical specialty or has received additional training from a physician adequate to qualify him or her to perform patient services in

that specialty as defined by the supervisory physician * * *."

The Rules and Regulations of the West Virginia Board of Medicine contain a similar definition of physician assistant and further provide that the type of acts and authority delegated by the supervising physician to the physician assistant must be in the "job description." This job description must accompany the physician assistant's application for certification by the Board of Medicine. Section 24.2(e), Code 30-3-16(e) and 30-3-16 (f).

The supervisory responsibility remains with the physician pursuant to Code 30-3-16(j), which provides as follows:

> "(j) The supervising physician is responsible for observing, directing and evaluating the work, records and practices of each physician assistant performing under his or her supervision. He or she shall notify the board in writing of any termination of his or her supervisory relationship with a physician assistant within ten days of the termination. The legal responsibility for any physician assistant remains with the supervising physician at all times, including occasions when the assistant under his or her direction and supervision, aids in the care and treatment of a patient in a health care facility. A health care facility is not legally responsible for the actions or omissions of the physician assistant unless the physician assistant is an employee of the facility."

The statutes and regulations of the Board of Medicine referred to above empower a licensed physician assistant to render health care in different degrees depending upon whether he is a licensed "Type A Physician Assistant" or a "Type B Physician Assistant," and to the extent authorized by his supervisory physician in his job description filed with the Board of Medicine, under the actual guidance and direction of his supervising physician.

Hence, the authority of a physician assistant is limited by the following:

a) The supervisory physician's authority;

b) Whether the physician assistant is Type A or Type B;

c) The physician assistant's job description;

d) The actual direction and guidance of the supervisory physician;

e) Hospital policies; and

f) The applicable statutes and regulations.

Turning to registered professional nurses, that profession is described in Code 30-7-1(b), as follows:

> "The practice of 'registered professional nursing' shall mean the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others."

Clearly, the registered professional nurse is not an automaton. He or she is a professional who uses skill and judgment in providing patient care in a variety of ways, including administering medications and treatments prescribed by licensed physicians.

Inasmuch as the Legislature has approved the concept of physician assistants and has authorized physicians to delegate authority to physician assistants in a limited fashion, it must follow that the order of a physician assistant rendered within the scope of his authority is an order of his supervisory physician. While this point has not been touched upon by a court in this state, the necessary import of Code 30-3-16 is to give the physician assistant the authority to act, albeit in a limited fashion, in the place of the supervising physician.

Therefore, a registered professional nurse would not face disciplinary action for following the orders of a properly

certified physician assistant, which orders are believed by the nurse to be within the scope of his authority as a physician assistant.

It should be noted, however, that difficulties arise in knowing the extent of authority enjoyed by any particular physician assistant. This authority is limited by those considerations expressed above, several of which are obviously applied differently in the cases of different assistants. For example, while some physician assistants will be Type A's and some will be Type B's, each will have a separate job description and separate direction and guidance from the supervisory physician. This may well result in each physician assistants having a different derivative scope of authority. Added to this is the recognized principle that one can delegate only the authority one has, which when applied here, would read that a registered professional nurse would not be obligated to follow a physician assistant's orders to any greater extent than he/she is required to follow the orders of the supervisory physician.

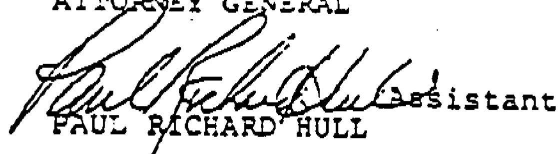
In determining whether he/she is obligated to follow the orders of a physician assistant, the registered professional nurse must make that decision based upon knowledge and understanding of the physician assistant's derivative authority and he/she must determine the appropriateness of the order based upon the exercise of professional judgment.

Your question, as stated, implicitly asks whether a registered professional nurse would face legal liability for carrying out the orders of a physician assistant. We do not believe it appropriate for this office to answer that question. Questions of private liability should be addressed by private counsel.

Accordingly, we conclude that a registered professional nurse is obligated to carry out the orders of a properly certified physician assistant as long as the nurse believes the physician assistant to be authorized to give such orders and as long as the nurse, in the exercise of professional judgment, believes said orders to be in the best interests of the patient.

Very truly yours,

CHARLES G. BROWN
ATTORNEY GENERAL



By Assistant
PAUL RICHARD HULL

PRH/jm

P.O. Box 497
Ronceverte, West Virginia 24970-0497
Telephone 304/647-4411

Greenbrier Valley
Medical Center

MEMO TO: Ms. Janet H. Fairchild, MS, RN, Executive Secretary

FROM: Nan Cameron, MSN, RN, CNAA, Associate Executive Director/Nursing

DATE: July 29, 1993

SUBJECT: **Legislative Rules 19CSR9 Disciplinary Action and 19CSR10 Standards for Professional Nursing Practice**

I am writing to express my concerns regarding the proposed Legislative Rules. In general the rules are narrow and restrictive as currently written and will be difficult for many health care settings to apply based on other regulatory standards, resources, and institutional/corporate philosophies.

Standards for Professional Nursing Practice

I agree that the RN should utilize the nursing process in planning care and assume responsibility for appropriate delegation of nursing care provided by others.

2.1 Nursing assessment

Many encounters with patients are brief and/or for selected reasons, eg. an office/clinic nurse giving an injection, the RN assessment would consist of asking the individual about allergies and/or previous history if drug reactions. The wording in the regulation seems geared to a patient encounter over an extended period of time.

The word "timely" is not defined. The 1993 JCAHO Standard NC.1.1.1 defines timely as specified by hospital policy.

2.2 The RN shall establish and document Nursing diagnoses.

Many nursing experts have differing opinions about the taxonomy of nursing diagnoses. JCAHO Standard NC.1.3 Each patient's nursing care is based on identified nursing diagnoses and or patient care needs and patient care standards and is consistent with the therapies of other disciplines.

Units/hospitals designated for treatment of psychiatric; substance abuse and/or physical rehab rarely have separate nursing care plans. Regulatory agencies JCAHO, HCFA and CARF look for a multidisciplinary treatment plan that is written in words easily understood by the patient. Past experience with these surveys have resulted in comments when plans are written in terminology used by the multidisciplinary team (psychiatrist, social worker, nurse, drug counselor, etc.) but not commonly understood by the patient.

The regulations do not specifically address Outcome Identification. ANA's Standards of Clinical Nursing Practice define this topic clearly in Standard III. JCAHO addresses the importance of evaluation based on the patient's response and the outcomes of care provided (NC 1.3.4.5).

2.5 Evaluation shall involve the client, family, significant others and health team members.

Referencing this statement to Standard VI Evaluation (ANA Standards of Clinical Practice) is more relevant and clear in describing the process of Evaluation.

3.8 The registered professional nurse shall participate in the evaluation of nursing through peer review.

There are a number of relevant methodologies that are utilized to evaluate nursing care provided by departments, units, and/or individuals. With the tremendous push by JCAHO's Agenda for Change CGI (Continuous Quality Improvement) which has been supported by the majority of health care groups allow for a more individualized approach to measuring quality. I believe that 3.8 is either to narrow or not clear in its intent.

3.17-3.20 How will "appropriate education and experience" be measured and interpreted? JCAHO Standard NC5.1 does state that "Nursing services are directed by a nurse executive who is a registered nurse qualified by advanced education and management experience".

Disciplinary Action

5.1.18 falsifying patient records or intentionally charting incorrectly I agree with falsifying patient records, but in the majority of cases determination that the act is "intentional" would be extremely difficult and in many cases a subjective opinion.

5.1.19 improperly, incompletely, or illegally documenting the delivery of nursing care, including but not limited to treatment or medication.

I would like to believe that nursing documentation meets those standards, but I think it could be difficult to find a medical record that was 100% complete. Most agencies have ongoing reviews to monitor charting and few of us 100% compliance. The section should be expanded to focus on the RN consistently demonstrated a pattern or trend.....

5.1.24 failing to report to the board the incompetent, unethical or illegal practice as a registered nurse.

"illegal" is very clear, but incompetent, unethical can have a wide range of meaning and interpretation. Most hospitals have ethics committee and the range of opinions is broad and individualized. Standard V Ethics (ANA Standards of Clinical Practice) has specific and measurable criteria for determining ethical manner.

3.1.30 failing to disclose treatment or counseling for substance abuse or participation in any professional peer assistance program.

Why is substance abuse treatment singled out. Addiction is a medical medical problem. There is no mention of treatment for a psychiatric illness, a patient with heart disease, cancer, diabetes, etc. All of these conditions have the potential to affect the nurses ability to function effectively. It is also not consistent with ADA requirements. I am unable to discriminate against an individual actively in treatment who is capable of carrying out the essential functions of the job.

A number of states have models in place for working with impaired nurses. It would be appropriate to review programs that are successful. Alienating nursing professionals with addiction problems should not be

our goal. The literature consistently indicates that the best and the brightest RN's are most susceptible to addiction. Should we not attempt to care for our own as we advocate for other members of society?

PARKERSBURG

FAX TRANSMISSION

FROM

WEST VIRGINIA UNIVERSITY AT PARKERSBURG

TO: Janet Fairchild

FROM: WVU-P Nursing Staff

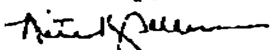
DATE: 7-30-93

TOTAL NUMBER OF PAGES TO FOLLOW: 2

COMMENTS:

WVU-P FAX NUMBER: (304) 424-8315

Rt. 5, Box 167-A; Parkersburg, West Virginia 26101-9577 (304) 424-8000



July 29, 1993

Janet Fairchild, Executive Secretary
State of West Virginia
Board of Examiners for Registered
Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Mrs. Fairchild,

I am writing in reference to the Board's recommendations for Disciplinary Action and Standards for Professional Nursing Practice. Given the number and complexity of the disciplinary matters faced by the Board, I applaud the efforts to better address practice parameters.

While I endorse the delineation of practice parameters, it is with some concern that I review some topical areas, such as 2.3 and 2.5. The scope of nursing practice is so broad that it would be impossible to address all issues that may be of concern to the new graduate. Any new graduate or any practitioner in a new role, regardless of level of education, is prepared to manage limited client situations. It is the hope of WVUP faculty, as educators, that graduates have the ability to problem solve and seek assistance when situations arise that are beyond their scope of experience. It seems possible, and perhaps likely, that some decision making situations, i.e. planning and evaluating, may arise that the novice may be ill prepared to handle.

The goal of nursing education is to address major issues facing the profession. It would be impossible to insure proficiency in all skills. In this region, the college has worked closely with the health care providers to identify begining level skills. Such cooperation has provided for better delineation of graduate skills, structure for continuing education, and protection of client needs.

It is the hope of WVUP faculty that this atmosphere of cooperation with focus on quality patient care can guide delineation of professional parameters.

Editorial Comments:
In "Disciplinary Action" - typo p7 5.1.19 "documenting"

In "Standards" - p5 3.13 use of term "sex" for gender

Thank you for opportunity for input.

Sincerely,

Alita K. Sellers
Chairperson, Nursing

PARKERSBURG

July 30, 1993

Janet Fairchild, Executive Secretary
State of West Virginia
Board of Examiners for Registered
 Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Mrs. Fairchild,

The following contains responses to proposed legislative rules, <u>19CSR9 Disciplinary Action</u> and <u>19CSR10 Standards for Professional Nursing Practice</u>.

Proposed Rule **19CSR9** effectively defines the role and authority of the Board in investigation and resolution of disciplinary matters and clearly describes through detailed listing those practices which constitute professional misconduct for a registered professional nurse.

I recommend editing the format of 5.1.11 and 5.1.33 because the items are spaced inconsistently.

Also, in 5.1.19 the word documented is misspelled. The word **Board** is not capitalized consistently.

I concur with the Fiscal Note for this Proposed Rule.

Proposed Rule **19CSR10** is clear on the minimum acceptable levels of safe practice for the professional registered nurse and will guide the Board in evaluating nursing care to determine if it is safe and effective.

This Rule also accurately delineates those standards related to the registered professional nurse's responsibility as a member of the nursing profession.

I concur with the Fiscal Note for this Proposed Rule.

Sincerely,
Marion L. Culbertson
Marion L. Culbertson
Assistant Professor, Nursing

Janet H. Fairchild, MS, RN
Executive Secretary
West Virginia Board Of Examiners
For Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

July 26, 1993

Dear Ms. Fairchild:

Thank you for the invitation to respond to proposed legislative rules 19CSR9 and 19CSR10 prior to the public hearing of July 30, 1993.

Regarding proposed rule 19CSR9, Disciplinary Action, there are three areas I wish to comment on:

> 5.1.19 improperly, incompletely, or illegibly documenting the delivery of nursing care, including but not limited to treatment or medication;
>
> 5.1.24 failing to report to the board the incompetent, unethical, or illegal practice of a registered professional nurse;
>
> 5.1.25 failing to report through proper channels the incompetent, unethical, or illegal practice of another person who is providing health care;

I find 5.1.19 particularly disturbing as it is currently written, and would hazard a guess that there is not a practicing nurse who has not or who will not at some point in his/her career document improperly, incompletely and/or illegibly. Few will do so willfully, intentionally, or even knowingly. I would suggest that willfully, knowingly, or intentionally precede the current statement least we all be guilty of professional misconduct.

300 South Preston Street • Ranson, WV 25438 • Phone: 304/725-3411 • Fax: 304/725-9492

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

5.1.24 is troubling because of the need to judge competency. What constitutes competent practice has not been defined, nor has the issue of who is competent to make such a judgement been addressed. This same issue appears again in 5.1.25, and perhaps in both should read, the questionable incompetent....

Proposal 19CSR10, also presents some areas of concern. The first being the use of the term "strategy of care" which appears in 2.2; 2.3; 2.3.1; 2.3.2; 2.4; and 2.5.2.

I am assuming this term is being used to encompass the care plan, plan of care, clinical or critical pathways, as well as, other evolving means for documenting a plan of care, but, I do have to wonder what the injection of another term will really add to the process.

Also troubling is the "appropriate education and appropriate experience", neither of which are defined, as the qualifications necessary for teaching, conducting research, assuming a leadership role, and "appropriate education and experience" for independent practice (3.17; 3.18; 3.19; 3.20).

It seems that what is "appropriate education and experience" could vary with the role and practice setting, and if that is the intent of the vague term "appropriate" in the standards, I find them very acceptable. If, however, the intent is to set a level of acceptable education and experience I believe it will be necessary to define each area of practice, as well as, the term appropriate as it relates to each area.

I commend this effort to better define the practice of professional nursing in WV and am happy to see diagnosing and interventions included in the context of nursing practice.

Unfortunately, clearly established practices which constitute professional misconduct seem to be increasingly necessary, and 19CSR9 is very detailed. Thank you again for the opportunity to comment.

Sincerely,

Suzanne Shackelford RN

Suzanne J. Shackelford, R.N.
Director of Nursing Services

COVER SHEET

TO: Janet H. Fairchild FAX # 8-1-558-3666
West Va. Board of Examiners for Registered Professional Nurses

FROM: Sylvia L. McNeil

WHEELING HOSPITAL, INC.

MEDICAL PARK

WHEELING, WV 26003

(304) 243-3000

FAX # (304) 243-3060

DATE: 7-30-93

COVER SHEET PLUS 1 PAGES(S)

COMMENTS:

WEST VIRGINIA NURSES' ASSOCIATION
District #1

MEMORANDUM

DATE: July 30, 1993

TO: Janet H. Fairchild
West Virginia Board of Examiners for Registered Professional Nurses

FROM: Sylvia L. McNeil
President District I
Registered Professional Nurses of Hancock, Brooke, Ohio and Marshall Counties

RE: Disciplinary Action and Standards of Practice for Registered Professional Nurses

District I SUPPORTS the action of the Board of Examiners for Registered Professional Nurses regarding rules and regulations for disciplinary action and for having standards of practice in place for Registered Professional Nurses.

Charleston Area
Medical Center

CORPORATE PROFESSIONAL NURSING
3101 MacCorkle Avenue
Charleston, West Virginia 25304

TO: Janet Fairchild
WV Board of RN Examiners

FROM: Rachel Boyd
CAMC

Page 1 of 2

If there are problems with fax transmittal, call 304-348-4343.

VHA Member of Voluntary Hospitals of America, Inc.

Rachel G. Byrd
924 Chappell Road
Charleston, WV 25304

July 29, 1993

Janet Fairchild, MS, RN
Executive Secretary
Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet,

I am writing in response to the legislative rules proposed by the Board, specifically, 19CSR9 and 19CSR10. I am in full support of both rules. The practice of impaired nurses must be first addressed by the nursing profession itself. Our first responsibility is to assure the delivery of safe patient care, but our second responsibility is to identify illness in our fellow nurses and assist them in obtaining adequate health care. Both these objectives are supported in Rule 19CSR10. The outline of national professional standards in Rule 19CSR9 help explain to our patients in West Virgina what they may expect from nursing. In addition, as a profession we must be ever responsible and accountable for our sacred public trust.

I would suggest one point which I believe would help clarify Rule 19CSR10. I would propose amending 5.1.19, to say "a trend or pattern of improperly, incompletely, or illegibly documenting the delivery of nursing care, including but not limited to treatment or medication;". Thank you and if I can be of assistance, please call.

Sincerely,

Rachel G. Byrd, RN, BSN

c:\bd-exmdn\reply

DAVIS & ELKINS COLLEGE

July 29, 1993

Ms. Janet Fairchild
WV Board of Examiners For
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild:

This letter is written to give full support to Proposed Rule: 19CSR10, which has been submitted by the West Virginia Board Of Examiners For Registered Professional Nurses.

The standards recommended in Proposed Rule: 19CSR10, give substance and solid guidelines to Schools of Nursing as they prepare graduates to practice in the profession of Nursing.

Respectfully,

Julia Hartman

Julia Hartman, RN, MSN, Ed.D.
Chair, Department of Nursing

JH:bm

ELKINS, WEST VIRGINIA 26241-3996 304/636-1900

optioncare

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HUNTINGTON, WV 25701
(304) 525-1222 - 800 541-2030

DATE: 7/28/93
TO: Janet Fairchild
FROM: Karen Sadler
NO. PAGES: 2 (Including cover sheet)

MESSAGE:

If you do not recieve all the pages, please call (304) 422-98…

☐ If box is checked, please call upon receipt.

RETURN FAX ☐ (304) 525-6591

KAREN E. SADLER, RN, BSN, CRNI
Infusion Therapy Nurse Consultant
ROUTE 1, BOX 129
LITTLE HOCKING, OHIO 45742
Telephone (614) 989-2216

Janet Fairchild, RN
WV Bd, of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet;

I am writing in response to your request for input regarding the proposed rules series numbered: 19CSR9 and 19CSR10.

As for the rule regarding Standards for Professional Nursing Practice; I believe the standards both are appropriate and applicable to nursing practice. It is important that we develop and implement standards which give guidance and direction to aid nurses in the practice of their profession and to protect clients under their care.

As for the rule regarding Disciplinary Action; I believe the Board of Nursing is the appropriate governing body for the investigation of matters concerning the practice of the Registered Professional Nurse. Incidents of nurses who fail to meet the Standards of Care or are guilty of professional misconduct should be reported to and investigated by the Board of Nursing. The Board should then have the power to authorize disciplinary action against the applicant or licensee.

I have a few concerns regarding the Disciplinary Action rule as it is written:

1. 3.2.8 I believe that this should be worded such that should the initial physician diagnose a medical or mental disorder which would effect the nurses licensure that a follow-up exam be done by another physician. This would reduce the possibility of a misdiagnosis.

2. 5.1.14 I would feel more comfortable with this if it were made more specific. Laboratory or other tests to rule out substance abuse instead of just laboratory or other tests.

3. 5.1.35 I believe it would be very difficult if not impossible to determine if a nurse is providing adequate protection or safety for an incapacitated individual. With the legal system prosecuting assault cases against nurses who felt they were protecting the client we must clearly delineate for the nurse and the public what constitutes providing protection or safety and what constitutes assault.

Respectfully yours,
Karen E. Sadler, RN, BSN, CRNI
Karen E. Sadler, RN, BSN, CRNI

Date: 7/28/93

To: W. Va. Board of Examiners for Registered Nurses
101 Dee Drive
Charleston, W. Va. 25311-1620

From: Janice M. Smith, MSN, RNC

Subject: Written comment on Legislative Rule
30-71 et seq. #19SCRD Standards for Professional Nursing Practice
30-1 30-7 30-15 30-24 19CSR9 Disciplinary Action

Qualifications to comment:
1. RN for 23 yrs
2. Positions held: Staff nurse
Staff development instructor
Neonatal Transport Co-ordinator
Clinical Nurse Specialist
Neonatal Nurse Practitioner
Clinical Nurse Manager
Vice President District 8 WVNA

I support the proposed rule on Standards for Professional Nursing Practice and Disciplinary Action for the following reasons:

1. I believe it is the board's responsibility to regulate

nursing practice and to protect the public's safety and well being by establishing written guidelines and Standards.

2. The board should have the power through legislation to discipline those not upholding the standards of practice that endanger the people they care for.

3. Written standards give a clear direction of the expectation of the RN & helps assure equity of expectation from setting to setting.

4. Written standards establish clear accountability.

5. Written standards give specific, uniform rights to the public as to what they may expect of an RN delivering care.

6. Written standards further define the of the board for the public as well as the profession.

7. Written standards will assist in assurring unsafe practices are reported by employers and other professionals.

8. Gives clear direction of what should be reported.

9. Stating that nurses doing research, assuming a leadership

role, and indepently practicing must be qualified through education & experience protects the public as well as the nurse. It also will help to assure nurses are not used in positions and roles they are not qualified for.

10. Adds a clearer defination of professional misconduct.

11. Helps to assure the impaired nurse does not endanger the public while practicing under the influence.

12. Defines who the impaired nurse is.
" what proof is
" " testimony is
" " a structured Tx program is
" " disciplinary action the board may take.
" " professional misconduct is

These definitions assist the nurse, employers, and public to understand who must/should be disciplined, actions that will be taken, & consequences.

13. Establishes the authority for the board & strengthens their role & responsibility in protecting the public.

Therefore, as a nurse & consumer I support the proposed rules for Standards for Professional nursing practice & disciplinary action presented by the Board.

Sincerely,
Janice M. Smith, MSN, RNC

Janet Fairchild, Executive Secretary
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

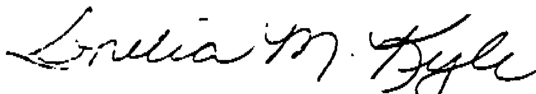
Ms. Fairchild:

I am writing this letter of support for the proposed rules titled, "Standards for Professional Nursing Practice" and "Disciplinary Action". This letter of support is as an individual.

I believe these rules are necessary to maintain the integrity of the nursing profession, as well as protecting the public.

Please notify me if I can be of further assistance in this matter.

Sincerely,



Shelia M. Kyle, M.S.N., R.N., C.
W.V.N.A. President

MARSHALL UNIVERSITY

SCHOOL OF NURSING
400 Hal Greer Boulevard
Huntington, West Virginia 25755-9500
304/696-6750

July 21, 1993

Janet Fairchild, MSN, RN
Executive Secretary
WV Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild:

Since I will be unable to be present for the July 30, 1993, public hearing regarding the "Disciplinary Action" rule being proposed, I am sending you my written comments.

This rule clearly defines the role and authority of the Board in its investigation and resolution of disciplinary matters. This rule leaves no question in the minds of the Board members as to their responsibility and it provides guidance for them as they investigate and come to resolutions of disciplinary matters. The detailed listing of those practices which constitute professional misconduct appears to have been thoroughly considered and the list seems to be exhaustive.

On behalf of the faculty of Marshall University, I wholeheartedly endorse this rule regarding "Disciplinary Action."

Sincerely,

Lynne B. Welch, EdD, RN
Dean

LW/gmb

MARSHALL UNIVERSITY

SCHOOL OF NURSING
400 Hal Greer Boulevard
Huntington, West Virginia 25755-9500
304/696-6750

July 21, 1993

Janet Fairchild, MSN, RN
Executive Secretary
WV Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild:

Since I will be unable to attend the public hearing on July 30, 1993, regarding the proposed rule "Disciplinary Action," I would like to submit my written comments in support of this rule.

As a past Board member, I realize how important it is to define not only the role and authority of the Board, but also to have a detailed listing of those practices which constitute professional misconduct for a registered professional nurse in order to make decisions that are in the best interest of the public and the nurse. The rule is well-written and exhaustive in nature.

I wholeheartedly endorse this "Disciplinary Action" rule.

Sincerely,

Giovanna Morton, EdD, RN
Graduate Program Director/Professor

GM/gmb

A STATE UNIVERSITY OF WEST VIRGINIA
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The University of Charleston

2300 MacCorkle Avenue. S.E. - Charleston. West Virginia 25304 - (304) 357-4800

July 15, 1993

Janet H. Fairchild, MS, RN
Executive Secretary
Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, West Virginia 25311-1620

Dear Janet:

This is written in response to your Memorandum dated July 13th in regard to the two items: (19CSR9) Disciplinary Action and (19CSR10) Standards for Professional Nursing Practice. I appreciate the Boards concern about more clearly defining actions appropriate under these areas and I can support the changes proposed under both.

Sincerely,

Sandy Bowles

Dr. Sandra S. Bowles, Dean
Division of Health Sciences

TELEFAX COVER SHEET

DATE: 7-30-93

FROM: Judy Tiano

MONONGALIA GENERAL HOSPITAL
1200 J.D. Anderson Drive
Morgantown, WV 26505

TELEFAX NO: (304) 598-1394

TELEPHONE NO: (304) 598-1890

TO: Janet Fairchild

WV Board of Examiners for RPN

TELEFAX NO: (304) 558-3666

TELEPHONE NO:

NUMBER OF PAGES INCLUDING COVER: 4

PLEASE CALL OPERATOR, IF ALL PAGES ARE NOT RECEIVED.

OPERATOR'S NAME: VICKI EASTGATE

OPERATOR'S PHONE NO.: (304) 598-1890

COMMENTS:

Please use this
Page 1 — on letterhead

Monongalia General Hospital

1200
J.D. Anderson Drive
Morgantown, WV
26505
304-598-1200

July 29, 1993

Janet H. Fairchild, MS, RN
Executive Secretary
WV Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet:

I am responding to the recent distribution for proposed rule changes for "Standards for Professional Nursing Practice" and "Disciplinary Action".

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

2.2 Does the wording "document nursing diagnoses" create limitations for those institutions and/or nursing practices that do not utilize the formal nursing diagnoses?

2.4.1 Under "Initiating nursing interventions through":

2.4.1.1 Writing nursing orders - does the wording "nursing orders" limit practice in those institutions and in those nursing practices where the term nursing orders is not utilized. In addition:

2.4.1.4 "Delegating care to an appropriate person" - where in the proposal is the listing for what can be delegated and to whom? Does this section limit what the registered professional nurse can delegate and to whom and how does this interact with the health care institution's policies and procedures?

3.10, 3.11, and 3.12 Is there a conflict in the State Board jurisdiction over the registered professional nurse and her interaction with professionals to whom he/she delegates and the institution for whom he/she works? Policies and procedures in institutions and in limited nursing practice set up protocols. What is the interaction between the State Board and the institution?

TELEFAX COVER SHEET

DATE: 7-30-93

FROM: Judy Tiano

MONONGALIA GENERAL HOSPITAL
1200 J.D. Anderson Drive
Morgantown, WV 26505

TELEFAX NO: (304) 598-1394

TELEPHONE NO: (304) 598-1890

TO: Janet Fairchild

WV Board of Examiners for RPN

TELEFAX NO: (304) 558-3666

TELEPHONE NO:

NUMBER OF PAGES INCLUDING COVER: 4

PLEASE CALL OPERATOR, IF ALL PAGES ARE NOT RECEIVED.

OPERATOR'S NAME: VICKI EASTGATE

OPERATOR'S PHONE NO.: (304) 598-1890

COMMENTS:

July 29, 1993

Janet H. Fairchild, MS, RN
Executive Secretary
WV Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet:

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3.10, 3.11, and 3.12 Is there a conflict in the State Board jurisdiction over the registered professional nurse and her interaction with professionals to whom he/she delegates and the institution for whom he/she works? Policies and procedures in institutions and in limited nursing practice set up protocols. What is the interaction between the State Board and the institution?

DISCIPLINARY ACTION

Although mandatory reporting has long been a practice that many Nurse Executives have adhered to in the state of West Virginia, this particular document entitled "Disciplinary Action" appears to be a listing that has potential to create misunderstanding among registered professional nurses in the State of West Virginia.

3.2.8 "Any individual who applies for or accepts the privilege ..." - if an individual would write to the State Board of Nursing in West Virginia, how would that individual be notified that indeed they are giving consent to examinations as explained in this paragraph?

5.1.9 and 5.1.10 - Is there a listing regarding the activities requiring license, certificate or registration that a registered professional nurse could refer to to clarify the "permitting and delegating" as cited in these two items? Given the change in the healthcare environment and the utilization of a variety of workers, are these two items in alignment with the current healthcare environment?

Question in general about the listing of items that could lead to disciplinary action which includes from 5.1.1 to 5.1.37 - are these issues considered to be equal in nature and/or they prioritized as cited in this draft copy and how will they be dealt with by the Board in terms of the disciplinary action to be taken?

5.1.26 Question regarding the term "whether such failure is intentional or merely negligent" - how is merely negligent defined and to what extent will that be carried out?

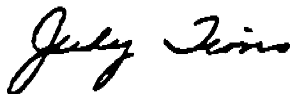
5.1.30 Are there issues of confidentiality related to anyone disclosing treatment or counseling if they are in a professional peer assistance program?

Recognizing the amount of research and work that has gone into the development of this draft, I commend the West Virginia Board of Examiners for Registered Professional Nurses. I would share that I do have some concerns regarding the role of the Board being in conflict with the role of the employing agencies of registered professional nurses and would seek assistance in making changes that would reduce that conflict in an

educational session that would assist, not only registered professional nurses, but other allied health professionals in interpretation and understanding any proposed changes.

If I can be of any further assistance, please feel free to contact me.

Warmest regards,



Judith Tiano, RN, MEd, MBA, CNAA
Vice President for Nursing

/ve

Rochelle L. Boggs R.N. M.S. CCRN.
TRAUMA / CRITICAL / CARE
1130 MARKET STREET • PARKERSBURG, WEST VIRGINIA 26101 • TELEPHONE (304) 485-0004

July 28,1993

Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet Fairchild MSN, RN

I have reviewed the proposal for rule 19CSR9 (Disciplinary Action) and rule 19CSR10(Standards for Professional Nursing Practice). I appreciate our lengthy discussion concerning these much needed rules in our state. I strongly support the proposal for Disciplinary Action and would like to relate two examples as to why I feel these rules are needed.

1. A nurse working in a Coronary Care Unit was caught charting fictitious blood pressures in the nursing notes.

2. A nurse working in an Intensive Care Unit was caught administering to patients additional unprescribed doses of Lasix.

In each of these situations, the hospital took action and placed the nurse involved in another area of the hospital. These nurses now work for other community agencies as nurses. Upon being hired in the other settings the hospital will only release dates of employment and whether or not the person is a rehire. What if these nurses continue to compromise patient safety? How many incidences will have to occur before someone discovers a problem exists? How many patients will be effected? Many questions come to light and since the hospital did not have to report these incidents to a central state nursing licensing board, tracking such incidences is difficult if not impossible.

In situations such as these the Nursing Board of Examiners not only serves as an advocate for patient safety, but as an advocate to nurses who need help.

In regards to the proposal for rules covering the standards of nursing practice. I am in total support. Other states have virtually the same types of rules which serve to promote the expected minimal standards of nursing practice.

As a member of the West Virginia Nurses Association Board of Directors, our association is constantly concerned about the welfare of patients and the delivery of safe, quality nursing care. These rules will assist in providing the much needed foundation upon which to build a safe environment to practice nursing in West Virginia.

Sincerely, Rochelle Boggs

Rochelle L. Boggs MS,RN,CCRN,CS
West Virginia Nurses Association Board of Directors

DISTRICT #3 WEST VIRGINIA NURSES ASSOCIATION

Date: July 27,1993

From: District #3 West Virginia Nurses Association
P.O. Box 4651
Parkersburg, West Virginia 26104

To: W.V. Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, W.V. 25311-1620

Re: Proposal for rule 19CSR9 (Disciplinary Action) and rule 19CSR10 (Standards for Professional Nursing Practice)

The Registered Professional Nurses of District #3 West Virginia Nurses Association express collective support for the above proposed rules. We also uphold the WV Board of Examiners as the regulating and enforcing body for maintaining the standards of nursing practice in the state of W.V.

Sincerely,

Karen Sadler

Karen Sadler RN, BSN
President

KS/rb

Charleston Area
Medical Center

Corporate Professional Nursing

3101 MacCorkle Avenue, SE
Charleston, West Virginia 25304
(304) 348-4343

July 27, 1993

Ms. Janet H. Fairchild MS, RN
Executive Secretary
Board of Examiners for Professional Registered Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Janet:

This is concerning the legislative rules proposed by the Board, specifically 19CSR9 and 19CSR10. As a previous Florida resident and licensee with the Florida State Board of Nursing, I am an avid supporter of an impaired nurse act. I support the need for these rules and applaud your efforts.

In section 19-9-3.1, it is unclear if the words ' on its own initiative' indicate there must be due cause for investigation and not random selection. In 3.2.4 does it refer to patient medical records and the nurse's personal medical records? Again, is this with due cause and not random selection by the board? Section 3.2.8 I interpret as the board may require physical and / or mental examination by a practitioner to anyone who applies for licensure in the state. Is just reason for such a request necessary? I recommend these changes for clarification. Section 5.1.19 has a typing error for the spelling of documenting.

Series ten, section 2.5.1, states the nurse documents and communicates to appropriate members of the health care team. This may be problematic and place an additional burden on the registered nurse to further communicate to all team members. The health care team may include a large number of providers. Documentation is the method to communicate regarding the patient. Further communication may be too broad a statement. The registered nurse communication to key individuals is essential but "appropriate members" is open to interpretation.

Please contact me if you have questions at [304] 353-8824.

Sincerely,

Ruth Moore

Ruth J. Moore
Director, Practice & Development

JUL 29 '93 13:29 P.1

FACSIMILE COVER SHEET

SENT TO: Janet Fairchild SENT BY: Teresa Calhoun

DATE: 7/29/93 TIME: 1320

FAX NO: 558-3666 FAX NO: (304) 340-4801

NUMBER OF PAGES INCLUDING COVER SHEET: 2

COMMENTS: Legislative Rule 19CSR9 / 19CSR10

MISC-2:2073-1

Teresa Calhoun, RN, BSN
5117 Waycross Drive
Cross Lanes, WV

776-5072 (Home) 348-4341 (Work)

July 29, 1993

Janet Fairchild, MS, RN
Executive Secretary
Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

RE: Legislative Rule 19CSR9 and 19CSR10 Public Hearing

Dear Janet,

The proposed rule related to Disciplinary Action and Standard for Professional Nursing Practice is very well written. Both legislative rules are written descriptive and with great detail in structure.

As a staff nurse working in a large institution and chairperson for the Quality Improvement Nursing Council, I strongly support both proposed rules. I strongly believe in professional conduct and behavior by the professional Registered Nurse and all nurses are accountable for meeting a standard of professional nursing practice.

Often these two issues of concern and practice are not confronted by our peers according to policy and procedure, standards or Code of Ethics. Therefore, no disciplinary action is taken which produces a quality issue, decrease in a safe and effective practice, decrease in consumer service, patient outcome and satisfaction. This rises the question of legal and ethical dilemmas. The critical point is both the patient and the nurse are affected by this action or lack thereof. I would like to suggest this legislative rule be sent to all the professional registered nurses after this proposal is passed as a reminder of their professional expectations related to behavior, conduct, and practice.

Again, I would like to stress this is an excellent proposal and very well structured.

If I can be of any assistance, please contact me.

Sincerely,

Teresa Calhoun, RN, BSN

Teresa Calhoun, RN, BSN

FAX TRANSMITTAL

Weirton Medical Center
601 Colliers Way
Weirton WV 26062
304/797-6000

Notice: This transmission is intended to be confidential to the person or entity to whom it is addressed. If you have received this communication in error, please notify us immediately by telephone.

TO: Janet H. Fairchild

DATE: 7/29/93

COMPANY: State of WV-Board of Exam. for Reg. Professional Nurses

TIME: 12:30

FAX. NO.: 1-558-3666

No. of Pages: 3 (including cover sheet)

FROM: Rosemary Nolan

DEPARTMENT: Administration

PHONE NO.: 304-797-6117

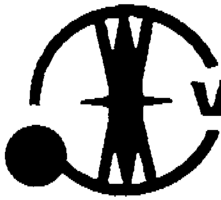
Message:

Hard Copy to follow.

Please call 304-797-6117 if you have any problems receiving Fax.

Weirton Medical Center Fax Used:

(X) Administration Fax No. 304/797-6176
( ) Nursing Fax No. 304/797-6555
( ) Purchasing Dept. Fax No. 304/797-6009



WEIRTON MEDICAL CENTER
601 COLLIERS WAY WEIRTON, WV 26062-5091 304-797-6000

TO: Janet H. Fairchild, MS, RN
Executive Secretary

FROM: Rosemary Nolan, RN, MSN, CNA
Vice President - Patient Care Services/
Risk Manager
Weirton Medical Center

RE: Comments on Legislative Rules

DATE: July 29, 1993

19CSR9 Disciplinary Action

2.5 How will "structured treatment programs" be approved? Is there criteria?

3.2.7 Is the advisory committee appointed or elected? Is this a standing committee or incident based?

3.2.8 Sentence one should include the language "for just cause." Objection to submission to a physician or mental exam is a right that should not be easily waived. We object to waiving this right without just cause.

5.1.1 "Common" standards is too ambiguous. Is this 'institutional' standards? Would suggest "current standards for professional nursing practice" be clarified. Why not just cite A.N.A. Standards?

5.1.3 Would add "knowingly" committing an intentional act which "would" (not could) adversely affect the physician or psychological welfare of a patient.

5.1.19 Would suggest removing "illegibly" - it would be impossible to hold nurses to a standard of reporting misconduct based on illegible writing. Also this language should include the words "intentional," "malicious" or "negligent" as descriptors.

5.1.24 Add "impaired."

5.1.34 "Dispensing" is a term that the Pharmacy Board reserves for pharmacists. In reference to accepted practice standards, who's standards are we referring to?

5.1.36 What is the definition of exploitation?

5.1.37 What is the Board's position on healthcare workers dating patients, especially in regards to psychiatric patients who have been discharged from acute care?

19CSR10 Standards for Professional Nursing Practice

In general our comments are as follows:

1. We would suggest that West Virginia endorses the A.N.A. Standards of Clinical Nursing Practice so that there is some consistency in professional nurse practice.

2. Language such as "strategies of care" are confusing when all other standards refer to "plan of care."

3. The nursing process format used is not consistent with A.N.A. Standards of Clinical Nursing Practice, for example: the outcome identification step is missing.

4. There is no language that talks about the delegated role of the nurse. These standards only refer to the independent role of the nurse. This has been an issue for us in recent litigation when the nurse was asked what was the acceptable standards for questioning a physician's order.

5. We feel that there should be some reference to Ethical issues in the nurse's role.

6. There should be some specific standard for continuing education requirements.

Thank you for your attention to our comments.

RN:mw

COVER SHEET

TO: Janet Fairchild, Executive Secretary, Fax #558-3666

West Virginia Board of Examiners for Registered Professional Nurses

FROM: Lorraine Ritz

WHEELING HOSPITAL, INC.

MEDICAL PARK

WHEELING, WV 26003

(304) 243-3000

FAX # (304) 243-3060

DATE: 7/29/93

COVER SHEET PLUS 2 PAGES

COMMENTS:

MEMORANDUM

TO: Janet Fairchild, M.S., R.N., Executive Secretary
West Virginia Board of Examiners for Registered Professional Nurses

FROM: Lorraine Ritz, M.S.N., R.N., CNAA, President
West Virginia Organization of Nurse Executives

DATE: July 29, 1993

Please include in the public hearing transcript the following comment regarding Disciplinary Action and Standards for Professional Nursing Practice:

The West Virginia Organization of Nurse Executives wishes to commend the West Virginia Board of Registered Professional Nurses on the development of Standards for Professional Nursing Practice and Disciplinary Action Rules. We realize that the practice standards have been in place and are being formalized.

The West Virginia Organization of Nurse Executives will continue to support all Board of Nursing actions which constitute safe practice delivered by competent professionals to enhance patient care.

07/29/93 11:08 304 243 3060 WHEELING HOSPITL 002

April 17, 1992

POSITION STATEMENTS

The West Virginia Organization of Nurse Executives endorses the practice of mandatory reporting of the Registered Nurse known substance abuser to the West Virginia Board of Examiners for Registered Professional Nurses and encourages development and implementation of this policy.

The West Virginia Organization of Nurse Executives supports the concept of mandatory continuing education for relicensure and encourages the West Virginia Board of Examiners for Registered Professional Nurses to investigate and implement this professional requirement in a timely manner.

West Virginia
NURSES
Association,
Inc.

Post Office Box 1946 Charleston, WV 25327 (304) 342-1169

July 29, 1993

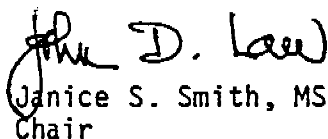
Ms. Jan Fairchild
West Virginia Board of Examiners
for Registered Professional Nurses
102 Dee Drive
Charleston, WV 25311

Dear Jan:

Because of leadership reorganization, West Virginia Nurses Association is unable to comment on the rules currently being reviewed by the West Virginia Board of Examiners for Registered Professional Nurses. However, we would like to reserve the right to comment on these after our September 5, 1993, Board meeting.

The Board has been aware of and has been following the development of the proposed rules for the last year and a half.

Very truly yours,



Janice S. Smith, MSN, RN
Chair
Advanced Nursing Practice Conference Group
by: John D. Law
Assistant Director
West Virginia Nurses Association*

*This letter was drafted by Janice Smith. She did not, however, read or sign the typed copy.

Fairmont General Hospital Inc.

1325 Locust Avenue
Fairmont, WV 26554
(304) 367-7100
FAX: 367-7169

Fax To: West Virginia Board of Examiners
For Registered Professional Nurses

Fax: 558-3666

From: George Perich, Vice President
Human Resources
Fairmont General Hospital, Inc.
1325 Locust Avenue
Fairmont, WV 26554

Fairmont General Hospital Inc.

1325 Locust Avenue
Fairmont, WV 26554
(304) 367-7100
FAX: 367-7169

July 29, 1993

West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311

RE: COMMENTS ON PROPOSED RULES ON STANDARDS FOR PROFESSIONAL NURSING PRACTICE (19 CSR 9 and 19 CSR 10).

Dear Sir or Madam:

This letter is in response to the proposed rules in the above-captioned matter, specifically those relating to delegation of duties by RN's and disciplinary action (Rules 5.1.9 and 5.1.10). We appreciate the opportunity to provide input into your process and hope that we can be some help. However, for the reasons stated below, the rules as proposed would result in a de facto regulation of other licensed professionals in the health care setting, and also pose due process problems regarding the revocation of licenses.

The placing of the burden of whether to delegate a patient care duty upon the RN refuses to recognize that patient care is a team effort and involves many participants, including other licensed professionals such as emergency medical technicians, physician assistants, physical therapists and others. These other professionals are credentialed by the hospital as to their capabilities to perform patient care duties. It should not be up to the Board, or the individual RN, to determine whether the other professional is capable and/or what they can/cannot do and have the RN risk his/her license in the process. Further, the rules do not specify what is "essential" in the nursing process, but the RN could be disciplined if the RN delegates a duty.

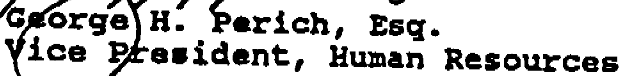
From a hospital viewpoint, the rules serve to severely restrict the delineation of duties among personnel at a time when flexibility in the use of staff is critical. We must recognize that there are major changes in health care delivery just around the corner and rules which tend to limit duties to one classification are going to cause serious problems for hospitals.

The rules relating to disciplinary action appear to be over broad in that they do not specify the conditions that can lead to the revocation of an RN license. Also, Section 5 allows for an RN to be disciplined if they refuse or fail to report for a medical exam, and if they fail to comply with requested information, whether

intentional or through negligence. Neither of these provisions allow for the possible use of legal counsel, nor do they take into account the fact that legal counsel may have legitimately advised them against supplying the requested information at that time.

We hope that you give serious consideration to these issues when drafting your final rules. Again, thank you for the opportunity to comment.

Very truly yours,



George H. Perich, Esq.
Vice President, Human Resources

Rochelle L. Boggs R. N. M.S. CCRN

TRAUMA / CRITICAL / CARE

[illegible] ART STREET • PARKERSBURG, WEST VIRGINIA 26101 • TELEPHONE [illegible]

July 28, 1993

Executive Director
WV Board of Examiners for Registered Professional Nurses
101 [illegible] Drive
Charleston, WV 25311-1620

Dear Janet Fairchild MSN, RN

I have reviewed the proposal for rule 19CSR9 (Disciplinary Action) and rule 19CSR10 (Standards for Professional Nursing Practice). I appreciate our lengthy discussion concerning these much needed rules in our state. I strongly support the proposal for Disciplinary Action and would like to relate two examples as to why [illegible] these rules are needed.

1. A nurse working in a Coronary Care Unit was caught charting fictitious blood pressures in the nursing notes.

2. A nurse working in an Intensive Care Unit was caught administering to patients additional unprescribed doses of Lasix.

In each of these situations, the hospital took action and placed the nurses involved in another area of the hospital. These nurses now work for other community agencies as nurses. Upon being hired [illegible] the other settings the hospital will only release dates of employment and whether or not the person is a rehire. What if these nurses continue to compromise patient safety? How many incidences will have to occur before someone discovers a problem exists? How many patients will be affected? Many questions come to light and since the hospital did not have to report these incidents to a central state nursing licensing board, tracking such incidences is difficult if not impossible.

In situations such as these the Nursing Board of Examiners not only serves as an advocate for patient safety, but as an advocate to nurses who need help.

In regards to the proposal for rules covering the standards of nursing practice. I am in total support. Other states have virtually the same types of rules which serve to promote the expected minimal standards of nursing practice.

As a member of the West Virginia Nurses Association Board of Directors, our association is constantly concerned about the welfare of patients and the delivery of safe, quality nursing care. These rules will assist in providing the much needed foundation upon which to build a safe environment to practice nursing in West Virginia.

Sincerely,

Rochelle Boggs

Rochelle L. Boggs MS, RN, CCRN, CS
West Virginia Nurses Association Board of Directors

DISTRICT #3 WEST VIRGINIA NURSES ASSOCIATION

Date: July 27,1993

From: District #3 West Virginia Nurses Association
P.O. Box 4651
Parkersburg, West Virginia 26104

To: W.V. Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, W.V. 25311-1620

Re: Proposal for rule 19CSR9 (Disciplinary Action) and
rule 19CSR10 (Standards for Professional Nursing Practice)

The Registered Professional Nurses of District #3 West Virginia Nurses Association express collective support for the above proposed rules. We also uphold the WV Board of Examiners as the regulating and enforcing body for maintaining the standards of nursing practice in the state of W.V.

Sincerely,

Karen Sadler

Karen Sadler RN, BSN
President

KS/rb

P.O. BOX 4651 PARKERSBURG, WEST VIRGINIA 26104
WOOD, WIRT, CALHOUN, JACKSON, AND ROANE COUNTIES

Rochelle L. Boggs R.N. M.S. CCRN

TRAUMA / CRITICAL / CARE

[illegible] STREET • PARKERSBURG, WEST VIRGINIA 26101 • TELEPHONE (304) [illegible]

[illegible], 1993

Executive Director
WV Board of Examiners for Registered Professional Nurses
[illegible] Drive
Charleston, WV 25311-1620

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Rochelle Boggs

Rochelle L. Boggs MS,RN,CCRN,CS
West Virginia Nurses Association Board of Directors

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TO: W.V. Board of Examiners for Registered Professional Nurses
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Sincerely,

[illegible] Sadler

[illegible] Sadler RN, BSN
President

[illegible]/[illegible]

P.O. BOX 4651 PARKERSBURG, WEST VIRGINIA 26104
[illegible]D, WIRT, CALHOUN, JACKSON, AND ROANE COUNTIES

DISTRICT #3 WEST VIRGINIA NURSES ASSOCIATION

Date: July 27,1993

From: District #3 West Virginia Nurses Association
P.O. Box 4651
Parkersburg, West Virginia 26104

To: W.V. Board of Examiners for Registered Professional Nurses
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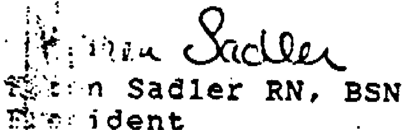
Sincerely,



[illegible]n Sadler RN, BSN
President

KS/ b

The Greenbrier

July 29, 1997

Transmission

To: WV Board Examiners RN
558 3666

From Rochelle Boggs
Fax 614 423 6369
614 423 6101

Total 3 pages

PUBLIC HEARING
JULY 30, 1993
19CSR9
DISCIPLINARY ACTION

NAME	ADDRESS	AGENCY	SPEAK YES	NO
1. George Velianoff	3101 McCorkle Ave SE Charleston, WV 25304	CAMC	✓	
2. Sue Sowards	PO Box 327 Parkersburg WV 26102	St Joes Hosp	✓	
3. Bonnie Brauner	2880 Pennsylvania Ave. Charleston, WV 25302	WV Div. of Health (OHLAC)		✓
4. Phillip Bolt	1710 Harper Rd. Beckley WV 25801	Raleigh Gen Hosp		✓
5. [illegible]	1710 Harper Rd. Beckley, W.Va. 25801	R.G.H.		✓
6. Christa Rinew	2813 25th St Parkersburg, WV	St Joseph Hospital Parkersburg WV	✓ (no)	

PUBLIC HEARING
JULY 30, 1993
19CSR9
DISCIPLINARY ACTION

NAME	ADDRESS	AGENCY	SPEAK YES	SPEAK NO
7. Connie Stone	17 Maple Dr. Mineral Wells, WV	St. Joseph's Hospital (Parkersburg)		✓
8. Carolyn Escandon	1706 Avery ST PKSBG WV	ST Joseph's Hosp		✓
9. Rosalie Vlahutin	234 N Neele Dr Pkbg WV 26101	St Joseph's Parkersburg	✓	
10. Karen Daniels	111 Tenth Ave Huntington	Cabell Hgtn Hospital		?
11. Oveta McMillian	3310 Woodland Dr Huntington WV	Cabell Htgn Hosp		?
12. Gil Delaura Esq	600 D St S. Charleston WV	WV Hospital Assoc		✓

PUBLIC HEARING
JULY 30, 1993
19CSR9
DISCIPLINARY ACTION

	NAME	ADDRESS	AGENCY	SPEAK YES	SPEAK NO
13.	JOHN D. LAW	106 Dee Drive Charleston WV 25312	WV Nurses Association		X
14.					
15.					
16.					
17.					
18.					