

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #3

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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 TITLE NUMBER: 19CSR
PROFESSIONAL NURSES
CITE AUTHORITY: §30-7-1 ET SEQ.

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: 19CSR10

TITLE OF RULE BEING PROPOSED: STANDARDS FOR PROFESSIONAL
NURSING PRACTICE

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 H. Fairchild

19.50

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

RE: BRIEF SUMMARY

Proposed Rule: §19CSR10

Title: Standards for Professional Nursing Practice

BRIEF SUMMARY

This rule establishes minimum acceptable levels of safe practice for the registered professional nurse, and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective. Furthermore, it delineates those standards related to the registered professional nurse's responsibility as a member of the nursing profession.

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

FILED

AUG 16 11 19 AM '93

SERIES 10

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

§19-10-1. General.

1.1 Scope.- This rule establishes standards of safe practice for the registered professional nurse, and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective.

1.2 Authority.-W.VA. CODE § 30-7-1 et seq.

1.3 Filing Date.-

1.4 Effective Date.-

§19-10-2 Standards Related to the Registered Professional Nurse's Responsibility to Implement the Nursing Process.

2.1 The registered professional nurse shall conduct and document nursing assessments of the health status of individuals and groups by:

2.1.1 Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes but are not limited to:

2.1.1.1 Client knowledge and perception about health status and potential, or maintaining health status;

2.1.1.2 Consideration of client's health goals;

2.1.1.3 Biophysical and emotional status;

- 2.1.1.4 Growth and development;
- 2.1.1.5 Cultural, religious and socio-economic background;
- 2.1.1.6 Ability to perform activities of daily living;
- 2.1.1.7 Patterns of coping and interacting;
- 2.1.1.8 Environmental factors (e.g. physical, social, emotional and ecological);
- 2.1.1.9 Available and accessible human and material resources;
- 2.1.1.10 Family health history; and
- 2.1.1.11 Information collected by other health team members.

2.1.2 Sorting, selecting, reporting and recording the data.

2.1.3 Continuously validating, refining and modifying the data by utilizing all available resources, including interaction with the client, the family, significant others, and health team members.

2.2 The registered professional nurse shall establish and document nursing diagnoses and/or patient care needs which serve as the basis for the plan of care.

2.3 The registered professional nurse shall identify expected outcomes individualized to the client and set realistic and measurable goals to implement the plan of care.

2.4 The registered professional nurse shall develop and modify the plan of care based on assessment and nursing diagnosis and/or patient care needs. This includes:

2.4.1 Identifying priorities in the plan of care;

2.4.2 Prescribing nursing intervention(s) based upon the nursing diagnosis and/or patient care needs;

2.4.3 Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being, and to provide health teaching and counseling.

2.5 The registered professional nurse shall implement the plan of care by:

2.5.1 Initiating nursing interventions through:

2.5.1.1 Writing nursing orders and/or directives.

2.5.1.2 Providing direct care.

2.5.1.3 Assisting with care.

2.5.1.4 Delegating and supervising nursing care activities.

2.5.2 Providing an environment conducive to safety and health.

2.5.3 Documenting nursing interventions and responses to care.

2.5.4 Communicating nursing interventions and responses to care to other members of the health care team.

2.6 The registered professional nurse shall evaluate patient outcomes and the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, family, significant others and health team members.

2.6.1 Evaluation data shall be documented and communicated to other members of the health care team.

2.6.2 Evaluation data shall be used as a basis for reassessing client health status, modifying nursing diagnoses and/or patient care needs, revising plans of care, and prescribing changes in nursing interventions.

§19-10-3 Standards Related to the Registered Professional Nurse's Responsibility as a Member of the Nursing Profession.

3.1 The registered professional nurse shall have the knowledge of statutes and rules governing nursing and function within the legal boundaries of nursing practice.

3.2 The registered professional nurse shall accept responsibility for individual nursing actions and competence.

3.3 The registered professional nurse shall obtain instruction and supervision as necessary when implementing nursing techniques or practices.

3.4 The registered professional nurse shall function as a member of the health team.

3.5 The registered professional nurse shall collaborate with other members of the health team to provide optimum patient care.

3.6 The registered professional nurse shall consult with nurses and other health team members and make referrals as necessary.

3.7 The registered professional nurse shall contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.

3.8 The registered professional nurse shall participate in the systematic evaluation of the quality and effectiveness of nursing practice.

3.9 The registered professional nurse shall report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.

3.10 The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform.

3.11 The registered professional nurse shall supervise others to whom nursing interventions are delegated.

3.12 The registered professional nurse shall retain professional accountability for nursing care when delegating nursing interventions.

3.13 The registered professional nurse shall conduct practice without discrimination on the basis of age, race, religion, gender, sexual preference, socio-economic status, national origin, handicap, or disease.

3.14 The registered professional nurse shall respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of health problems.

3.15 The registered professional nurse shall respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information.

3.16 The registered professional nurse shall respect the property of clients, family, significant others, and the employer.

3.17 The registered professional nurse teaching the practice of nursing shall be qualified to do so through education and experience.

3.18 The registered professional nurse conducting research in nursing practice shall be qualified to do so through education and experience.

3.19 The registered professional nurse assuming a leadership role in nursing shall be qualified to do so through education and experience.

3.20 The registered professional nurse assuming independent practice shall be qualified to do so through education and experience.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: STANDARDS FOR PROFESSIONAL NURSING PRACTICE

Type of Rule: * Legislative Interpretive Procedural

Agency WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

Address 101 DEE DRIVE
CHARLESTON, WV 25311-1620

1. Effect of Proposed Rule

| | ANNUAL FISCAL YEAR | | | | |
|-----------------------------|--------------------|----------|---------|-----|-----------|
| | INCREASE | DECREASE | CURRENT | REC | HEREAFTER |
| <u>ESTIMATED TOTAL COST</u> | \$ 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:

The proposed rule does not increase or decrease the budget of this agency. It merely provides for more specifically describing standards for professional nursing practice.

3. Objectives of these rules:

To more specifically delineate standards of professional nursing practice.

Rule Title: STANDARDS FOR PROFESSIONAL NURSING PRACTICE

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

NONE

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 20 1993

Signature of Agency Head or Authorized Representative

James P. Mitchell

DATE: August 16, 1993

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

LEGISLATIVE RULE TITLE: STANDARDS FOR PROFESSIONAL NURSING PRACTICE

1. Authorizing statute(s) citation §30-7-1 et seq.

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 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 phone number(s) 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 _____

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SUMMARY OF REPLY

19CSR10

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

The Board in session August 10 - 11, 1993 discussed and reviewed the transcript of the hearing held July 30, 1993 on the proposed rule 19CSR10: Standards for Professional Nursing Practice.

In response to oral and written comments, the Board made changes to the following subsections: 2.1.; 2.3.; deleted 2.3.2.; 2.4.; 2.4.1.; 2.5.1.1.; 2.5.1.4.; 2.6.; 2.6.1.; 2.6.2.; 3.8.; 3.13.; 3.17.; 3.18.; 3.19.; and 3.20.

SUMMARY OF COMMENTS
JULY 30, 1993
19CSR10
STANDARDS FOR PROFESSIONAL NURSING PRACTICE

1. Twyla Wallace, B.S., M.Ed., RN
Legislative Chair
Concerned Nurses of West Virginia, Inc.
PO Box 1233
Lewisburg, WV 24901

ORAL AND WRITTEN COMMENTS:

" . . . its stated purpose is to delineate standards related to the registered professional nurse's responsibility as a professional nurse, the only real change is that the well known responsibilities of the RN have been categorized into roles . . ."

Expressed specific concerns about the use of the word appropriate.

2. Karen Daniels, MSN, RN, CCRN, CNA
Director for Specialty Care Division
Cabell Huntington Hospital
1340 Hal Greer Boulevard
Huntington, WV 25701

WRITTEN COMMENTS:

" . . . support the proposed Standards for Professional Nursing Practice . . . "

Does not support subsection 3.10.

3. George D. Velianoff, DNS, RN
Administrator for Nursing
CAMC
3101 MacCorkle Avenue, SE
Charleston, WV 25304

ORAL AND WRITTEN COMMENTS:

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

"19CSR10 is very helpful in laying the framework for nursing practice and expectations."

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

Sarah Crowe, RNC
Adult Program Director

Susan Steffel, RNC
Adolescent Program Director

St. Joseph's/Parkside
Center for Behavioral Medicine
19th Street and Murdoch Avenue
PO Box 327
Parkersburg, WV 26102-0327

ORAL AND WRITTEN COMMENTS:

" . . . how would (rule) be implemented and monitored in this day of minimum staffing levels?"

Expressed specific concerns with terminology used in the steps of nursing process.

5. Nan Cameron, MSN, RN, CNA
Associate Executive Director/Nursing
Greenbrier Valley Medical Center
PO Box 497
Ronceverte, WV 24970-0497

ORAL AND WRITTEN COMMENTS:

"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."

Provided specific comments to ten subsections of this rule.

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

ORAL AND WRITTEN COMMENTS:

"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."

Provided several general and specific comments related to implementation of rule.

7. Gil DeLaura
Vice President/General Counsel
West Virginia Hospital Association
600 D Street Second Level
South Charleston, WV 25303

WRITTEN COMMENTS:

"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."

Provided other general and specific written comments, especially in regard to concept of delegation.

8. Alita K. Sellers, MNED, RN
Chairperson, Nursing
West Virginia University at Parkersburg
Route 5, Box 167A
Parkersburg, WV 26101-9577

WRITTEN COMMENTS:

"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."

9. Marion L. Culbertson
Assistant Professor, Nursing
West Virginia University at Parkersburg
Route 5, Box 167A
Parkersburg, WV 26101-9577

WRITTEN COMMENTS:

"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."

10. Suzanne J. Shackelford, RN
Director of Nursing Services
Jefferson Memorial Hospital
300 South Preston Street
Ranson, WV 25438

WRITTEN COMMENTS:

"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."

Recommended some specific changes in wording.

11. Sylvia L. McNeil
President
District I
Registered Professional Nurses of Hancock, Brooke, Ohio
and Marshall Counties
West Virginia Nurses' Association
Wheeling Hospital, Inc.
Medical Park
Wheeling, WV 26003

WRITTEN COMMENTS:

"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."

12. Rachel G. Byrd, RN, BSN
Director, Nursing Quality and Resources Management
CAMC
3101 MacCorkle Avenue, SE
Charleston, WV 25304

WRITTEN COMMENTS:

"The outline of national professional standards . . . help explain to our patients in West Virginia what they may expect from nursing."

13. Julia Hartman, RN, MSN, Ed.D.
Chair, Department of Nursing
Davis & Elkins College
100 Sycamore Street
Elkins, WV 26241-3996

WRITTEN COMMENTS:

"The standards recommended . . . give substance and solid guidelines to Schools of Nursing as they prepare graduates to practice in the profession of Nursing."

14. Karen E. Sadler, RN, BSN, CRNI
Infusion Therapy Nurse Consultant
Route 1, Box 129
Little Hocking, Ohio 45742

WRITTEN COMMENTS:

" . . . 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 in to protect clients under their care."

15. Janice M. Smith, MSN, RNC
Clinical Nurse Manager
Vice President - District 8
West Virginia Nurses Association
Dunbar, WV 25064

WRITTEN COMMENTS:

"I support the proposed rule . . . 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."

16. Shelia M. Kyle, MSN, RN, C
Huntington, WV 25701

WRITTEN COMMENTS:

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

17. Lynne B. Welch, EdD, RN
Dean
Marshall University
School of Nursing
400 Hal Greet Boulevard
Huntington, WV 25755-9500

WRITTEN COMMENTS:

"On behalf of the faculty of the School of Nursing, I endorse this rule . . . without any reservations."

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

WRITTEN COMMENTS:

"I highly endorse this rule and believe that it is long overdue."

19. Dr. Sandra S. Bowles
Dean
Division of Health Sciences
The University of Charleston
2300 MacCorkle Avenue, SE
Charleston, WV 25304

WRITTEN COMMENTS:

"I appreciate the Board's concern about more clearly defining actions appropriate . . . I can support the changes proposed under both."

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

Raised questions/comments regarding specific wording/phrases.

21. Rochelle Boggs, MS, RN, CCRN, CS
Trauma/Critical/Care
1130 Market Street
Parkersburg, WV 26101

WRITTEN COMMENTS:

"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."

22. Karen Sadler, RN, BSN
District #3 West Virginia Nurses Association
PO Box 4651
Parkersburg, WV 26104

WRITTEN COMMENTS:

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

23. Ruth J. Moore
Director, Practice & Development
CAMC
3101 MacCorkle Avenue, SE
Charleston, WV 25304

WRITTEN COMMENTS:

"As a previous Florida resident . . . support the need for these rules and applaud your efforts."

Gave specific word change recommendations.

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

WRITTEN COMMENTS:

". . . I strongly support both proposed rules. . . all nurses are accountable for meeting a standard of professional nursing practice."

25. Rosemary Nolan, RN, MSN, CNA
Vice President - Patient Care Services/Risk Management
Weirton Medical Center
601 Collers Way
Weirton, WV 26062-5091

WRITTEN COMMENTS:

". . . an issue for us in recent litigation when the nurse was asked what was the acceptable standards for questioning a physician's order."

Listed six specific comments.

26. Lorraine Ritz, MSN, CNA, RN
President
WV Organization of Nurse Executives

WRITTEN COMMENTS:

" The West Virginia Organization of Nurse Executives wishes to commend . . . realize that the practice standards have been in place and are being formalized."

27. Janice S. Smith, MSN, RN by John D. Law
Assistant Director
West Virginia Nurses Association
Po Box 1946
Charleston, WV 25327

WRITTEN COMMENTS:

"Because of leadership reorganization, . . . reserve the right to comment on these after our September 5, 1993 Board meeting."

28. George H. Perich, Esq.
Vice President, Human Resources
Fairmont General Hospital, Inc.
1325 Locust Avenue
Fairmont, WV 26554

WRITTEN COMMENTS:

"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 . . . other professionals are credentialed by the hospital as to their capabilities to perform patient care duties."

Comments on due process issues.

29. Brownie Dunn
Administrator
Greenbrier Manor
Route 2 Box 15A
Lewisburg, WV 24901

WRITTEN COMMENTS:

Believes (erroneously) that rule changes educational standards for entry into professional nursing practice.

30. Sandra McClung
Box 42 HC 60
Quinwood, WV 25981

WRITTEN COMMENTS:

". . . formal protest against the proposed rule affecting educational requirements of Registered Professional Nurses in W.Va."

31. Jessica Sharp
Flat Top Lake
Beckley, WV

ORAL COMMENTS:

Commented that standards are consistent with other national, professional nursing standards and with hospital accrediting standards.

32. Connie Stone
17 Maple Drive
Mineral Wells, WV

St. Joseph's Hospital
Parkersburg, WV

ORAL COMMENTS:

Believes would be difficult for an emergency room nurse to comply with every standard as a whole during a short emergency room visit.

33. Sue Sowards
PO Box 327
Parkerburg, WV 26102

St. Joseph's Hospital
Parkersburg, WV

ORAL COMMENTS:

Raises concern that the new graduate may not be able to meet minimal standards of practice.

34. Christa Rivers
Parkersburg, WV

EAP Coordinator
St. Joseph's Hospital
Parkersburg, WV

ORAL COMMENTS:

Raises concern that the new graduate may not be able to meet minimal standards of practice, and promotes the baccalaureate degree as the educational requirement for entry into nursing practice.

35. Dr. Laurette Cole
4013 Noyes Avenue
Charleston, WV 25304

Lead Coordinator of Health Occupations Education
WV Department of Education

ORAL COMMENTS:

Raises concern that standards would be in conflict with educational requirements of faculty teaching in practical nursing programs.

36. Becky Davis, RN
11 Westwood Lane
Huntington, WV 25704

Educator

ORAL COMMENTS:

"I do agree with the efforts to clarify our standards of practice within West Virginia."

Raised several questions as to implementation.

ORIGINAL

COPY

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

PUBLIC HEARING
JULY 30, 1993
19CSR10
STANDARDS FOR PROFESSIONAL NURSING PRACTICE

Transcript of proceedings had on the 30th day
of July, 1993, at 101 Dee Drive, Charleston, West Virginia,
commencing at 1:00 p.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,
and
LORRAINE RITZ, MSN, RN, President,
State of West Virginia,
Board of Examiners
for Registered Professional Nurses,
101 Dee Drive,
Charleston, West Virginia 25311-1620.

JANET T. SURFACE
COURT REPORTER
ROUTE 2, BOX 9
ALUM CREEK, WEST VIRGINIA 25003-9601
PHONES: (304) 756-3302 OR 756-3611

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
ALUM CREEK, WEST VIRGINIA 25003
PHONE (304) 756-3302 756-3611

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JANET T. SURFACE
 COURT REPORTER
 ROUTE 2, BOX 9
 ALUM CREEK, WEST VIRGINIA 25003-9601
 PHONES: (304) 756-3302 OR 756-3611

MS. FAIRCHILD: Good afternoon. I'm Janet Fairchild, Executive Secretary of the Board of Nursing. I'd like to introduce to you the Board's President, Lorraine Ritz. We have with us in the room, too, our Assistant Executive Secretary substituting as a--

MS. RHODES: Chairperson.

MS. FAIRCHILD: (continuing) chairperson here with us. We also have our Board's legal counsel, who may be in and out of the room, and that's Carol Egnatoff, and she may be present later.

I am circulating on a clipboard a sign-in sheet. I think it's over there (indicating) right now. Please provide the information there.

I also am circulating a memo that outlines the procedures for the hearing. What we will do is in the order that folks signed in we'll bring folks forward to speak to the rules. We will allow four minutes for each person to speak. At the end of that period of time, if no one else wants to speak to it, then folks may speak to it again after everyone's had an opportunity to speak to the rules and comment on them.

This is the, the public hearing for the Board's proposed rules on Professional Standards of Nursing

JANET T. SURFACE
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ROUTE 2, BOX 9
ALUM CREEK, WEST VIRGINIA 25003-9601
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Practice.

So we had some--, another hearing this morning, but just for clarification, it is the Series 10 rules that we're having the hearing on at this point in time.

So what I will do now is take a look at the clipboard and call the first person to speak.

We have Phillip Bolt. Would you like to speak?

MR. BOLT: No.

MS. FAIRCHILD: Jessica Sharp.

MS. SHARP: I would like to pass now and speak later.

Thank you.

MS. FAIRCHILD: Okay. Bonnie Brauner.

MS. BRAUNER: No.

MS. FAIRCHILD: Okay. We have a Patricia Anderson.

Would you like to speak?

MS. ANDERSON: No.

MS. FAIRCHILD: Okay. A Catherine Relihan.

MS. RELIHAN: No.

MS. FAIRCHILD: Okay. Twyla Wallace.

MS. WALLACE: Uh-huh.

MS. FAIRCHILD: Okay. Would you come forward, please?

JANET T. SURFACE

COURT REPORTER

ROUTE 2, BOX 9

ALUM CREEK, WEST VIRGINIA 25003-9601

PHONES: (304) 756-3302 OR 756-3611

If you'll just have a seat up here by our court reporter so you can speak into the microphone.

MS. WALLACE: I'm Twyla Wallace, a registered nurse from Lewisburg, and I'm representing Concerned Nurses of West Virginia.

Our concerns about this proposed rule by the RN Board is that while its stated purpose is to delineate standards related to the registered professional nurse's responsibility as a professional nurse, the only real change is that the well known responsibilities of the RN have been categorized into roles and the educational requirements have been changed.

The WV Code for Registered Professional Nurses, Section 30-7-6 states the qualifications for practice of all RNs in the state are: Completion of an accredited program of registered professional nursing education, a diploma from a board accredited school, and passage of the licensing exam.

This proposed rule uses the unmeasurable term "appropriate" educational requirements and "appropriate" experience. We would assume that the five member Board would interpret the word however it sees fit. Since the American Nurses Association has attempted since the sixties

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to require a minimum of a BSN for entry into practice, and preferably a master's and doctoral degrees for all RNs, this would leave the door wide open for the Board to require any of these degrees for any of the roles designated:

"Leadership," in 3.19, which would include supervisors, directors of nursing, their assistants, coordinators of departments in hospitals, nursing homes, home health, hospice, and so on. And "teaching the practice of nursing," which is 3.17, would it include inservice education, continuing education, conferences and workshops, as well as instructors of RN and LPN boards--, programs, excuse me, as well as instructors of RN and LPN programs?

What about "independent practice," in 3.20? In '92 a law was passed in West Virginia to give limited prescriptive authority to nurse practitioners and nurse midwives in a, quote, "collaborative relationship with physicians," unquote. Will they now have this authority independent of physicians? Does the current Board have the expertise to police these practitioners, or will it have to be enlarged to add this specialty credential, requiring additional funding for its budget?

How would such a law impact on the fourteen thousand RNs employed in West Virginia, seventy-four percent

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of whom have no degrees? Certainly the Board would reply that they would be "grandfathered" in, but this only protects their license, not their scope of practice or future job security.

At a time when West Virginia, as well as the rest of the nation, is seeking increased access to quality health care and to providing more employment opportunities, it is not the time to limit educational and job opportunities by requiring longer, costlier education for those who choose a nursing career.

We are requesting from the RN Board written answers to the questions addressed here, along with the definition of the term "appropriate," because health care providers, consumers, and legislators have the right to know exactly what is being proposed in order to better determine their response to this proposal. Such a law would impact health care costs and RNs not only in West Virginia but also in the entire nation, yet there was no mention of it in the recent newsletter sent by the Board to all RNs in the state.

Thank you.

MS. FAIRCHILD: Thank you for your comments. Would you like to submit your written comments to be included?

MS. WALLACE: Yes.

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MS. FAIRCHILD: I can accept those.

Would Patricia Lane like to come before the Board and speak?

MS. LANE: No.

MS. FAIRCHILD: Okay. Would Joanne Light?

MS. LIGHT: No.

MS. FAIRCHILD: Okay. Would Oveta McMillian like to come forward?

MS. McMILLIAN: No.

MS. FAIRCHILD: Okay. Would Karen Daniels like to come forward?

MS. DANIELS: Just to present written comments.

MS. FAIRCHILD: Okay. We will include your--, the written comments of Karen Daniels into the record.

Would any of those who have not spoken like to speak to the rules at this time?

MS. SHARP: (Indicating.)

MS. FAIRCHILD: Okay. We have Jessica Sharp, who would like to speak to the rules.

MS. SHARP: My name is Jessica Sharp, and when I read the rules and regs that were presented by the Board, I guess my feeling was that whereas schools of nursing and Joint Commission accreditation of hospitals are now saying that

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all of them you have to have appropriate education, that term is an okay term to use in defining--, for you to set your rules and define them later.

So wherein I read the rules and regs written by the Board, I felt that the rules and regs followed what were the national standards at the current time, meaning that I looked, compared them to Joint Commission rules and regs. And I compared them to NLN rules and regs, and they flowed within those two bodies of accrediting. And I felt they were within, within the limits that they--, that was being expected by the nursing professional at this time.

MS. FAIRCHILD: Thank you.

We've had some other folks come into the room. I'm circulating a sign-in sheet and would like to offer the opportunity to those who just walked in to speak to the rules, come forward and speak to the rules.

I believe we have some other folks who would like to speak to the rule, if they would like to come forward now.

MR. VELIANOFF: I'm George Velianoff from Charleston Area Medical Center speaking on behalf of the Office of Professional Nursing there and myself.

You have received, hopefully, our written

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comments that are in support of these rules. It's our belief that these rules are covered both in the educational requirements of programs in the State of West Virginia as they also follow the 1973 ANA Standards of Practice and that they are truly in line with what the profession of nursing says are minimum standards of practice. We would like to offer our support in that behalf.

MS. FAIRCHILD: Thank you.

Would anyone like to speak further to the rules?

MS. STONE: Yes. I haven't yet signed in.

MS. FAIRCHILD: Okay. I'll have you sign in, then.

MS. STONE: Thank you.

MS. FAIRCHILD: We have Connie Stone that wishes to speak to the rules now.

MS. STONE: Thank you. What I would like to address, Ms. Fairchild, is in the Series 10, 2.1.1.1 through 2.1.1.11. And, again, for those that weren't here earlier, my expertise is in the field of emergency nursing.

And with this--, as I interpret this information, it really is dealing with the assessment of the patient and really the thorough assessment that would be necessary for a patient in long term care or even an acute

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care setting, but in the setting of the emergency department hopefully the time of the patient is measured in minutes versus hours. And it is really very difficult, would be nearly impossible for the emergency nurse to comply to this thorough of an assessment for a patient under those settings, and not just with the emergency nurse but any nurse that's in any type of ambulatory care setting, again, where the patient contact is of very short duration and would be really close to impossible to be able to collect all this information from the patient and be able to get it documented in order to plan the patient's line of care. Okay.

MS. FAIRCHILD: Thank you for your comments.

MS. STONE: And I had one other that I'd like to go over.

MS. FAIRCHILD: Sure.

MS. STONE: Two-point-four-point-one, and this is talking about nursing intervention. And as with the Series 9, the delegation of care with the appropriate person, I would like to see criteria developed as to who designs and who develops the information that would be used to make the decision about which person would be appropriate to delegate the care.

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MS. FAIRCHILD: Thank you.

MS. STONE: Thanks.

MR. VELIANOFF: Janet, would it be appropriate, just as a point of clarification? The process, this session, is obviously for comments only. What happens afterwards or if folks have questions?

MS. FAIRCHILD: Yes. Since we don't have anyone else who's wanting to speak right now, I can address that. Public hearings are held for the purpose of receiving oral comment. It is not a forum-type of activity where dialogue goes back and forth. It is modeled after the legislative hearings where people have the opportunity to speak to a particular rule or law, proposed law for--, on any topic.

After the end of the hearing, then our court reporter will transcribe the oral testimony and comments, and we will include the written comments that were provided with that. And that becomes one document. That document, several things happen to that. It is filed in the Secretary of State's office as well as copies filed with the-- Well, let me back up a bit. All of that information is first thoroughly reviewed by the Board of Nursing when they will be in session at their next meeting.

Prior to that, our Board staff and Board legal

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counsel will begin to sift through the comments that were offered to look at each comment and try to, to have that a little bit organized for the Board for their benefit when they begin to thoroughly review each, each part of that at the next Board meeting.

At the next Board meeting, then, the Board will decide yes or no to go forward with each rule as a whole, whether or not to make some modification in any part of the rule. If the Board decides to approve with or without modifications, then the process, after that point in time, would be refiling with the Secretary of State's office including the copies of the transcript of hearing. And copies would be sent to the rulemaking review committee.

So the next step will be the review by the full Board in session at their next meeting to review each and every comment and consider whether to revise, delete, leave as is.

Did that answer the question?

MR. VELIANOFF: (Indicating.)

MS. FAIRCHILD: Okay.

MS. WALLACE: Janet?

MS. FAIRCHILD: Yes.

MS. WALLACE: And then it goes from the Board, after the

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Secretary of State's office, it's filed there, and then it goes to the legislative rulemaking review committee?

MS. FAIRCHILD: It goes at the same time to the Secretary of State's office and the rulemaking review, just--, they're filed the same day in both agencies.

MS. WALLACE: Okay. And then they publish when they will have a hearing?

MS. FAIRCHILD: If they have a hearing. You know, that's, that's-- If there's a request for a hearing, then they would have one. If there's not a request for one, they don't have a hearing. The committee itself would just review it. And that's, that would be it. There may be some changes in the procedure this year with regard to all state agencies because of a recent Supreme Court ruling on how that might--, how--, on the procedure itself, not ours but the all state agencies' rules.

MS. WALLACE: Uh-huh.

MS. FAIRCHILD: So we certainly have plenty of time to receive additional comments, if anyone wants to do that. Or you certainly may wait here until-- The actual formal hearing will end at three o'clock. So no more oral testimony would be taken after three o'clock.

MS. ESCANDON: (Indicating.)

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MS. FAIRCHILD: Carolyn, please come forward.

MS. ESCANDON: I haven't signed in yet.

MS. FAIRCHILD: Okay. Carolyn Escandon.

MS. ESCANDON: Right.

My area is psych mental health nursing, and I would like to comment on 2.2 and 2.3 on the issue of nursing diagnosis. We have undergone a two year trial of nursing diagnosis in the multidisciplinary setting, and we found that it's not always helpful. And so since we have a multidisciplinary--, one treatment plan, I would like to amend the language a little, "whenever possible," or "when appropriate," or some language like that that would not force us to have a separate treatment, nursing treatment plan. And we could, you know, continue to be part of the team, because we've done that in the past, and it really hasn't worked to have two different treatment plans, because only one is looked at. Thank you.

I, I would like to say that I really support the Board's effort.

MS. FAIRCHILD: Thank you.

To the lady who just walked in, the floor is open to receiving oral comments on the Series 10 rules, Professional Standards of Nursing Practice. If you would

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like to speak to them, you can come forward now. And we'd like for you to sign in, too.

MS. CAMERON: Do you want me to start and finish writing later?

MS. FAIRCHILD: Sure.

MS. CAMERON: My name is Nan Cameron, and I'm representing Greenbrier Valley Medical Center, and I do have some concerns with the Standards for Professional Nursing Practice as it's currently written.

While I do think that much of its intent is positive in that it does have us utilizing the nursing process evaluating outcomes of care, but I do think that it's fairly narrow and restrictive in the way that it is written.

In looking at the nursing assessment section, 2.1, many of the encounters that we have with patients tend to be very brief or for a specific reason, such as a office or clinic nurse who is only giving a patient an injection, in which case the assessment probably would be left to assessing allergies, responses to previous drug reactions in the past, but they would certainly not go into the detailed type of assessment that is listed under Section 2.1.

The other section, "timely" is not clearly

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defined. The best reference that I have for that would be based on the Joint Commission Standard NC 1.1.1, which defines "timely" as specified by hospital policy.

Section 2.2, the RN "shall establish and document nursing diagnoses," I also feel is very restrictive. I know where we are, we currently use primarily patient needs based on patient care standards. We're looking at collaborative problems. There's certainly enough in the literature that expresses differences of opinion based on the taxonomy of nursing diagnoses.

It also concerns me in that a number of units or hospitals, particular psychiatric, substance abuse, rehabilitation facilities are really expected to do a multidisciplinary treatment plan. From my experience of past surveys, what they're really looking at is not the use of terminology that would be used by the specific disciplines, the nurse, the physician, the social worker, et cetera, but the plan is to be written in words that are easily understood by the patient. It is a rare occurrence where I've seen in those particular types of units where there's been a duplicate nursing care plan, but nursing has been a contributor to that multidisciplinary treatment plan concept.

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The other concern that I have is that we sort of skip the outcome identification process, and I think that that's real important to clearly identify expected outcomes for each individualized patient or whatever setting we're practicing in. And I would suggest that we look at either ANA Standards of Clinical Nursing Practice that do clearly define the outcome identification in Standard III, also Joint Commission addresses the importance of evaluation based on the patient's response and the outcome of care provided. That's in NC 1.3.4.5.

Section 2.5 of the standards, "evaluation shall involve the client, family, significant others and health team members," I would again reference this to Standard VI in Evaluation under the ANA Standards of Clinical Practice. I do think that that's probably more relevant and clear in describing the process of evaluation.

Section 3.8, "the registered professional nurse shall participate in the evaluation of nursing through peer review," there is certainly a vast variety of relevant methodologies that are utilized to evaluate nursing care provided by departments, units, and/or individuals. With the tremendous push that we're all experiencing from Joint Commission's Agenda for Change, there certainly is a

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direction of the CQI, Continuous Quality Improvement. This has been supported by the majority of health care groups. And I think it allows for a more individualized approach for measuring quality. Either 3.8 is narrow in its evaluation, or it's not clear in its intent.

Sections 3.17 through 3.20, where it talks about in particular the nurse administrator, the nurse executive, it does not define appropriate education and experience, how that will be measured or interpreted. The Joint Commission Standard NC 5.1 does state that at least for the nurse executive, "nursing services are directed by a nurse executive who is a registered nurse qualified by advanced education and management experience."

So those were some of the concerns as I've been talking with my nursing management group over the past couple of weeks as we've looked at this particular standard.

I am recently new to West Virginia, since the middle of June. I have practiced in four other states in the past, and I know that in some of the conversations particularly that I've had with Laura that we do need to have a more defined process of what is the scope of nursing practice in West Virginia, that that would be helpful. But

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I am somewhat concerned by the language and how it is addressed in this particular standard.

MS. FAIRCHILD: Thank you. Would you like to submit written comments in addition to that?

MS. CAMERON: Yes. I do have that. Can I give you one for this morning's?

MS. FAIRCHILD: Thank you.

I believe we have a comment from Sue Sowards now.

MS. SOWARDS: Yes. Thank you. As I sit here and read the standards related to a professional nurse's responsibility in implementing the nursing process, I have some concerns in the role of the new graduate and the new licensed RN. And in my experience, it's taken a period of six months to a year for that new GN to become acclimated to doing this independently. And I would like to see some references or some clarification here as to the role of a new GN. Is she going to be fully responsible for this? Because we give them approximately twelve weeks under the preceptor concern to help integrate them into this, that they, one, when they come to work, they're not solely accountable for this type of role or these standards.

On 3.9, I would like some clarification on

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what "unsafe nursing practice" and "unsafe practice conditions to recognized legal authorities" means. Who are those authorities? I would be interested in knowing who that is. And what kind of conditions are we talking? Conditions of the facility of which I as a nurse may not have any influence over? Or are they conditions of another nurse and what she's doing? Equipment conditions? Just what kind of conditions are those?

I, too, would like some clarification on what "appropriate education and appropriate experience" is in each one of these 3.17 through 3.20. And what would my responsibility be if I accepted a position within a facility and their requirements were different than the Board? And if I accept a job, then what responsibility, what liability do I have if I don't meet--, if I'm a nursing leader in a facility and I don't meet the Board's recommendations?

Overall I am in support of the effort and just would like some clarification.

MS. FAIRCHILD: Thank you.

I believe we have Christa Rivers to speak now.

MS. RIVERS: I would like to again offer my support to the West Virginia Board of Examiners for their work towards our practice, our scope of practice. And as I look at the

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standards related to the professional nurse's responsibility to implement the nursing process, I would like to challenge us as professional nurses to look at this as an opportunity to forecast that perhaps within the near future we could affirm that the entry level for the registered professional nurse be the BSN, because I see that in our practitioners, my position is an EAP Coordinator, and I work with nurses at the entry level, and I see that they are not well prepared to undertake the responsibilities as outlined here.

So again I wanted to go on record that I again affirm this Board for their work, but I also want to challenge us to go forward to proceed with the BSN program as the entry level. Thank you very much.

MS. FAIRCHILD: Thank you. Let's go off the record.

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

MS. FAIRCHILD: We're on the record now. We have someone who would like to speak to the rules. Can you give your name for the court reporter? _____

DR. COLE: Okay. I'm Doctor Laurette Cole, Lead Coordinator of Health Occupations Education with the West Virginia Department of Education.

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As the funding agency for all but one of the practical nursing programs in West Virginia and as the certifying agency for RN nursing instructors teaching in these publicly funded programs, I'm concerned about potential conflict with licensing certification standards we in the Department of Education have in place relative to the licensing and certification of our registered nurse instructors.

Our criteria is very specific. To be eligible to teach in programs of practical nursing in West Virginia, an instructor must have three years of nursing experience. And this experience is spelled out to be direct bedside patient care experience in a hospital or long term care facility. A baccalaureate degree, preferably in nursing, is recommended but not required.

We haven't had any problems with these standards. We have good programs. And our pass rate on the in-class PN exam attests to this. And these, by the way, are the same standards which are in place with the LPN Board. We use the same criteria.

I'm just a little bit fuzzy about how our criteria lines up to what is being proposed, especially Item 3.17. I have questions about Item 3.17 through 3.20. Are

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these intended to address advanced levels of practice? If so, it should be so stated and put under advanced standards of practice whenever these are developed. I'm sorry that my comments-- It took a few minutes for me to collect my thoughts and get my comments written. I just learned about this last evening via a letter that was delivered to my home late yesterday evening, and it was from our national--, the national president of the American Vocational Association, the Health Occupations Division. She sent me a copy of these proposed changes. And I was a little bit miffed because it would have been nice, I think, to know about these and to read these in the RN newsletter and have these in advance of hearing from her.

MS. FAIRCHILD: Thank you. Can you give us your written comments?

DR. COLE: Could I turn these in later?

MS. FAIRCHILD: They would have to be turned in today, or you can let your oral comments stand as spoken.

DR. COLE: Okay. Let's just do that, then.

MS. FAIRCHILD: Okay.

We have about twenty more minutes of the official public hearing time so that if someone does wish to speak to the rule, you know, please come forward.

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We now have Becky Davis, who would like to speak to our rule.

MS. DAVIS: My name is Becky Davis, and I practice nursing in the Huntington Area. I, too, also learned about the new standards, or actually read the new standards as of yesterday. And I was disappointed that I had not heard of these through our newsletter, because I think most RNs that get the newsletter try to go over that to stay in touch with what's going on with our Board and this type of thing. And I think this is a, is a big step for West Virginia and needs to be clarified with most of our nurses that are in practice now in West Virginia.

I do agree with the efforts to clarify our standards of practice within West Virginia. I think that's been needed for a long time. However, I do question the standards that are written in Series 10.

First of all, in 1.1, addressing the scope of practice, this states that this is an effort to establish minimal levels of practice. And keeping this in mind, I do not understand why 3.17 to 3.20 are included within this effort.

First of all, when I think of the word "appropriate," I do realize that our other speaker had said

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that our Joint Commission and other boards have recognized the word "appropriate," but I feel within the state that as we teach our students the practice of registered nursing we teach them to be accountable, and we teach them to be measurable. And I feel like that our standard of practice should give us no less than that.

I also question not necessarily "appropriate." I go farther than that and say in 3.17, when we say the teaching of nursing, nursing is taught at many levels. It's taught at a doctorate level. It's taught at a master's level. It's taught at a BSN level. It's taught at an associate or diploma level. And it's taught at the LPN level. And actually it's taught in a nursing aide level.

So, therefore, when we say teaching of nursing practice, what are we talking about here? And what are we saying is appropriate for those levels?

Also, when we talk about conducting research in nursing, my first thought would be pure nursing research which a student learns about in a BSN program but at a master's level is pretty much put into practice and taught, the process of research. So, therefore, you know, what are we talking about when we say conducting research? Certainly a BSN student along with a associate level nurse has to be

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aware of research even in their day-to-day care of clients and patients.

When we talk about 3.19, "assuming a leadership role," what are we talking about here? A minimum level. If scope, 1.1, says a minimum level, then a minimum level might be charge on a floor as far as a leadership role. It might be having other nurses under you. I feel like that this is, this is not specific enough as far as leadership role. All levels of nursing, registered nursing promote leadership roles. So what are we talking about here?

Three-point-two-zero says "assuming independent practice," and unless I'm confused, most independent practice is done at a master's clinician level throughout our nation, including in West Virginia. So my problem is: Why should 3.17 to 3.20 be included in a document where we're trying to establish minimum standards for registered nursing?

I think that it's my opinion that either 3.17 to 3.20 should be deleted and included on an advanced practice standard, whenever that comes about, or it certainly minimally should be clarified before it's put into a minimal standard of practice.

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And I will let my oral comments stand as--

MS. FAIRCHILD: Given?

MS. DAVIS: Given.

MS. FAIRCHILD: Thank you.

I would like to officially close the hearing
and thank everyone for coming.

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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

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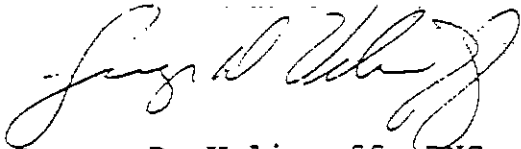
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regarding changing the stance on accepting verbal orders. We object vehemently to this attempt and do not believe there is any need to change the current thinking nor is it appropriate to introduce such changes with rules 19CSR9 and 19CSR10.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "George D. Velianoff".

George D. Velianoff, DNS, RN
Administrator for Nursing

COMMENTS: PUBLIC HEARING 7/30/93 ON PROPOSED RULE
BY WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
SERIES NUMBER 19CSR10 STANDARDS FOR PROFESSIONAL NURSING PRACTICE

Our concerns about this proposed Rule by the RN Board is that while its stated purpose is to delineate standards related to the registered professional nurse's responsibilities as a professional nurse, the only real change is that the well known responsibilities of the RN have been categorized into roles and the educational requirements have been changed.

The WV Code for Registered Professional Nurses, section 30-7-6 states the qualifications for practice of all RNs in the state are: completion of an accredited program of registered professional nursing education, a diploma from a board accredited school, and passage of the licensing exam.

This proposed rule uses the unmeasurable term "appropriate" educational requirements and "appropriate" experience. We would assume that the 5 member Board would interpret the word however it sees fit. Since the American Nurses Association has attempted, since the '60's to require a minimum of a BSN for entry into practice, and preferably master's and doctoral degrees for all RN's, this would leave the door wide open for the Board to require any of these degrees for any of the roles designated: "Leadership", (3.19) which would include Supervisors, Directors of Nursing, their assistants, Coordinators of departments in hospitals, nursing homes, home health, hospice, etc. "Teaching the practice of nursing" (3.17)—would it include inservice education, continuing education, conferences and workshops, as well as Instructors in RN and LPN programs?

What about "independent practice"? (3.20) In 192 a law was passed in WV to give limited prescriptive authority to nurse practitioners and nurse midwives in a "collaborative" relationship with physicians. Will they now have this authority independent of physicians? Does the current board have the expertise to police these practitioners or will it have to be enlarged to add this specialty credential, requiring additional funding for its budget?

How would such a law impact on the 14,000 RNs employed in West Virginia, 75% of whom have no degrees? Certainly the Board would reply that they would be "grandfathered" in, but this only protects their license, not their scope of practice or future job security.

At a time when West Virginia, as well as the rest of the nation, is seeking increased access to quality health care and to providing more employment opportunities, it is not the time to limit educational and job opportunities by requiring longer costlier education for those who choose a nursing career.

We are requesting from the RN Board written answers to the questions addressed here, along with the definition of the term "appropriate", because health care providers, consumers,

and legislators have the right to know exactly what is being proposed in order to better determine their response to this proposal. Such a law would impact health care costs and RN's not only in West Virginia but also in the entire nation, yet there was no mention of it in the recent newsletter sent by the Board to all RN's in the state.

Concerned Nurses of West Virginia, Inc.



Twyla Wallace, B.S., M.Ed., RN
Legislative Chair

7/30/93



CABELL HUNTINGTON HOSPITAL

July 30, 1993

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

RE: 19CSR10

Dear Ms. Fairchild:

As a representative of Cabell Huntington Hospital Nursing Administration, I support the proposed Standards for Professional Nursing Practice with one exception: the Board's current interpretation regarding 3.10 as is evidenced by the position statement regarding the use of ancillary care providers such as EMTs and Paramedics in the hospital setting.

Respectfully submitted:

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



Charleston Area
Medical Center

Corporate Professional Nursing

101 West Corkle Avenue, SE
Charleston, West Virginia 25304
(304) 725-4043

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



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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1-304-424-4371
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VHA
Partner-VHA Mid-Atlantic
Affiliate of the Voluntary
Hospitals of America System.

Ms. Fairchild
Page 2
July 28, 1993

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

Sarah Crowe, RNC
Adult Program Director

Susan Steffel

Susan Steffel, RNC
Adolescent Program Director

lff



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 too 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 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?



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.

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 facie 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?

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 is unclear. Does it refer to work time only? To what does "other means" refer? Item 2.5 mentions "structured treatment programs". Is the Board in a position to determine appropriate content for an individual on a case-by-case basis? Is this their legitimate role? What appropriate professional resource is accessed to determine treatment? How would the Board's decision integrate into the work place with an employee assistance program?

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?

Items 5.1.9 and 5.1.10 are troublesome in light of the conflicting licensure laws and regulations which exist in the state of West Virginia.

Can a mental disability as mentioned in 5.1.13 truly be a cause for disciplinary action? How is this defined? How does this work with the American with Disabilities Act? What professional resources are available to determine a mental disability?

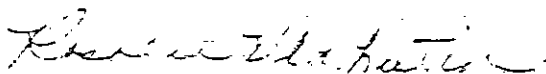
Items such as 5.1.24 and 5.1.25 seem to overlap with the responsibilities of the employer in regards to the actions of their respective employee.

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 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



600 D Street, Second Level
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 nursing 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:

- o Position the limb with sandbags.
- o Raise the head of the bed 30 degrees.
- o Explore the need for attention with the patient.
- o Observe for coughing.
- o Inspect the nails for abnormalities.
- o 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:

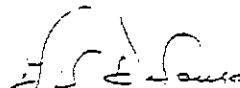
"Every rule and regulation (including any amendment of any rule to repeal any other rule) shall be promulgated by an agency only in accordance with this article and shall be and remain effective only to the extent that it has been or is promulgated in accordance with this article." (Emphasis supplied).

WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES/Page 6

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 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 assistant 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

FAX TRANSMISSION

FROM

WEST VIRGINIA UNIVERSITY AT PARKERSBURG

TO: Janet Faichild.....

FROM: W.V.U.P. Nursing Staff

DATE: 7-30-93

TOTAL NUMBER OF PAGES TO FOLLOW: 2.

COMMENTS:

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

M ARKERSBURG

July 29, 1993

Janez Fairchild, Executive Secretary
 State of West Virginia
 Board of Examiners for Registered
 Professional Nurses
 101 Dee Drive
 Charleson, WV 25811-1620

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 2.2 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 WVU 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 regard, the college has worked closely with the health care providers to identify beginning 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 WVU faculty that this atmosphere of cooperation with focus on quality patient care can guide delineation of professional parameters.

Editorial Comments:
 in "Disciplinary Action" - typos 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

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, 19CSR9...
Disciplinary Action and 19CSR10 Standards for Professional Nursing
Practice.

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 5.1.13 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 J. Culbertson
Marion J. 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 J. Shackelford, R.N.
Director of Nursing Services

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
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 Fitchell
WV Board of RN Examiners

FROM:

Janet Boyd
CAHC

Page 1 of 2

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

Rachel G. Byrd
924 Chappell Road
Charleston, WV 25304

July 29, 1993

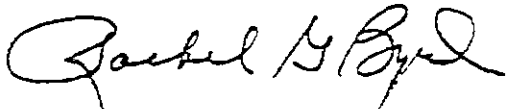
Janet Fairchild, MS, RN
Executive Secretary
Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

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 Virginia 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



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,

A handwritten signature in cursive script that reads "Julia Hartman".

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

JH:bm

option care

HOME INFUSION THERAPY

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1308 FOURTH AVENUE
HUNTINGTON, WY 83401
(304) 525-1222 - TOLL 541-3030

DATE: 7/28/93
TO: Janet Fairchild
FROM: Barry Godler

NO. PAGES: 2 (Including cover sheet)

MESSAGE: _____

If you do not receive all the pages, please call (304) 422-982

If box is checked, please call upon receipt.

RETURN FAX (304) 525-6881

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 Dec Drive
Charleston, W. Va. 25311-1620

From: Janice M. Smith, MSN, RN

Subject: Written Comment on Leg'slative Rule
30-71 et seq, #19SCR0 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 role of the board for the public as well as the profession.
 7. Written standards will assist in assuring 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 Smith

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

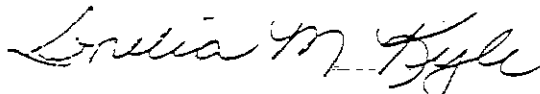
Ms. Fairchild:

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



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 "Standards for Professional Nursing Practice" rule being proposed, I am sending my written comments to you.

This rule certainly establishes acceptable levels of safe practice for the registered professional nurse and would serve as a guide for the Board in evaluating nursing care to determine if it is safe and effective. Furthermore, this rule clearly identifies the responsibilities of the nurse as a member of the nursing profession. This rule, likewise, provides guidance for School of Nursing faculties in their development, implementation, and evaluation of programs of study in nursing.

On behalf of the faculty of the School of Nursing, I endorse this rule regarding "Standards for Professional Nursing Practice" without any reservations.

Sincerely,

A handwritten signature in cursive script that reads "Lynne B. Welch EdD".

Lynne B. Welch, EdD, RN
Dean

LW/gmb



SCHOOL OF NURSING
400 Hal Greer Boulevard
Huntington, West Virginia 25785-9500
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:

I would like to submit my written comments regarding the rule which is being proposed on "Standards for Professional Nursing Practice" as I will not be present for the public hearing on July 30, 1993.

This rule does establish the minimum acceptable levels of safe practice for the registered professional nurse and provides guidance for the nurse in determining whether she/he is functioning safely and effectively. It certainly, in the long run, protects the health and welfare of the public which the nurse serves. The rule also provides structure for the nurse in that it sets professional standards regarding the nurse's responsibility as a member of the nursing profession.

In addition, this rule reinforces the standards set by the profession. This rule also can be used as criteria for evaluation of professional nursing practice. It should prove to be an excellent guide for School of Nursing Faculty in their development, implementation, and evaluation of professional nursing curriculum.

I highly endorse this rule and believe that it is long overdue.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Giovanna Morton'.

Giovanna Morton, EdD, RN
Graduate Program Director/Professor

GM/gmb



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 Board's concern about more clearly defining actions appropriate under these areas and I can support the changes proposed under both.

Sincerely,

Sandra Bowles

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



TELEFAX COVER SHEET

DATE: 7-30-93

FROM: Judy Tian

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 Tiane

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, 1983

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".

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Janet H. Fairchild
July 29, 1993
Page 2

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?

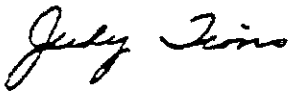
Recognizing the amount of research and work that has gone into the development of this draft, I commend the West Virginia Board of Examiners for Registered Professional Nurses. I would share that I do have some concerns regarding the role of the Board being in conflict with the role of the employing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

Janet H. Fairchild
July 29, 1993
Page 3

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

/s/

Rockelle L. Beggs 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 also 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,

Rockelle Beggs

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 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,

A handwritten signature in cursive script that reads "Ruth J. Moore".

Ruth J. Moore
Director, Practice & Development

JUL 29 '93 13:29

FACSIMILE COVER SHEET

P. 1

SENT TO: Janet Fairchild SENT BY: Teresa Culbourn

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

*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
681 Colliers Way
Weirton WV 26062
304/797-6000**

Notice: This transmission is intended to be confidential to the person or entity mentioned herein. If you have received this communication in error, please do not disseminate it by any means.

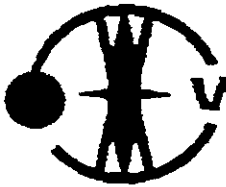
TO: Janet H. Fairchild DATE: 7/29/93
COMPANY: State of WV-Board of Exam. for Reg. Professional Nurses TIME: 12:30
FAX. NO.: 1-558-3665 No. of Pages: 3
(including cover sheet)

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**

801 COLLIER'S WAY WEIRTON, WV 26062-3091 304-797-8000

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

FROM: Rosemary Nolan, RN, MSN, CNA *ON*
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."

Janet H. Fairchild, MS, RN
Comments on Legislative Rules
July 29, 1993
Page Two

- 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

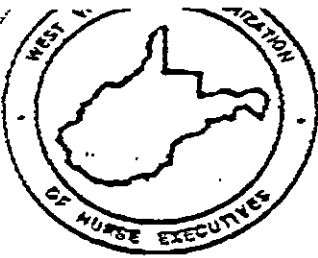
FROM: Lorraine Ritz

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: _____

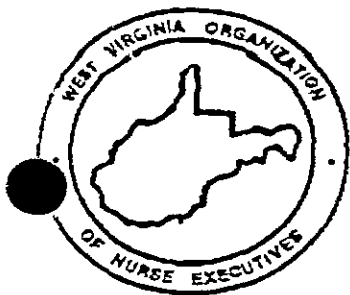


April 17, 1992

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.



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.

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.

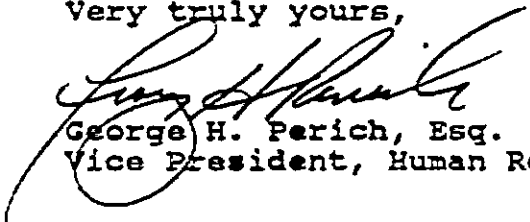
The rules relating to disciplinary action appear to be over broad in that they do not specify the conditions that can lead to the revocation of an RN license. Also, Section 5 allows for an RN to be disciplined if they refuse or fail to report for a medical exam, and if they fail to comply with requested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

WVBERPN COMMENTS
PAGE TWO

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

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

Subject: 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 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,

Marion Sadler
Marion Sadler RN, BSN
President

msb

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

TRAUMA / CRITICAL / CARE

101 W. KANT STREET • PARKERSBURG, WEST VIRGINIA 26101 • TELEPHONE (800) 545-1504

July 28, 1993

Executive Director
WV Board of Examiners for Registered Professional Nurses
101 West 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 these rules are needed.

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

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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 at the other agencies 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 governing governing 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 those who need help.

With 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

Rockelle L. Boggs, R.N., M.S., CCRN

TRAUMA / CRITICAL / CARE

1001 STREET • PARKERSBURG, WEST VIRGINIA 26101 • TELEPHONE (304) 526-1111

June 18, 1993

Executive Director
West Virginia Board of Examiners for Registered Professional Nurses
1001 Street 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 this 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.

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Sincerely,

Rockelle Boggs

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

DISTRICT #3 WEST VIRGINIA NURSES ASSOCIATION

Date: July 27, 1993

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

From: 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 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,

Ann Sadler
Ann Sadler RN, BSN
President

*END

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)

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Sincerely,

Ann Sadler
Ann Sadler RN, BSN
President

Tab



The
Greenbrier

July 20, 1997

TRANSMISSION

To: WV Board Examiners (BA)
SSS 3666

From: Rochelle Boggs

Key 614 423 6369

614 423 6191

TOTAL 3 pages

Greenbrier Manor

Brownie M. Dunn
Administrator

ROUTE 2, BOX 15A LEWISBURG, WEST VIRGINIA 24901 AREA CODE 304 645-3076

COMMENTS:

For public hearing on proposed rule affecting educational requirements of Registered Professional Nurses in the state.

It is of great concern to me that you keep trying to change the educational requirements for registered nurses.

We are constantly hearing of nurse shortage and yet you are trying to make the situation worse.

With health care cost at an all time high we should not be adding to that cost by requiring every R.N. to have a B.S.N., Master's or Doctoral.

For the nurses wishing to pursue these degrees they are at liberty to do so. However, we should not require those who want to be nurses but do not want the higher degrees to do so.

Any extra cost is always passed on to the consumer-this they do not need at this time.

I urge you to not change anything but let each individual going into nursing choose the education they wish to have.

Thank you for the opportunity to submit my feelings.

Sincerely,

Brownie Dunn

Brownie Dunn

July 29, 1993
Sandra McClung
Box 42 HC 60
Quinwood, W. Va. 25987

To whom it may concern:

I wish to file a formal protest against the proposed rule affecting educational requirements of Registered Professional Nurses in W.Va.

I have an Associates Degree in Nursing and desire, later to continue my education to encompass a Masters Degree.

I have been employed as an Assistant Director of Nursing in a Long Term Care Facility for 2 1/2 years. In my position I teach a Nurses Assistant class 1-3 times yearly. This proposed rule could have a far reaching affect on our States ability to provide Certified Nurse Aides for our Nursing Homes, Hospitals and eventually Home Health Services in this State. I feel the wording "Appropriate Education, and Appropriate Experience is individually interpretive and could be missused by any group of people.

A BSN or Masters Degree does not assure that a person is qualified for any position. I have met and worked with several "ignorant" Masters Degree Nurses as well as some very "Intelligent Liscensed Practical Nurses" and vice versa.

This proposed law also does not define "teaching the practice of Nursing". Does it infer that only Masters or Bachelor Nurses may instruct RN students or must you have a Master's Degree to teach a Nurses Aide Course? Is a Master's Degree going to be required to supervise Nurse Aides in a Long Term Care Setting?

With our 3 avenues in Nursing, we still have a Nursing Shortage in West Virginia, is our Board of Examiners seeking to further restrict the availability of Nursing Educators in West Virginia, as well as supervisory positions? Can we continue to operate our many Nursing Homes, Home Health Agencies, and Hospitals if a Masters Degree is required to assume a "Leadership Role in Nursing"?

These, and many other questions need to be answered before this proposed rule is implemented. As a Registered Nurse and a Consumer I am very concerned.

Sandra McClung



PUBLIC HEARING
JULY 30, 1993
19CSR10

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

| NAME | ADDRESS | AGENCY | SPEAK | |
|-----------------------------|--|--------------------------------------|-------------------------------------|-------------------------------------|
| | | | YES | NO |
| 1. <u>Lucille Boer</u> | <u>1710 Hampden Rd.</u> <u>Berkeley WV</u> | <u>Robertson Gen. Hosp.</u> | | <input checked="" type="checkbox"/> |
| 2. <u>Jessie Sharp</u> | <u>1160 Top Lake</u> <u>2550 E. Main Ave.</u> | <u>None</u> | <input checked="" type="checkbox"/> | |
| 3. <u>Ann Marie</u> | <u>Charleston</u> | <u>W. Va. Div. of Health CH-1 MC</u> | | <input checked="" type="checkbox"/> |
| 4. <u>Patricia Callison</u> | <u>350 Chapman Ave.</u> | <u>Armed Services Hosp</u> | | <input checked="" type="checkbox"/> |
| 5. <u>Catherine Killion</u> | <u>Spencer W. Va.</u> <u>St. & Bay St.</u> <u>Louisburg, W. Va.</u> <u>P.O. Box 846</u> | <u>W. Va. Board of Health</u> | | <input checked="" type="checkbox"/> |
| 6. <u>Joseph Wallace</u> | <u>Louisburg 24901</u> | <u>Concerned Nurses of WV</u> | <input checked="" type="checkbox"/> | |

PUBLIC HEARING
JULY 30, 1993
19CSR10

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

| NAME | ADDRESS | AGENCY | SPEAK | |
|---------------------|--|----------------------------|-----------------|-------------------------------------|
| | | | YES | NO |
| 7. Patricia Lane | PO Box 328 Oak Hill, W.V. | Concord Nursing Unit | | <input checked="" type="checkbox"/> |
| 8. Joanne Light | 1135 Emerald Rd Chaw 25314 | Concerned Nurses Unit | | <input checked="" type="checkbox"/> |
| 9. Evelyn McMillian | 3310 Woodland Dr Huntington W 25705 | Cabell High Hosp | | <input type="checkbox"/> |
| 10. Karen Daniels | 111 Tenth Ave Huntington W 25701 | Cabell Huntington Hospital | written comment | only <input type="checkbox"/> |
| 11. | | | | |
| 12. | | | | |

PUBLIC HEARING
 JULY 30, 1993
 19CSR10

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

| NAME | ADDRESS | AGENCY | SPEAK | |
|-------------------------------|---|----------------------|-------------------------------------|-------------------------------------|
| | | | YES | NO |
| 13. <u>Parsons/Charleston</u> | <u>254 W. Main St. Morgantown</u> <u>26403-2541, W.V.</u> | <u>St Joseph's</u> | | <input checked="" type="checkbox"/> |
| 14. <u>Christa Rivers</u> | <u>Rock WV</u> | <u>St Joseph's</u> | | <input checked="" type="checkbox"/> |
| 15. <u>Sue Saward</u> | <u>P.O. Box 327</u> <u>Parkersburg WV 26102</u> | <u>St Joe</u> | | <input checked="" type="checkbox"/> |
| 16. <u>Bill Atkins</u> | <u>McKenna & Assoc</u> <u>102 Rutledge Ave</u> <u>Charleston WV</u> | | | <input checked="" type="checkbox"/> |
| 17. <u>George Velantoff</u> | <u>3101 M. C. & L. Ave. S.E.</u> <u>Charleston, WV 25304</u> | <u>CAMC</u> | <input checked="" type="checkbox"/> | |
| 18. <u>Lauretta (Sis)</u> | <u>4013 Boyds Ave</u> <u>Charleston WV</u> | <u>WV Dept of Ed</u> | | |

PUBLIC HEARING
 JULY 30, 1993
 19CSR10

STANDARDS FOR PROFESSIONAL NURSING PRACTICE

| NAME | ADDRESS | AGENCY | SPEAK YES NO |
|---------------------|--|-------------------------------------|-----------------|
| 19. Becky Davis | 116 Westwood Lane Huntington, WV 25704 | Educator | |
| 20. Connie Stone | 17 Maple Lane Mineral Wells, WV | St. Josephs Hospital Parkersburg | ✓ |
| 21. Carolyn Grandon | 1706 August Plsbs | St. Jc | ✓ |
| 22. Ann Cameron | 409 S Lafayette St Lewisburg WV 24901 | Greenbrier Valley Med Center | ✓ |
| 23. JoAnn D. Law | Assistant Executive Director WV Nurses Association 100 Per Drive Charleston, WV 25311 | WVNA | ✓ |
| 24. | | | |