

THE FLORIDA NURSING

WINTER 2015 • VOL. 1 ISSUE 1

QUARTERLY



Official Publication of the Florida Board of Nursing

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THE FLORIDA NURSING QUARTERLY

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Standards for Protocols: Physicians and ARNPs

In Florida, an Advanced Registered Nurse Practitioner (ARNP) is defined by s. 464.003, Florida Statutes, as "any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners."

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If I have a Florida license, why do I have to have an additional screening to be able to work?

Applicants who have had previous arrest history may be required to have an additional screening in order to be able to work at certain facilities, such as hospitals and nursing homes.

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Disciplinary Actions

At each board meeting, disciplinary cases are brought before the board for final action. These cases are based on complaints and investigations against Florida nurses and certified nursing assistants.

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Customer Contact Center
Mon-Fri 8:00 AM to 6:00 PM ET
(850) 488-0595

Mission:

The Florida Board of Nursing licenses, monitors, disciplines, educates and, when appropriate, rehabilitates its licensees to assure their fitness and competence in providing health care services for the people of Florida. The sole legislative purpose in enacting the Nurse Practice Act is to ensure that every nurse practicing in Florida meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency, or who otherwise present a danger to the public, shall be prohibited from practicing in the state of Florida.

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EDITION 1

message from the BOARD CHAIR



ANN-LYNN DENKER, PHD, ARNP

The Florida Board of Nursing is excited to begin publishing our new quarterly newsletter. We are most eager to bring nurses throughout the state closer to the activities and work of the Board. The Board's primary purpose is to protect the public, assuring patients and families receive safe quality care. This is an opportunity to stay current and knowledgeable regarding nursing practice and have the information and knowledge to advocate for the best evidence based nursing regulations and policies.

As the board chair, I bring over 40 years of professional experience as a registered nurse in Florida. I was previously employed with Jackson Health System in Miami from 1974-2012 in various roles including Clinical Nurse Specialist, Assistant to the Chair of the Public Health Trust and Director for the Center for Nursing Excellence. I received my Bachelor of Science and Master's in Nursing from the University of Florida and my PhD in Nursing from the University of Miami. Most recently I was appointed to the Health Council of South Florida, and I serve as faculty at Barry University and Director of the Florida Action Coalition's SIP grant on nursing leadership.

In future issues you will hear from Board members on various topics. I look forward to all this publication will be able to offer our great state.



Linda Horton
PhD, EdD, MSN,
RN, JD
Vice-Chair
RN Seat
Lakeland



Diana Forst
BA, RN
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Emergency Services**

Halifax Health is a committed and active partner in our nurses' pursuit of higher education and career advancement. To see position descriptions and apply, please go to:

halifaxhealth.org/careers

or call Halifax Health Human Resources at **386.254.4035**

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message from MQA



LUCY C. GEE, DIRECTOR, DIVISION OF MEDICAL QUALITY ASSURANCE
FLORIDA DEPARTMENT OF HEALTH

I appreciate every opportunity to speak with our health care practitioners. Serving you is one of the key responsibilities of the Division of Medical Quality Assurance, and our nursing professionals represent the largest profession-specific group of licensees. The Florida Department of Health has a 125-year legacy of public health in Florida and we aim to uphold that each day by pursuing excellence and producing superior services.

Our jobs every day are to make licensing and regulation more efficient. We want nursing professionals like yourselves to feel that using the Department of Health for services such as licensing, license renewal and continuing education tracking is an easy process and that our employees are here to guide you through any difficulties. Our employees uphold the Department's values of innovation, collaboration, accountability, responsiveness and excellence. In fact, we instituted a credit card payment system last fiscal year that dropped renewal times from nearly four days to about six hours. I hope you will find future renewal requirements easier to navigate with the new payment opportunities.

This newsletter is a great opportunity for the Board of Nursing to communicate with its main customers: our health care practitioners. The Division values communication, and has dedicated itself to finding new avenues of sharing information with all of our stakeholders. If we communicate with our nurses, we communicate with the health care community and consumers at every level – in people's homes, extended care facilities, nonprofit groups, schools and, of course, hospitals and provider offices.

We want you to share the messages of Medical Quality Assurance and the Department of Health, where we strive every day to meet our vision of making Florida the healthiest state in the nation. So many times it is nurses who talk to patients and families about care issues, including maintaining a healthy weight. MQA has taken up the challenge of Healthiest Weight Florida, a Department initiative launched last year to divert the track toward growing obesity – a trend seen in the state and nationwide. We know this track will cost us billions of additional dollars in care for chronic diseases such as diabetes and cancer. Help us stop that trend.

The Division works daily to become the leader in quality health care regulation. Please reach out to us if you have questions or comments that will help us reach our goals.

“We want you to share the messages of Medical Quality Assurance and the Department of Health, where we strive every day to meet our vision of making Florida the healthiest state in the nation.”



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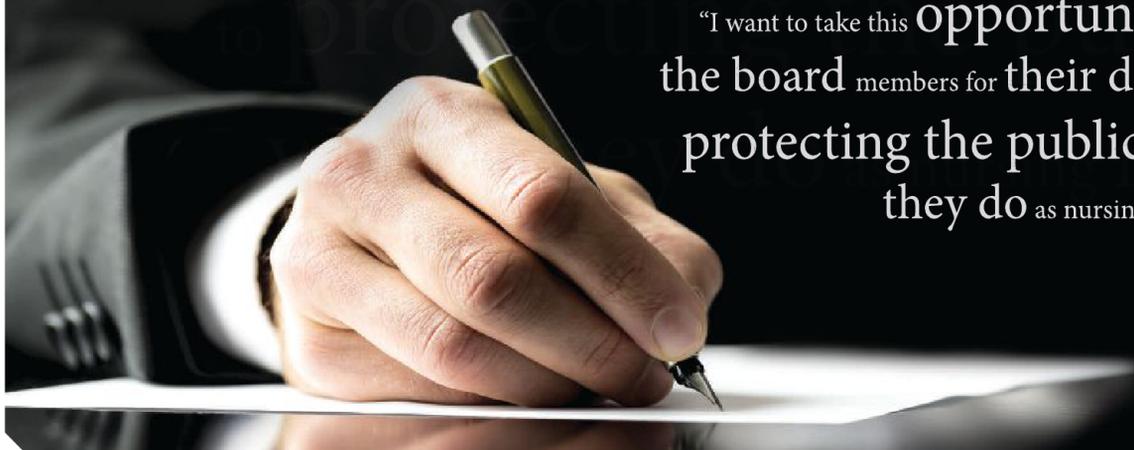
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From the Desk of JOE BAKER, JR.

“I want to take this opportunity to thank the board members for their dedication to protecting the public through what they do as nursing regulators.”



JOE BAKER, JR., EXECUTIVE DIRECTOR

We are excited to now have this newsletter forum to communicate with you -- our stakeholders. The Florida Board of Nursing staff and members look forward to sharing important updates with you in each quarterly publication which will keep the entire nursing community in Florida up-to-date about regulatory issues.

If you are not yet familiar with our “new” website, please take time to peruse its many features and options via www.FloridasNursing.gov. Our goal is to keep this site current with pertinent information from both the board and the Department of Health about education programs, applying for licensure,

renewal, and continuing education requirements. Sign up to receive email updates from us or you can also follow us on Twitter @FLNursingBoard. Through our website, as well as the Division of Medical Quality Assurance web portal www.FLHealthSource.gov, all Floridians can access key information relating to existing licensees and “hot topics” in the regulatory arena. If you need additional assistance or information at any time, please email us at info@FloridasNursing.gov.

Our website also lists the dates and locations of the board’s meetings around the state. These meetings are open to the public and we encourage attendance by those who want to observe the board “in action” as it reviews applications for licensure, conducts disciplinary hearings, and discusses rule promulgations.

I want to take this opportunity to thank the board members for their dedication to protecting the public through what they do as nursing regulators. My staff members in the Tallahassee-based board office are equally concerned with public protection in our role of providing administrative support to the board, and I appreciate their dedication day in and day out.

So please enjoy this premiere edition of our newsletter. And be sure to let us know if you have ideas or suggestions for articles or topics for us to publish in the future.

Best wishes.
Joe Baker, Jr.
Executive Director

“My staff members in the Tallahassee-based board office are equally concerned with public protection in our role of providing administrative support to the board, and I appreciate their dedication day in and day out.”

GROW AS A NURSE AND ENJOY A FULFILLING CAREER WITH AN AWARD-WINNING HEALTHCARE LEADER!



Celebrating 81 years of caring for our community, Indian River Medical Center is a 335-bed not-for-profit hospital centrally located on Florida's east coast.

At Indian River Medical Center, our mission—first, foremost and always—is to improve the health and well-being of the people and communities we serve. To do that effectively, we are forward-looking about how we deliver the best possible care and recognize the value of top nursing talent.

Our past 15 years have been filled with success and transformation.

Working together, we have transformed our community hospital into a sophisticated, multi-specialty medical center that provides area residents with a comprehensive set of services usually found only in much larger cities.

All of our decisions have been driven by one goal: providing Indian River County with the best possible care. Inspired by this goal, we have achieved tremendous success.

Here are a few examples of which we are particularly proud:

- Our **cardiology and oncology affiliations with Duke Medicine** combine the clinical and organizational strengths of IRMC with Duke's expertise and experience, ensuring that world-class cancer and heart care can be delivered to patients and their families right here in Indian River County.
- Our robust set of services—unlike any other found in our area or in other communities our size—include:
 - **The Heart Center**—the county's only heart, valve and interventional surgery, including 24/7 cath lab; outpatient heart failure management clinic; accredited cardiac rehab program.
 - **Neurosurgery Services**—full range of services including minimally-invasive brain and spine surgeries.
 - **Stroke Care**—the only local provider to be designated a Primary Stroke Center of Excellence by The Joint Commission.
- **Women's Health**—the county's only provider of maternity services.
- **Orthopedics**—perform more than 1,200 total joint hip, knee and shoulder and spine surgeries per year
- Our **"A" rating – the top grade – in patient safety** from The Leapfrog Group, an independent industry watchdog, who rates how well hospitals protect patients from accidents, errors, injuries and infections.
- Our **expansion projects**, including our new Scully-Welsh Cancer Center and the Health and Wellness Center, among other things; and
- Our **top-notch patient satisfaction** as a result of our extraordinary patient experience.



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BOARD MEETINGS FOR 2015

The Florida Board of Nursing meets publicly every two months to review licensure applications, disciplinary cases and discuss any legislative changes. All board meetings are open to the public and you are encouraged to attend!

Our meetings are held in different cities around the state to maximize the opportunity for the public to attend. You can find meeting agendas on our website at www.FloridasNursing.gov/meeting-information approximately two weeks prior to each meeting. If you are interested in attending, see our calendar below for the 2015 schedule.

February 5-6
Full Board Meeting
World Golf Village
Renaissance
500 South Legacy Trail
St. Augustine, FL 32092
(800) 468-3571

June 3
Long Range Planning
Meeting
Tampa Airport Marriott
4200 George J Bean
Parkway
Tampa, FL 33607
(813) 879-5151

October 8-9
Full Board Meeting
Orlando
Marriott Lake Mary
1501 International
Parkway
Lake Mary, FL 32746
(407) 995-1100

April 16-17
Full Board Meeting
DoubleTree by Hilton
Deerfield Beach-Boca
Raton
100 Fairway Drive
Deerfield Beach, FL 33441
(954) 427-7700

June 4-5
Full Board Meeting
Tampa Airport Marriott
4200 George J Bean
Parkway
Tampa, FL 33607
(813) 879-5151

December 3-4
Full Board Meeting
DoubleTree by Hilton
Deerfield Beach-Boca
Raton
100 Fairway Drive
Deerfield Beach, FL 33441
(954) 427-7700

August 6-7
Full Board Meeting
Hilton Miami Airport
5101 Blue Lagoon Drive
Miami, FL 33126
(305) 262-1000



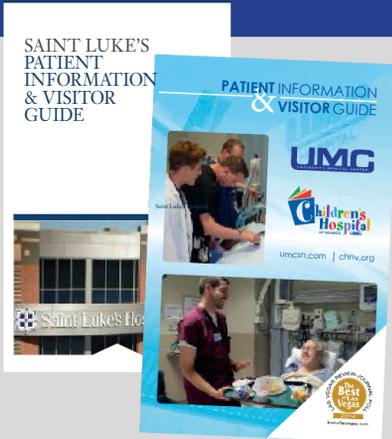
A better way to experience your nursing career is here. It's an extension of a healthcare ministry that's respected nationwide for achieving clinical excellence within a faith-based culture. And, you can find it at Florida Hospital in Tampa Bay.

As part of the growing Adventist Health family, we're a place where you'll be appreciated for your God-given talents, encouraged to advance your career, and rewarded in many ways. Our nurses feel blessed to be here, and we know you will too.

- Florida Hospital Tampa
FHTampaCareers.org
- Florida Hospital Carrollwood
FloridaHospital.com/Carrollwood
- Florida Hospital at Connerton Long Term Acute Care
FHTampaCareers.org
- Florida Hospital North Pinellas
FloridaHospital.com/North-Pinellas/Careers
- Florida Hospital Wesley Chapel
FHWesleyChapel.org
- Florida Hospital Zephyrhills
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*Number of transfer credits will be evaluated during application process.

011615

A green stethoscope is positioned diagonally across the frame. To its right is a realistic red heart. In the upper right background is a white nurse's cap with a black band. The entire scene is set against a light blue fabric background.

Spotlight On:
EDUCATION



Greetings from the Education Unit of the Florida Board of Nursing. Our unique unit provides expertise in issues related to nursing education. The nursing education consultants serve as a resource for the nursing community. The Education Unit is responsible for the review of applications for new nursing education programs, new certified nursing assistant training programs, continuing education providers, internationally educated applicants and associated material. Additional responsibilities include communication related to scope of practice, licensure, laws and rules that govern the practice of nursing and issues that impact nursing education.

Senate Bill 1036 from the 2014 legislative session became law on July 1, 2014 as Chapter 2014-92, Laws of Florida. You can view the actual bill language at <http://laws.flrules.org/2014/92>. The legislation contains the following changes for the nursing education community:

- The definition of “clinical training” is expanded to include simulation and the use of simulation is increased to 50 percent for each content area;
- Clinical training is limited to the United States, Washington, D.C., or a possession or territory of the U.S.;
- The definition of the “practice of practical nursing” is expanded to include “teaching of general principles of health and wellness to the public and to students other than nursing students”;
- Graduates of approved programs who do not take the licensure exam within six months of graduation are required to complete a board-approved preparatory course; the program is responsible for ensuring the graduate’s completion of the course, if required;
- Calculation of the required passage rate data will now include only first-time test takers who take the licensure exam within six months of graduation;
- Re-calculation of the required passage rate data will be done by the board for programs which receive students who have transferred more than 12 credits from a terminated program;
- Remediation plans must include “specific benchmarks

“Our unique unit provides expertise in issues related to nursing education. The nursing education consultants serve as a resource for the nursing community. The Education Unit is responsible for the review of applications for new nursing education programs, new certified nursing assistant training programs, continuing education providers, internationally educated applicants and associated material.

to identify progress toward a graduate passage rate goal”;

- The Board of Nursing is authorized to extend a program’s probationary status for one additional year if the program demonstrates “adequate progress” towards “the graduate passage rate goal”;
- Nurses are exempt from continuing education requirements if they are certified by an accredited health care specialty program; and
- Professional nursing education programs are required to become accredited by July 1, 2019, or within five years after the date of enrolling the program’s first students.

The Board’s Nursing Education Unit is available to you as a resource to answer questions as we move forward with the implementation process of the bill. Please reach out to these staff members via either MQA.NursingEducationCorrespondence@flhealth.gov or 850.245.4444 ext. 3612.

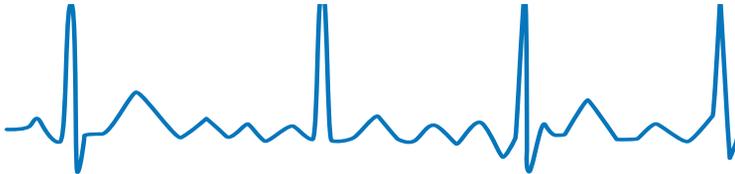
As a reminder, the Unit holds quarterly conference calls with nursing education program directors. We invite you to participate in these conversations which are critical to our relationship as regulators and educators. Information about these calls, and other important updates, is available via our website at www.floridasnursing.gov.

Are You Renewal Ready?

Point. Click. Record CE/CME.



LEARN MORE ABOUT YOUR REQUIREMENTS



The Florida Department of Health, Division of Medical Quality Assurance verifies a practitioner's continuing education record in the electronic tracking system at the time of license renewal. This program is part of our commitment to expeditiously license health care professionals who meet statutorily mandated standards of competency.

The Are You Renewal Ready? program was implemented in two phases to provide a smooth transition for all practitioners and CE Providers. During Phase 1, the Department encouraged practitioners to start learning about the Continuing Education Electronic Tracking System and report course completion. Practitioners were prompted, but not required, to self-report CE hours when they renewed their license. This phase ends on April 30, 2015.

Phase 2 will require all CE hours be reported via the Continuing Education Electronic Tracking System to renew a license. Once Phase 2 begins, practitioners must report course completion before their license can be renewed. The Department encourages practitioners to log in to the tracking system before applying for renewal to ensure information is complete and accurate. Although most CE Providers report CE classes to CE Broker immediately, they legally have 90 days

What county in Florida has the fewest Nurses?

Here's a hint or two...this county sponsors one of Florida's oldest recurring festivals - the Chalo Nitka (www.chalonitka.com). The Chalo Nitka Festival, held in March, is a celebration of local history and culture - similar to a county fair. The festival also draws attention to the long and friendly relationship between the local Seminole groups and the County's settlers. Brighton Seminole Indian Reservation is located in this county.

(Look at the bottom of this article for the answer.)

The State of Florida has ~345,196 active nurses (~79% are RNs) making it the largest professional group regulated by the Department of Health.

to report classes. Verifying timely reporting by CE Providers shortly after course completion is key to a seamless renewal experience.

Please see the chart below for the Optional and Mandatory reporting cycles for your Profession.

CE Broker (CEBroker.com) is the official CE Electronic Tracking System for Florida's health care professionals and the Florida Department of Health. There is no cost to create a basic account, although additional subscription options are available to best meet the practitioner's needs. The CE Electronic Tracking System is designed to simplify CE reporting. This easy and convenient system will help Practi-

PROFESSION	OPTIONAL REPORTING CYCLE Phase 1	MANDATORY REPORTING CYCLE Phase 2
Licensed Practical Nurse	N/A	8/1/13 – 7/31/15
RN's and ARNP's Expiring 4/30 Even Year	N/A	5/1/14 – 4/31/16
RN's and ARNP's Expiring 7/31 Even Year	N/A	8/1/14 – 7/31/16
RN's and ARNP's Expiring 4/30 Odd Year	5/1/13 – 4/30/15	5/1/15 – 4/30/17

tioner's gain peace of mind by tracking their CE history and digitally storing their hours and certificates. Even if the practitioner has never logged into CE Broker, they already have a free account. Go to CE Broker, click on "Get Started" and follow the prompts. It is that easy!

CE Broker even has a handy app for iPhones and Androids to quickly check and/or report CEUs throughout the reporting cycle (requires a subscription to the Professional version which is \$29 a year).

Not sure what CEs are still needed? CE Broker powers the Official Course Search for the Florida Department of Health. So searching for continuing education courses offered by more than 4,500 educational

providers to fulfill the requirements is quick. All courses are offered by approved educational providers and qualify toward license renewal.

After CE hours have been reported and verified, the license renewal process is quick and easy - just log in to FLHealthSource.com to complete the renewal process. Be stress free: Record CEs far before the deadline and be renewal ready.

To help us serve you better, please log in to FLHealthSource.com and verify your mailing and email addresses.

To learn more about Are You Renewal Ready?, please visit www.FLHealthSource.com.

Answer: Glades County only has 24 active LPNs and 11 active RNs. As of the 2010 census, the population was 12,884. Its county seat is Moore Haven.



Your Passion for Nursing Belongs Here.

Do the work you love at Baptist Health South Florida – where we offer **Full-Time, Part-Time and Per Diem** opportunities at our **Hospitals, Physician Offices and Centralized Staffing Center**. Nurses at all levels of experience, from **Staff RNs to Leadership**, will find everything they need to thrive in our award-winning, patient-centered environment.

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FREQUENTLY ASKED QUESTIONS



Do you have a question for the editor? Feel free to contact us at info@FloridasNursing.gov

UPDATES

Q: HOW DO I UPDATE MY ADDRESS?

A: That depends. Are you an applicant for licensure or do you already hold a license? Licensees have the ability to login to their account and make changes while applicants must have the changes approved manually by the board office. See the steps below for completing the change for both options.

APPLICANTS

1. Complete and mail the address change form to the address provided on the form. Or fax to the Board of Nursing at 850-617-6460.

LICENSEES

1. Log in to Online Services by selecting your profession from the drop-down menu and entering your User ID and Password.
 - a. Your User ID and Password were mailed with your initial license. Please look at the center section and refer to the Online Services Instructions, item #5.
 - b. If you do not have your User ID and Password, click on "Get Login Help."
2. Select "Update Addresses" on the left side of the page.
3. Enter the new address information.
4. Once you have entered your new address, click on "Process." You will receive a confirmation page that displays the updated address.

Q: HOW DO I CHANGE MY NAME ON MY NURSING OR CNA LICENSE?

A: Name changes require legal documentation showing the name change. Please submit a request including your full name as it appears on your license, profession, license number, your new name, your date of birth, the last four digits of your Social Security number, and your signature. Attach supporting documents, which must be one of the following:

- A copy of a state issued marriage license that includes the original signature and seal from the clerk of the court;
- A divorce decree restoring your maiden name; or
- A court order showing the name change (adoption, legal name change, federal identity change).

Documents and requests can be sent to the following address:

Department of Health
Bureau of Operations, Licensure Support Services
4052 Bald Cypress Way Bin C 10
Tallahassee, FL 32399-3260
FAX (850) 245-4791

Any one of these items will be accepted unless there is a question about the authenticity of the document. If you wish to receive a new license that reflects the name change, you must request a duplicate license with a fee of \$25.



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PRACTICE AND REQUIREMENTS

Q: WHERE DO I FIND THE CURRENT NURSE PRACTICE ACT?

A: The Nurse Practice Act can be found on the Board website on the Resources page. The Practice Act and all the Board rules can be located under “Florida Statutes & Administrative Codes” or at this address: floridasnursing.gov/resources/.

Q: HOW MANY CONTACT HOURS DO I NEED FOR A FULL BIENNIUM?

A: All Florida-licensed LPNs, RNs, CNSs and ARNPs are now in a 24-month renewal cycle and must complete 24 hours of appropriate continuing education during each renewal period. The 24 hours must include two (2) hours on Prevention of Medical Errors, and two (2) hours in Laws and Rules that govern the practice of Nursing (beginning with the biennium ending in 2015). HIV/AIDS is now a one-time, 2-hour CE requirement to be completed prior to the first renewal. Domestic Violence (DV) CE is now a 2-hour requirement every third renewal. Since Domestic Violence (DV) is a 2-hour requirement, the licensee will have 26 hours of CE during the renewal period when DV is taken. For example, if you renewed your license on April 30, 2009, and completed DV during the 2007-2009 licensure cycle, you are required to complete the Domestic Violence CE before the April 30, 2015 renewal.

Q: ARE THERE ANY CE EXEMPTIONS AVAILABLE FOR NURSES WITH ACCREDITATION?

A: Licensed nurses (LPN, RN, ARNP) are now exempt from all continuing education requirements for licensure renewal if they are certified by a health care specialty program accredited by the National Commission of Certifying Agencies (NCCA) or the Accrediting Bureau of Specialty Nursing Certification (ABSNC) by Section 464.013(3), Florida Statutes.

Q: WHAT ARE THE MANDATORY IN-SERVICE HOURS FOR CNA?

A: Every 2 years, in-service hours shall include: Bloodborne Pathogens, Infection Control; Domestic Violence; Documentation & Legal Aspects for CNAs; Resident Rights; Communication with impaired clients; CPR skills; and Medical Error Prevention/Safety. A CNA’s agency or facility may require their employees to complete specific in-service hours as part of their employment.

HOT ITEMS

Q: HOW LONG DO I HAVE AFTER I GRADUATE TO TAKE THE NCLEX EXAMINATION?

A: There is no time limit for you to apply to take the examination, however, if an applicant who graduates from an approved program does not take the licensure examination within six (6) months after graduation,

he or she must enroll in and successfully complete a board approved licensure examination preparatory course. The applicant is responsible for all costs associated with the course and may not use state or federal financial aid for such costs.

Q: WHAT IS ‘HEALTHIEST WEIGHT FLORIDA’?

A: Healthiest Weight Florida is a public-private collaboration bringing together state agencies, nonprofit organizations, businesses, and entire communities to help Florida’s children and adults make consistent, informed choices about healthy eating and active living.

The No. 1 public health threat to Florida’s future is unhealthy weight. Currently, only 36 percent of Floridians are at healthy weight. On our current trend, by 2030, almost 60 percent will be obese. Additionally, six out of ten children born today will be obese by the time they graduate high school.

Over the next 20 years in Florida, obesity is expected to contribute to millions of cases of preventable chronic diseases such as type 2 diabetes, heart disease and cancer, costing an estimated \$34 billion. To address this important public health issue, the Department of Health launched the Healthiest Weight Florida initiative in January 2013.

The initiative works closely with partners to leverage existing resources to maximize reach and impact. These partners include the business community, hospitals, non-governmental organizations, nonprofit agencies, other federal, state, or local government agencies, and volunteer coalitions. The overall goal is to bend the weight curve by 5 percent by 2017. You can learn more at www.HealthiestWeightFlorida.com.



UPCOMING EVENTS

Full Board Meeting:

February 5-6, 2015
St. Augustine, FL

Legislative Session:

March 3-May 1, 2015

Full Board Meeting:

April 16-17, 2015
Deerfield Beach, FL

RN Renewal:

Group 3 – current licenses will expire at midnight, Eastern Time, April 30, 2015

Long Range Planning and Full Board Meeting:

June 3, 4-5, 2015
Tampa, FL

LPN Renewal:

current licenses will expire at midnight, Eastern Time, July 31, 2015



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TO QUESTION, TO LEARN, TO DISCOVER

An in-depth look at the two NCSBN studies and their potential impact on the future of nursing (reprinted with permission from The National Council of State Boards of Nursing (NCSBN), *In Focus*, Winter 2014 edition)

Walk the halls of the NCSBN Nursing Regulation department and there's a good chance you'll hear the words "simulation study" and "TTP" (that's short hand for transition to practice). That's because after three years of research, the National Simulation Study and the Transition to Practice® Study are finally coming to a close. Final data are still being collected and analyzed, which means outcomes are not far behind. But before we look forward, let's take a look back to see how it all started.

IN THE BEGINNING

Boards of nursing (BONs) utilize research data to inform regulatory decisions. Where do the BONs get that data from? A variety of sources, including peer-reviewed journals and industry studies. Sometimes though, the literature is lacking and more information is needed to make regulatory decisions.

Every three years, the NCSBN Board of Directors (BOD) selects new areas of scientific study that will build on the body of knowledge and provide vital data to the BONs. "The goal of NCSBN research is to turn data into evidence-based policy BONs can use as they continue their mission of public protection," said Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN. Based on feedback from the BONs and recommendations from NCSBN staff, the BOD chooses a variety of topics that need further study. These projects are outlined in the NCSBN Research Agenda, which serves as the blueprint for the NCSBN Research division for a three year-period.

In 2010, the BOD approved the 2011-2013 NCSBN Research Agenda. Included in the agenda were several topics of interest to BONs, among them, simulation and transition to practice. The need for data on these subjects led to the development of two multisite, multiyear studies: the National Simulation Study and the Transition to Practice Study, both of which report their final outcomes and conclusions later this year.

NATIONAL SIMULATION STUDY

Back in the late 1990s/early 2000s, high-fidelity simulators started to appear in nursing. These simulation manikins had the ability to standardize the nursing education experience. With these manikins, a school could ensure that every student would learn how to handle a patient in a cardiac arrest. As schools of nursing began to invest in these simulators, BONs were inundated with requests to allow the simulators to be used in lieu of traditional clinical sites. "Competition for clinical sites was on the rise," said Jennifer Hayden, MS, RN, associate, Research, NCSBN. "There were more nursing students and less clinical sites available. Simulation looked like a good solution." But did simulation really provide the same educational experience as a clinical site did? "Boards of nursing needed answers, but the literature was lacking," Hayden explained. "So, the BONs turned to NCSBN and asked us to conduct a study that would provide them with the evidence they needed to make regulatory decisions on simulation in nursing education."

The National Simulation Study was divided into three phases. Phase I consisted of a survey that was sent to all prelicensure nursing programs in the U.S. to determine the prevalence of simulation use—types of equipment used and the courses in which simulation is used; faculty training and development to use simulation; and if simulation is used as a substitute for clinical

hours. Phase II involved randomizing nursing students to receive varying amounts of simulation in place of traditional clinical hours. Hayden and her research team set out to find nursing schools willing to participate. “We wanted to include associate degree and baccalaureate programs so the study could be generalizable. We also needed schools that were large enough to have three groups of participants that would each have various amounts of simulation,” Hayden said. There were 23 schools that applied; 10 were chosen. In August 2011, 847 new nursing students were randomized into one of three study groups: traditional clinical (the control group), 25 percent simulation or 50 percent simulation. Each semester and in each of the core clinical courses, students were assessed on their nursing knowledge, clinical competency and how well they perceived their learning needs were met in both the clinical and simulation environments.

In May 2013, 667 of the study cohort graduated (several students dropped out the study or left the nursing program all together). To determine their readiness to practice, 587 nurses agreed to participate in a longitudinal follow-up study (Phase III). To date, 62 percent of follow-up study participants have been hired as registered nurses (RNs).

The data collected from the study, in addition to NCLEX® pass rates, end-of-program competency assessments, end-of-program nursing knowledge, how students rated simulation environment and how simulation works on a course-by-course basis will all be explored when Hayden reports her outcomes in a supplement that will be published with the Journal of Nursing Regulation (JNR) later this year. “The results of this research will be so valuable to nurse regulators and educators. What we learn from this study and future studies that build on our work will be used for years to come to guide and shape clinical education,” Hayden explained.

TRANSITION TO PRACTICE STUDY

The transition from nursing student to newly licensed nurse can be exciting, yet overwhelming. Newly licensed nurses are expected to take the knowledge and skills they acquired in an educational setting and apply them seamlessly into clinical practice. For some, this transition is easy, but for many new nurses, the transition can be stressful and difficult. Studies suggest that when newly licensed nurses don't properly transition into practice, nurse retention, competency and patient safety are affected.

NCSBN began studying transition to practice back in 2002. In 2008, the first evidence-based model was introduced. “Transition to practice is just as relevant today as it was when I started at NCSBN in 2002,” Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN, said. “We can't hire a new nurse and expect them to hit the ground running. Too much is at stake.” The Transition to Practice Study investigated whether NCSBN's Transition to Practice Model improved quality and safety outcomes, and whether it could be generalized into diverse settings. To study this, two phases were developed. Phase I focused on RNs in hospital settings; Phase II studied RNs and licensed practical/vocational nurses (LPN/VNs) in long-term care, home health, ambulatory and

public health settings. According to Spector, “The Transition to Practice Study is one of the first to randomize sites to an intervention and control group. This is important because the control group, which used its traditional orientation procedures, served as a comparison to the intervention group's use of a standardized transition to practice model. Therefore, if there are significant differences in the outcomes between the two groups, they are likely because of the use of the transition to practice model being used in the intervention group.”

A large sample size was needed in order for the study to be successful, so Spector and her research team started looking for sites. Ten states showed interest; three were selected. In the end, 108 hospitals and 42 nonhospital settings in Illinois, North Carolina and Ohio participated in Phase I, which had 1,437 newly licensed RNs participating. Phase I ended in March 2013; Phase II ended in January 2014. Because of this, outcomes are still being collected and analyzed, so it's too soon to even give us a glimpse at the results. Guess we're going to have to wait until later this year when they're officially published. But if Hayden and Spector's excitement about their studies are any indication, we have much to look forward to!

Want to read the outcomes from the National Simulation Study and Transition to Practice Study as soon as they are published? Then make sure you subscribe to JNR by visiting <http://jnr.metapress.com>.

THE FUTURE OF NCSBN RESEARCH

As the two studies come to an end, several more are just beginning, as outlined by the 2014-2016 NCSBN Research Agenda (which is available at www.ncsbn.org/169.htm). Take the Continued Competency Study for example. The lack of evidence on the topic, coupled with the fact that each state has its own competency requirement, has made it difficult to determine whether there is any one thing that predicts nurse competency. Furthermore, competency is measured in a variety of ways, including the use of examinations, self-assessment, continued education and certifications. With so many measurement tools, which is the best? Which tool accurately measures competency? Several hospitals in Illinois are currently serving as study sites to help NCSBN answer these questions. The data collected in this study will help NCSBN determine whether a large scale, multisite national study should be implemented. No problem though. NCSBN is used to successfully pioneering research studies.

NCSBN is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories. There are 21 associate members. NCSBN is the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare.

Mission: The National Council of State Boards of Nursing (NCSBN) provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:

- (a) General Data
 1. Signatures of individual parties to the protocol;
 - a. Name, address, ARNP certificate number;
 - b. Name, address, license number, and DEA number of the physician or dentist;
 2. Nature of practice, practice location, including primary and satellite sites; and
 3. Date developed and dates amended with signatures of all parties.
- (b) Collaborative Practice Agreement
 1. A description of the duties of the ARNP.
 2. A description of the duties of the physician or dentist (which

shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).

3. The management areas for which the ARNP is responsible, including
 - a. The conditions for which therapies may be initiated;
 - b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP;
 - c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.
4. A provision for annual review by the parties.
5. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist.

The original protocol shall be filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol.

Protocols should be submitted to:
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4052 Bald Cypress Way, Bin #C-02
Tallahassee, Florida 32399-3252

Protocols can also be emailed to info@FloridasNursing.gov or faxed to 850-617-6460. You can find a sample protocol template online at floridasnursing.gov/forms/arnp-protocol-sample.pdf.

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This screening is referred to as an exemption. If you have had your Livescan taken within the last six months and your results are in the Care Provider Clearinghouse, you will not need to have your Livescan taken again.

For felony disqualifying offenses, Florida law requires that all requirements be met for three years for those offenses to qualify for an exemption. Requirements include completion of probation, payment in full for all monetary sanctions and release from confinement. For example if you completed your probation for a felony offense on January 01, 2013, you would not be eligible for an exemption until January 01, 2016.

Any changes in your employment with a facility regulated by AHCA may require you to have a new exemption review.

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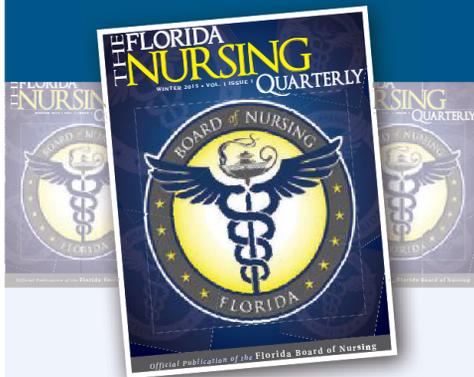
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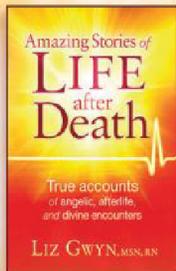


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Disciplinary ACTIONS

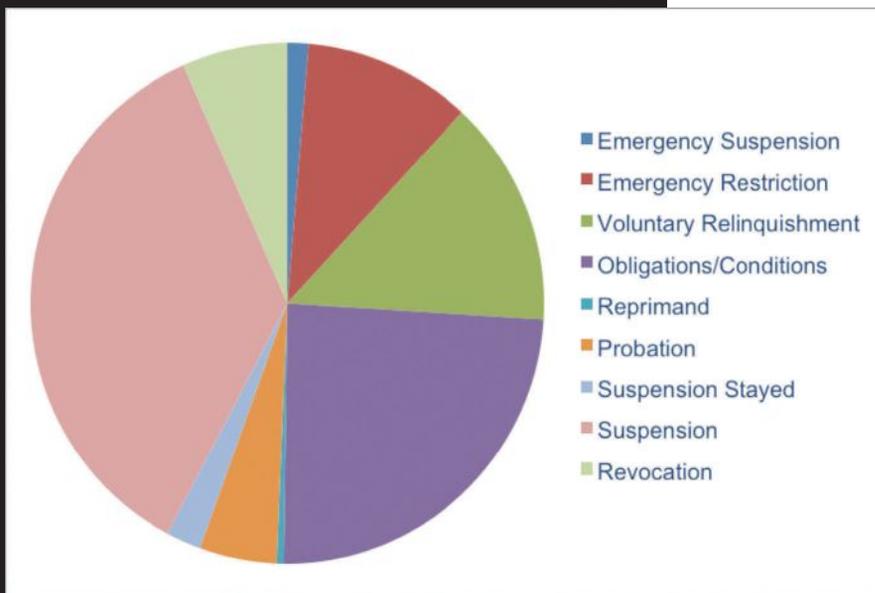
For the 2014-2015 Fiscal Year

At each board meeting, disciplinary cases are brought before the board for final action. These cases are based on complaints and investigations against Florida nurses and certified nursing assistants. Based on the nature of the case, the outcome may vary greatly. The board takes disciplinary action very seriously in its role to protect all people in the state of Florida.

The Prosecution Services Unit is responsible for providing legal services in the regulation of all health care boards and councils. Attorneys review the investigative report to recommend a course of action. The board reviews each case and makes a final determination in regards to the discipline taken. Emergency Suspensions and Emergency Restrictions are issued by the DOH Secretary against licensees who pose an immediate threat to the health, safety, and welfare of the people of Florida.

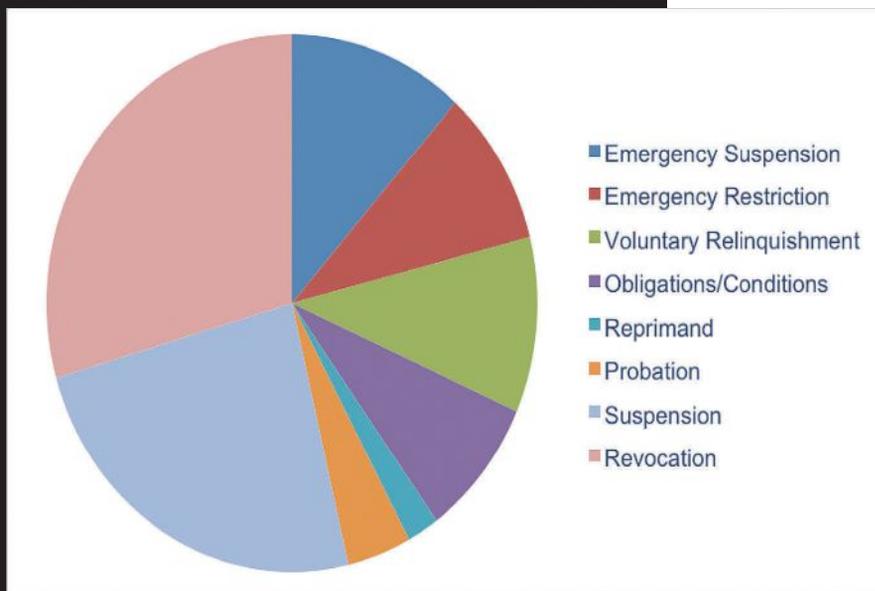
To search Final Orders and Emergency Actions on nurses and certified nursing assistants in Florida, visit: <https://appsmqa.doh.state.fl.us/finalordernet/>.

*This data includes disciplinary actions taken against licensees in the current fiscal year which runs from July 1, 2014-June 30, 2015.



CNA

Type of Case	Number of Cases
Emergency Suspension	11
Emergency Restriction	9
Voluntary Relinquishment	10
Obligations/Conditions	8
Reprimand	2
Probation	4
Suspension	23
Revocation	28
Total	95



LPN/RN/ARNP

Type of Case	Number of Cases
Emergency Suspension	3
Emergency Restriction	24
Voluntary Relinquishment	32
Obligations/Conditions	55
Reprimand	1
Probation	11
Suspension Stayed	5
Suspension	81
Revocation	15
Total	227



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