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DAKOTA NURSE CONNECTION

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DAKOTA NURSE CONNECTION

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Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.

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A message from the Executive Director

Gloria Damgaard, RN, MS, FRE
South Dakota Board of Nursing

Fall greetings to all of our readers of the Dakota Nurse Connection. As you know, 2017, marks the 100th Anniversary of the Board of Nursing in South Dakota. The Board hosted a public celebration of our predecessors, contemporaries and successors in nursing regulation on September 22, 2017, in Sioux Falls with over 200 people in attendance. For my message this quarter, I am including my presentation on our predecessors for those of you that did not have the opportunity to attend the celebration and for those of you that would enjoy reading about it.

The program was a tribute to those nursing leaders who have gone before us, a presentation on contemporary issues in nursing regulation and a look at what issues are on the horizon for the regulation of nursing practice in our country and the world. We were pleased to have Dr. MaryAnn Alexander, Chief of Nursing Regulation and Dr. David Benton, CEO of the National Council of State Boards of Nursing address us.

In the afternoon, we were honored to hear from JoEllen Koerner and Diana VanderWoude, former executive directors of the Board of Nursing and Diana Berkland and Deb Soholt, former Board Presidents. They shared their perspectives and experiences of their tenure with the Board of Nursing. They gave an insider view of successes and disappointments experienced as nursing regulators.

I would like to formally thank our sponsors for the event, Sanford Health and Avera McKennan Hospital. The 100th Anniversary Medallions were made possible through a generous donation from Sanford Health. The lunch was sponsored through a generous donation from McKennan Hospital.

Now let's turn our attention to our predecessors and remember those who have gone before us.

Mrs. Elizabeth Dryborough. On January 24, 1917, Governor Peter Norbeck signed into law, legislation that created the first Nurse Practice Act in our state. This Act established the South Dakota State Board of Nursing Examiners and provided for the appointment of 4 board members, three nurses and one physician. Early records indicate that in 1917, South Dakota was one of 6 states that did not have a Nurse Practice Act. The introduction of this legislation was due to the work of the newly formed South Dakota Association of Graduate Nurses in 2016, the current day SDNA. Mrs. Elizabeth Dryborough was the association's first President and was one of the three nurses appointed to the Examining Board. The other nurses appointed were Johanna Hegdahl, of Redfield and Clara Ingvalson of Flandreau. Dr. Park Jenkins of Waubay was the physician appointee to the board.

The first meeting of the Board of Nursing was held on July 20, 1917, at the St. Charles Hotel in Pierre. It was a very productive meeting. I know this because I received a copy of the handwritten minutes of this first meeting from the State Archives. I have to tell you when I printed the minutes and held this history in my hands, I experienced a strange sensation that I can't really describe but as I reflect on it, I think it was a feeling of awe and reverence all at once. It felt like I had received a special gift from the past, which indeed it was. The copy is on display here today.

The first order of business was to elect officers. Mrs. Elizabeth Dryborough was elected Secretary/Treasurer of the Examining Board. As such, she was responsible for the administrative functions of the board and was paid a salary of $65 per month with $10 a month allowed for rent and telephone. The financial records of the first years show that there was not always enough money to pay the salary and many times, Mrs. Dryborough accepted installments on her salary. Board members received $5 per day.

Rules and regulations were adopted by the Board at the first meeting. It does not appear that a formal process was utilized. A motion was made and seconded and the rules were adopted. I wonder what they would think of the 14 different forms that now have to be submitted to get a rule passed these days!! The rules that were adopted included a passing standard for the exam that the Board would construct. A general average of not less than 75% was required in order for a graduate nurse to be eligible for registration. They also adopted rules for admission to training schools for nurses in SD. The Board reviewed all candidates for admission and issued student nurse certificates, a practice that continued until 1955. In order to be issued a student nurse certificate, the following requirements had to be met.

1. Satisfactory evidence of good moral character and between the ages of 18 to 35.
2. A certificate showing the completion of a two year high school course or equivalent.

Rules were also adopted that required Training Schools to be accredited by the Examining Board starting on July 1, 1918. The accreditation standards adopted were:

1. Must have capacity of thirty (30) beds and a daily average of twenty patients.
2. When schools cannot provide opportunity for practical experiences in any one major branch, they must affiliate with other approved schools that have the opportunities.
    1. Training must include practical experience in caring for men, women, and children together

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A message from the Executive Director

Stacey Pfenning, DNP, APRN, FNP, FAANP
North Dakota Board of Nursing

Greetings and welcome to the Fall edition of the *Dakota Nurse Connection,* the official publication of the North Dakota Board of Nursing (NDBON).

Nurse Licensure Compact

On July 20, 2017, the 26th state enacted the enhanced Nurse Licensure Compact (eNLC) launching the new compact into effective status. Each compact state has one assigned Commissioner, which is the Executive Director of the state board. On August 14th, the compact Commissioners met to discuss the transition from the current NLC to the eNLC over the 6-month implementation period. The Commissioners set **January 19, 2018** as the "go live" date for the eNLC. The Commissioners of the 26 states elected the eNLC Executive Committee and developed teams to assist with rule-making, education, operations, and policy. North Dakota was honored to be elected to the eNLC Executive Committee, as well as assigned to the Rule-Making Committee to assist with forward movement of the eNLC.

Commissioners of the eNLC
Tricia Koning Photography

Since the July 20th eNLC effective date, 3 additional states have introduced legislation, providing evidence of continued momentum. However, Colorado, New Mexico, Rhode Island, and Wisconsin will remain in the current compact, as these states have not yet enacted eNLC legislation. To follow the legislative movement of the eNLC please visit https://nursecompact.com/.

As a licensee, employer, or education program, you may have questions regarding the transition from the current compact to the eNLC and how it may affect ND licensure. Throughout October and November, letters outlining this transition will be sent to all licensees and facilities detailing licensure considerations. Please watch for your letter and notify the ND Board of Nursing as questions arise.

Board Members

Governor Burgum appointed two Board members prior to the July 2017 meeting. Dr. Kevin Buettner PhD of Grand Forks is the newly appointed APRN Member, and Dr. Tanya Spilovoy Ed. D. of Bismarck is the newly appointed Public Member. The Board is excited to welcome these two new members. To learn more about Dr. Buettner and Dr. Spilovoy, please refer to the *Get to Know a New Appointed Board Member* highlighted in this edition of the *Dakota Nurse Connection*.

Committees and Meetings

The NDBON actively participates in Governor Burgum's ND Nursing Workforce Shortage Taskforce and State of Emergency Opioid Epidemic Team.

August 2017, representatives of the Board attended the National Council of State Boards of Nursing (NCSBN) Annual Meeting and NLC Compact Commissioner Meeting. Two Board representatives, Hanson and Christianson, serve as members of the NCSBN Leadership Succession Committee and participated in events throughout the meeting.

ND Board of Nursing representation at the NCSBN Annual Meeting
Tricia Koning Photography

The ND Board of Nursing will continue to post news on licensure, education, practice, and pertinent legislative activities on the ND Board of Nursing website. Watch for the Winter edition of the *Dakota Nurse Connection* as the Board and staff continue to provide regulatory updates and publications.

Sincerely,
Dr. Stacey Pfenning DNP APRN FNP FAANP

North Dakota Board of Nursing Officers and Members

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Jane Christianson, RN, Bismarck

VICE PRESIDENT

Michael Hammer, RN, Velva

TREASURER

Jamie Hammer, RN, Minot

Dr. Tanya Spilovoy, Public Member, Bismarck
Janelle Holth, RN, Grand Forks
Mary Beth Johnson, RN, Bismarck
Bonny Mayer, LPN, Minot
Wendi Johnston, LPN, Kathryn
Dr. Kevin Buettner, APRN, Grand Forks

NORTH DAKOTA BOARD OF NURSING 2017-2018 BOARD MEETING DATES

November 16, 2017
January 18, 2018
March 22, 2018
May 17, 2018
July 19, 2018 Annual Meeting

Please note:
All meetings will be held in the Board office conference rooms, 919 South Seventh Street, Suite 504, Bismarck, ND and are open to the public. Observers are welcome to attend.

Agendas will be listed on the Board website, www.ndbon.org, and will include the time. The agenda will be available 5 business days prior to each meeting.

As a service to the citizens of North Dakota, the Board provides a PUBLIC FORUM during each Board meeting (refer to agenda of each meeting for time). This is a time when anyone may address the Board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the meeting.

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eNLC Public Hearing Announcement:

The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) will hold a hearing on proposed rules via teleconference at 2:00 P.M. (Central Standard Time) on December 8, 2017, and at the National Council of State Boards of Nursing headquarters:

111 East Wacker Drive Suite 2900 Chicago, IL 60601-4277

Any interested person may present verbal comments on the proposed rules by attending the public hearing or via teleconference at 2:00 p.m. Central on December 8, 2017. Additional inperson and teleconference participant information is posted at www.ncsbn.org/enlcrules

MISSION

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

NDBON Contact Information

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919 S 7th St
Suite 504
Bismarck, ND 58504-5881
Phone: 701-328-9777
Fax: 701-328-9785
Email: contactus@ndbon.org

ND Board of Nursing Office Security Announcement

The NDBON implemented new office security including entrance control. If you plan to visit the Board office, please consider the following:

1. A visit to a Director requires an appointment. To schedule an appointment, call 701-328-9777
2. Email items to **contactus@ndbon.org or fax to 701-328-9785**.
3. If you do plan to visit the Board office, you will need to push the buzzer at the door, state your name and the reason for the visit prior to admittance.
4. If you have any questions, please call 701-328-9777

NORTH DAKOTA BOARD OF NURSING

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Choose *Demographic Updates* under *Nurse Licensure*

LICENSURE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website – go to www.ndbon.org
  Choose "Verify"
- Nursys® QuickConfirm at www.nursys.com
  - Look up a license from any QuickConfirm participating board of nursing and print/download a report with the licensure and discipline status information for that nurse.
- Nursys® E-Notify at www.nursys.com
  - **Institutions:** Enroll your entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.
  - **Nurses:** Sign up to receive license expiration reminders and status updates via email or SMS for all your licenses from e-Notify participating boards of nursing.

NORTH DAKOTA BOARD HIGHLIGHTS

July 2017

- Board welcomed two new members appointed by Governor Burgum for a four-year term:
  1. Dr. Kevin Buettner PhD, APRN Board Member from Grand Forks employed as Program Director for the UND Nurse Anesthesia Program; and
  2. Dr. Tanya Spilovoy Ed. D, Public Member from Bismarck employed as Director of Open Policy for Western Interstate Commission for Higher Education (WICHE).

- Valerie Lefor with the US Department of Education was present for the meeting as part of a survey visit of the ND Board of Nursing for continued DOE recognition.

- Board reviewed the Strategic Plan progress report from January through June 2017. Identified goals and progress to date were noted for each. Staggering of the nursing program site visits was discussed and staff will present a plan to the board in the upcoming year. The board discussed that this strategic plan will go through June 30, 2018 and a new plan will need to be developed within the next year. Board accepted the progress report for the Strategic Plan from January 2017 through June 2017 as distributed.

- Board discussed the non-disciplinary Letter of Concern (LOC) administrative fee which may be assessed by the Compliance Advisory Committee (CAC) on a case by case basis according to ND Administrative Rules. This fee is $100 for first LOC, $150 for second LOC, and $200 for third LOC and has been added to the fee schedule.

- Board reviews and ratifies the fee schedule for the new fiscal year annually. The schedule reflects the fee revisions that were approved at the May meeting as part of the Finance Committee proposals. Staff noted one addition under Compliance Division non-disciplinary Letter of Concern. The rules allow assessing of administrative fees for Letter of Concerns and had not been listed under the fee schedule. Board ratified the 2017-2018 fee schedule.

- Board discussed the issue of the state's legalization of medical marijuana, as well as legalized recreational marijuana in other states and how to address those issues in the state of ND. The National Council of State Board of Nursing (NCSBN) has formed a committee and is looking at the issue as well. After much discussion, board members agreed to convene a Nurse Advisory Panel to monitor the issue. It was also recommended that the ND Tri-Regulator Collaborative discuss the issue as all other disciplines will be affected by the new law. Board motioned to convene the Nurse Advisory Panel to monitor and report on issues related to medical and recreational marijuana and consider future policy and procedures.

- Board approved the following Nursing Education Committee recommendation related to Rasmussen College accelerated BSN standard entrance and second degree nursing program initial approval at Fargo campus:
  1. Find the Rasmussen College Baccalaureate Degree Nursing Education Program in substantial compliance with ND Administrative code 54-03.2. standards for nursing education programs; and
  2. Granted initial approval of the Rasmussen College Baccalaureate Degree Nursing Education program until July 2018; and require an onsite survey in June 2018; and
  3. Require the Rasmussen College Baccalaureate Degree Nursing Education Program Nurse Administrator to submit a compliance report by November 1, 2017 to address the issues of partial compliance with ND Administrative Code 54-03.2 Standards for Nursing Education Programs, 54-03.2-04-02 Faculty Policies and 54-03.2-05-01 Student Policies; and
  4. Require the Rasmussen College Baccalaureate Degree Nursing Education Program Nurse Administrator to submit progress reports demonstrating implementation of approved plans to the board office November 1, 2017 and March 1, 2018.

- Board motioned the following related to the United Tribes Technical College AASPN program compliance report addressing five issues of non-compliance identified in the May 2017 survey report:
  1. Find the compliance report submitted by United Tribes Technical College, Associate Degree Practical Nursing Education Program Nurse Administrator addressing the issues non-compliance with North Dakota Administrative Code 54-03.2 Standards for Nursing Education Programs including: 54-03.2-02-06 Financial Support, 54-03.2-04-01 Faculty Responsibilities, 54-03.2-04-03 Practical or Associate Degree Nurse Education Program Faculty Qualifications 54-03.2-04-08 Employment of Academically Unqualified Faculty, 54-03.2-07-01.1 Performance of Graduates on Licensing Examination partially meets the standard; and
  2. Find United Tribes Technical College, Associate Degree Practical Nursing Education program in partial compliance with ND Administrative Code 54-03.2; and
  3. Continue conditional approval of The United Tribes Technical College Associate Degree Practical Nursing Education program until September 2018; and
  4. Require a focused onsite survey of United Tribes Technical College Associate Degree Practical Nursing Education Program in August 2018.

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- Board approved the University of Mary division of nursing request for curriculum revision for the traditional and LPN to BSN Baccalaureate programs as a major programmatic change as the program has full approval from the ND Board of Nursing and the programmatic change is in compliance with NDAC 54-03.2-06-02 Programmatic Changes.

- Board approved the Nursing Education Committee recommendation that according to NDAC 54-04.1 Nursing Education Loans, the Board approved option 2 for the Nursing Education loan for a total awarded of $88,871.00.

- Board approved the following requests for Nursing Education loan repayment deferment:

Name	Date Deferment ends
Katie Banley	January 1, 2018
Jodell Schmidt	January 1, 2018

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- Board received applications for license by endorsement for licensees who have been licensed and practicing in other states by completing military training and were licensed by equivalency. The ND law requires completion of a nursing program for the level of licensure sought. NCSBN has released an analysis comparing selected military health care occupation curricula with a standard practical nurse curriculum. The board reviewed the outcomes of the NCSBN study, and noted that Missouri Board of Nursing became the first state to approve the Air Force BMTCP 4N051 (5 Skill Level) program as a practical nurse program. The ND Nurse Practices Act would need to be changed to allow these applicants to qualify for licensure. The board discussed the issue of equivalency and indicated a preference for other options, such as a bridge program to meet the requirements of the law for PN program completion.

- Board approved the request from the ND Center for Nursing to add an option to the on-line renewal application for donation to the ND Center for Nursing.

- Tammy Buchholz, Associate Director for Education, attended a meeting of the ND Dept. of Health, ND Board of Medicine, ND Board of Nursing and ND Board of Cosmetology related to microblading. This practice is not in the realm of nursing and is currently overseen by the ND Dept. of Health, as is the practice of tattooing. There has been concern regarding negative effects of the procedure being done by individuals with little or no related education or training. The group will continue to meet and staff will keep the board updated.

- Board received several inquiries related to the opening of two Ketamine Clinics in the Bismarck community. Dr. Stacey Pfenning, Executive Director, invited the CRNA owners of the two clinics to attend the July Board meeting to provide information related to practices, procedures and protocols implemented within these clinics. Jacqueline Materi, CRNA of Ketamine Care Clinic was available via phone and Kelli Gabel, CRNA and Lura Spears, CRNA of Thrive Anesthesia were present to discuss the research and evidence related to the practice of administering Ketamine for chronic pain and mental health issues in the clinic setting and answer questions for the Board. The practitioners discussed safety measures and equipment in place for emergencies, DEA registration and prescriptive authority, and the requirement that patients have a medical diagnosis and referral from a primary care provider to be seen for treatment.

- The 26th state has officially passed the enhanced Nurse Licensure Compact (eNLC), and the effective date of eNLC will be when signed by the governor and that state, which is expected to happen any day. The implementation date will be six months after the effective date, which will be January of 2018. The board office will need to track licensees that meet the requirements of the current compact, but will not meet requirements of eNLC. These individuals will then be issued a single state license on the implementation date of eNLC. NCSBN is preparing communication materials for use and distribution by the boards.

- Dr. Pfenning indicated that she has been informed the current president of the ND Center for Nursing will be resigning in the next few months, so as President elect she will be assuming the President position in August 2017.

- The board reviewed the minutes of the June 13, 2017 ND Tri-Regulator Collaborative meeting. The committee discussed legislative studies that will affect boards: HB1149 Relating to Audits of Occupational and Professional Boards, HCR3026 to study supervision of the state's occupational and professional licensing boards to retain antitrust law immunity. The

Compassionate Care/Medical Marijuana legislation was also discussed and how this may impact practicing licensees and monitoring/impaired practice concerns. The committee also discussed frequent inquiries related to lack of regulation for Surgical First Assistant (non-nursing).

- Dr. Pfenning is representing the Board of Nursing on the Governor's Nursing Shortage Planning Team. A slide deck was developed to document the current state of nursing in ND. The team is releasing the slide deck and encourages feedback from all sectors of ND as the team works to develop the action plan. The team plans to finish their work by October 2017. The board reviewed the makeup of the planning team. Pfenning indicates this a very comprehensive review of nursing in ND. There has been a 13% increase in licensed nurses in ND over past five years, but still unable to keep up with workforce demands in ND. The number of applicants for nursing program admission is greater than available slots. Lack of clinical sites and nursing faculty are being explored as barrier to increasing slots. The planning committee met with the Program Director for Western University of Health Sciences related to Master Curriculum and the presentation was provided for board member review. Streamlining nursing program admissions by using standardized applications and consideration of a master curriculum for seamless transition from one program to another are options being reviewed. Pfenning indicated while change is difficult, nursing currently has the undivided attention of state leaders. She indicated that nursing is actively involved in the development of action items through CUNEA, NDBON and NDCFN participation on the planning team and encourages all who are interested to participate when possible. Pfenning anticipates projects to be assigned as part of the planning team's work, and indicates that monitoring and participating in the Governor's Nursing Shortage Planning Team has been added as a Nursing Education Committee (NEC) charge for the upcoming year. Action Plans are to be presented to the Governor this fall and drafts are in progress. The board discussed convening conference call meetings if decision making is required between regular meetings due to Planning Team recommendations.

- Board approved Jamie Hammer as Treasurer for a two-year term ending July 2019.

- Board approved the following committee appointments:

Executive Committee:
Jane Christianson - Chair: President,
Michael Hammer - Vice-President,
Jamie Hammer - Treasurer

Nursing Education Committee:
Chair: (to be decided)
Mary Beth Johnson, Janelle Holth, Tanya Spilovoy (Bonnie Mayer, alternate)

Finance Committee:
Chair Treasurer Jamie Hammer,
Kevin Buettner, Jane Christianson

Risk Management Committee:
Bonnie Mayer

Board Representatives for:
PDMP Committee: Pfenning, Christianson

ND Center for Nursing alternate:
Wendy Johnston

- Board approved the proposed 2017-2018 committee charges as distributed.

- Janelle Holth has been reappointed as RN Board member for another four-year term: July 2017 through June 2021.

- Board Approved the following Board meeting dates for 2017-2018:
  - July 20, 2017 Annual Meeting
  - September 27, 2017 Retreat
  - September 28, 2017
  - November 16, 2017
  - January 18, 2018
  - March 22, 2018
  - May 17, 2018
  - July 19, 2018 Annual Meeting

- Board approved the following Committee meeting dates for 2017-2018:

Nursing Education Committee & NEL:
- July 12, 2017
- November 15, 2017
- May 16, 2018

Finance Committee Meeting:
- April 26, 2018

Executive Committee Meeting:
- May 17, 2018

- Approved the draft "Procedure for Conducting the Election of Officers of the Board."

For more detailed minutes, visit www.ndbon.org/publications/minutes.asp

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Get to Know a New Appointed Board Member

Dr. Kevin Buettner, PhD, APRN-CRNA

In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Dr. Kevin Buettner in this issue. Kevin is from Grand Forks.

When were you appointed as a board member?

July 1, 2017

Why did you decide to become a board member?

Throughout my professional nursing career, I have had the opportunity and privilege to work in a variety of settings (educational and clinical) as both an RN and APRN-CRNA. I decided to become a board member because I wanted to be involved at the state level with assuring the public's health and welfare for citizens in North Dakota.

What is your nursing background?

I received my ADN from Grand Rapids Community College in 1998 and my BSN from the University of North Dakota (UND) in 2004. In addition, I received my MSN (Nurse Anesthesia Specialization) in 2007 and my PhD in Teaching and Learning (Higher Education Emphasis) in 2013, both from UND. I currently am Director for the UND Nurse Anesthesia Program and work clinically as a Certified Registered Nurse Anesthetist (CRNA) at Altru Health System in Grand Forks. My past nursing experience includes Surgical Critical Care Unit, Intensive Care Unit, and Emergency Department. I have been an active member of the North Dakota Association of Nurse Anesthetists (NDANA) and the American Association of Nurse Anesthetists (AANA).

What do you feel you can bring to the Board of Nursing?

I believe my professional experiences in rural and urban hospital settings as an RN and APRN-CRNA paired with my experience in nursing education will be beneficial to the Board of Nursing.

What is one of the greatest challenges of being a board member?

The greatest challenge is learning about this new role as a board member and also finding a healthy balance between my professional and personal responsibilities.

How would you describe your experience (so far) as a board member?

It has been a great experience so far, having attended one board meeting and being involved with the first NDBON Advisory Panel Workgroup.

What would you say to someone who was considering becoming a board member?

There are so many opportunities for nurses to be involved in professional nursing activities in our state, region, and across the United States. We all have busy lives, but consider how you can best share your time and talents. I am always looking for ways to give back to a profession that has given me so much.

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Get to Know a New Appointed Board Member

Dr. Tanya Spilovoy, Ed. D

In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Tanya Spilovoy, Ed. D. in this issue. Tanya is from Bismarck.

When were you appointed as a board member?

July 1, 2017

Why did you decide to become a board member?

I'm interested in a healthy, prosperous North Dakota. Nurses are a vital part of every community. The NDBON has a national reputation for being leaders among their peers. I have great respect for Dr. Pfenning, Executive Director and the staff. I feel as if there is great potential to make a lasting positive impact for ND communities.

What is your nursing background?

I'm not a nurse, but some of my family members were. I have great respect for nurses because they're the caregivers who have the closest contact with patients. I still call my mother-in-law, Donna Hamar (retired RN) first—and she usually knows the answer.

What do you feel you can bring to the Board of Nursing?

My background in educational technology, teaching and learning, and compliance is a unique skillset. I rarely think inside the box, and I am interested in creating new and more efficient ways to produce excellent results. I work at the WICHE Cooperative for Educational Technologies, a leader in educational policy. I approach everything from the context of national best practice, and I'm interested in seeing ND colleges and universities develop new ways to recruit and educate future nurses regardless of their geographical location. The US is facing a nursing shortage, and we all have a stake in improving the future. The NDBON does a great job working with colleges and universities, online programs, hospitals and clinics, and nursing licensure. I'm eager to learn and contribute.

What is one of the greatest challenges of being a board member?

For me, the greatest challenge will be to learn the language of nursing (jargon). But I'm not afraid to ask questions, and they've all been happy to teach me what I need to know.

How would you describe your experience (so far) as a board member?

It has been positive and eye-opening. I'm so impressed with how much the small staff at the NDBON office accomplishes. Serving on the board is a huge responsibility. It is immediately obvious that everyone on the board and staff is committed to doing what is best for ND.

What would you say to someone who was considering becoming a board member?

Nurses are important to every person in every community in ND. Public members can bring fresh, diverse perspectives to the NDBON. If you serve as a board member, you'll learn a lot and have the opportunity share your talents for everyone's benefit.

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Notification of Recently Approved Nursing Practice Inquiry Policy & Procedure

Dr. Stacey Pfenning APRN FNP FAANP
NDBON Executive Director

In October 2016, the Journal of Nursing Regulation published an updated nursing scope of practice decision-making framework (Ballard, et al., 2016). The decision-making framework is a uniform tool designed by the Tri-Council of Nursing and National Council of State Boards of Nursing. The decision-making framework algorithm aims to assist facilities, nurses, stakeholders, and licensing boards in determining specific roles, responsibilities, and interventions a nurse can safely perform based on education, licensure, and competence. The decision-making framework considers the following concepts within the process: state law and rules; evidence-based literature; facility policy and procedures; nurse's education, training, and competence; and nurse's professional accountability. The decision-making framework is available at https://www.ncsbn.org/decision-making-framework.htm.

In November 2016, the ND Board of Nursing adopted the nursing scope of practice decision-making framework and designed a policy for nursing practice inquiries submitted to the Board. The policy was approved in the spring of 2017. The recently implemented policy is available on the ND Board of Nursing website at the following link: https://www.ndbon.org/RegulationsPractice/Practice/SOP_Decision-Making_Framework.asp

POLICY & PROCEDURE FOR NURSING PRACTICE INQUIRIES AND INTERPRETIVE AND PRACTICE STATEMENTS

POLICY

According to the North Dakota Nurse Practices Act (NPA) 43-12.1-08 (1) Powers and Duties of the Board, the Board of Nursing (Board) shall regulate the practice of nursing to assure qualified competent licensees and high quality standards. The Board mission is to assure ND citizens quality nursing care through regulation of standards for nursing education, licensure, and practice. In aligning with the Board's duties and mission, nursing practice inquiries are accepted for consideration. Practice inquiries may be resolved by the Board's Directors or may prompt a Board Interpretive Statement or Practice Statement. According to the North Dakota Nurse Practices Act 43-12.1-08 (2)(p) the Board shall issue practice statements regarding the interpretation and application of this chapter. The following policy and procedure outlines the Board's process for consideration of nursing practice inquiries and interpretive or practice statements.

Practice Inquiry:

1. Stakeholders/licensees with a nursing practice inquiry shall go to www.ndbon.org and view Practice Frequently Asked Questions (FAQ).
2. If the stakeholder/licensee does not find resolution of the practice inquiry through exploration of Practice FAQs, the stakeholder/licensee shall complete the **Request for Nursing Practice Inquiry Form** available at www.ndbon.org and submit to practice@ndbon.org
3. Directors of the Board shall review the submitted Request for Nursing Practice Inquiry Form for consideration and respond in writing within 14 business days. Directors may:
   a. Provide resolution of the practice inquiry; or
   b. Request stakeholder/licensee completion of the Board adopted **Scope of Practice Decision Making Framework.**
4. Once the stakeholder/licensee completes the Scope of Practice Decision Making Framework as directed, the Practice Division of the Board shall review and respond in writing within 14 business days. The Practice Division may:
   a. Provide resolution of the practice inquiry based on Scope of Practice Framework and evidence provided by stakeholder/licensee; or
   b. Assign practice inquiry with completed framework to the Board's Advisory Panel for consideration. The Advisory Panel reviews assigned practice inquiry submissions and further explores literature to formulate a recommendation to the Board. The Advisory Panel recommendations may take 3 months or more for completion. The Advisory Panel may:
      i. Recommend an interpretative statement for Board consideration, or
      ii. Collaborate with Practice Division in the development of a proposed practice statement for Board consideration.

*Disclaimer: Recommendations given by Board Directors and Practice Division are based on guidance from current law and rules; Board **approved** interpretive statements and practice statements; Board established guidelines, policies, and procedures. Recommendations are not interpretations of the law/rules, therefore do not carry the force of the law/rules.*

Interpretative Statement or Practice Statement:

1. Interpretative and practice statements may be adopted by the Board as a means of providing guidance to licensees and stakeholders who seek to ensure safe nursing practice and address issues of concern relevant to public protection. Proposed interpretative and practice statements shall be presented to the Board in the following manner:

a. Directors may develop proposed interpretative or practice statement based on Practice Division regulatory investigations and trends.
b. The Advisory Panel may develop a proposed interpretative or practice statement based on panel exploration of assigned practice inquiry.

2. Integrative and practice statements require review and adoption by the Board during a convened meeting.
3. Integrative and practice statements are reviewed regularly or upon request.
4. Interpretive and practice statements shall be available at www.ndbon.org or supplied upon written request to the Board.

Definitions:

Interpretive Statement: Board adopted statement providing guidance in defining or explaining the meaning of laws or rules that govern the practice of nurses.

Practice Statement: Board adopted nursing practice recommendations based on formal investigation of a specific practice inquiry by Directors or Advisory Panel. Practice statement framework may include statement of purpose, background/significance, definitions, evidence-based recommendations, and references.

Disclaimer: Board approved interpretive statements and practice statements do not carry the force and effect of the law/rules. In addition, each licensed nurse is responsible and accountable to practice according to the standards prescribed by the board and profession; and accepts responsibility for judgements, individual nursing actions, competence, decisions, and behavior in the course of nursing practice (NDAC 54-05. Standards of Practice). "Competence" refers to application and integration of knowledge, skills, ability, and judgment necessary to meet standards (NDAC 54-01-03-01(14)). Individual competency varies among nurses; when a nurse does not personally have the competence to perform an activity, such activity is "outside the scope" of practice for that nurse.

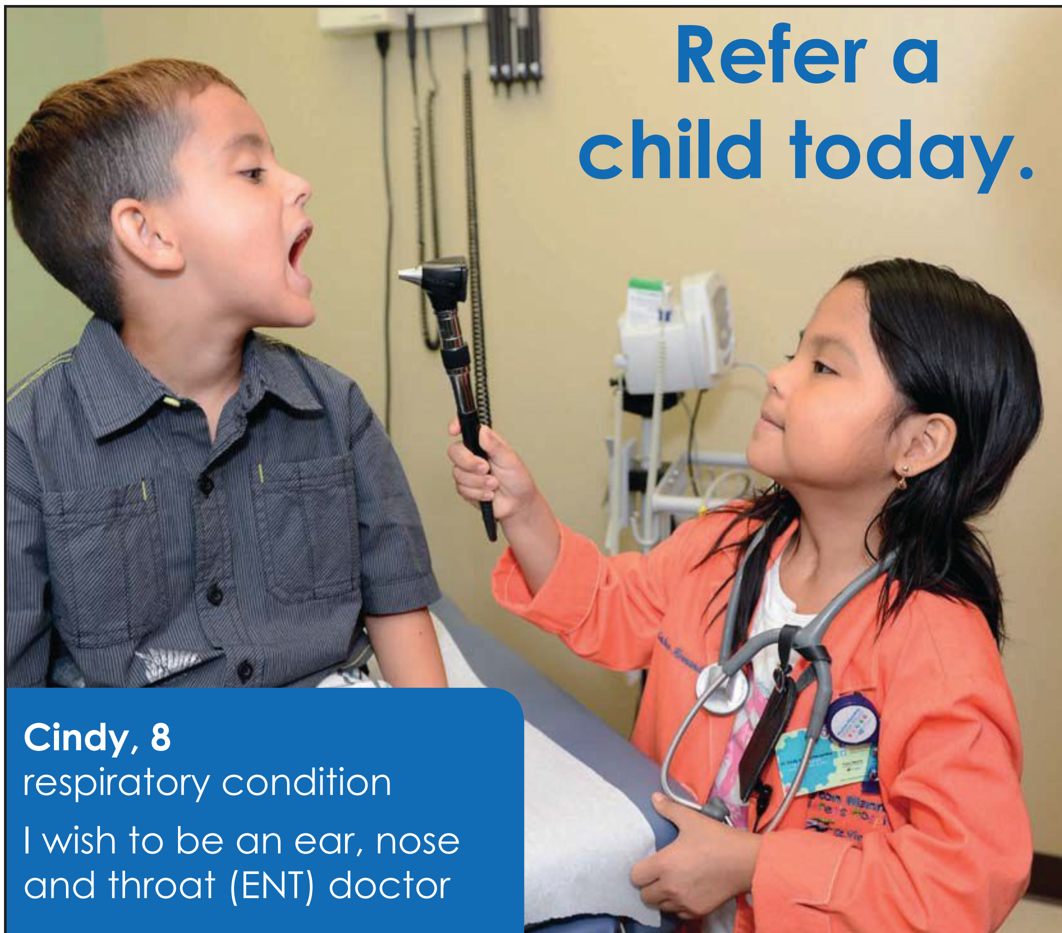
Authority:

Nurse Practices Act 43-12.1-01. Scope; 43-12.1-08. Duties of the Board

North Dakota Administrative Code title 54-05. Standards of Practice; 54-01-03-01. Definitions.

Ballard, K., Haagenson, D., Christiansen, L., Damgaard, G., Halstead, J., Jason, R., et al. (2016). Scope of nursing practice decision-making framework. Journal of Nursing Regulation, 7(3), 19-21. *https://ncsbn.org/2016JNR_Decision-Making-Framework.pdf*

Tri-Council for Nursing. (2016). Scope of nursing practice decision-making framework. National Council of State Boards of Nursing. Available at https://www.ncsbn.org/decision-making-framework.htm



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NCSBN
National Council of State Boards of Nursing

Enhanced Nurse Licensure Compact (eNLC) Enactment: A Modern Nurse Licensure Solution for the 21st Century

CHICAGO – The signing of legislation by North Carolina Gov. Roy Cooper on July 20, 2017, triggered the landmark enactment of the enhanced Nurse Licensure Compact (eNLC), ushering in a new era of nurse licensure in the U.S. The National Council of State Boards of Nursing (NCSBN), the Nurse Licensure Compact Administrators and the incoming group of eNLC Interstate Commission members are extremely pleased with the eNLC legislative progress made in the last 18 months.

NCSBN President Katherine Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing, noted, "We have made great strides in unlocking access to nursing care across the nation and are thrilled to begin this process. Even as we work on implementing this first phase our efforts continue to aid other states in passing eNLC legislation so our ultimate goal of having all 50 states in the compact is realized!"

Allowing nurses to have mobility across state borders, the eNLC increases access to care while maintaining public protection. The eNLC, which is an updated version of the original NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states.

Representatives of the 26 states* that make up this new compact will form the eNLC Interstate Commission. This new Interstate Commission will announce its first meeting in the coming weeks. The Commission's first priority will be to adopt operational rules and set implementation dates. Once set, dates of implementation will be shared with licensed nurses and the public.

NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, commented, "Boards of nursing were the first health care profession regulatory bodies to develop a model for interstate licensure, and we are looking forward to the implementation of this new phase of nursing regulation. Patient safety was of paramount importance in the development of eNLC leading to the addition of new features found in the provisions of the model legislation."

Licensing standards are aligned across eNLC states so all applicants for a multistate license are required to meet the same standards, which include federal and state fingerprint-based criminal background checks.

The original NLC will remain in effect with Colorado, New Mexico, Rhode Island and Wisconsin as members until each enacts eNLC legislation. In NLC states that have also enacted the eNLC, a nurse that holds a multistate license on the effective date of the eNLC will be grandfathered. However, if the grandfathered nurse wants to practice in a state that did not enact the eNLC, the nurse must apply for single-state licenses in each of those states.

In 2018, eNLC states will implement and prepare to issue multistate licenses. Additional information about the eNLC can be found at www.nursecompact.com. For the latest information, follow the eNLC on Twitter or Facebook.

Uniform Licensure Requirements for a Multistate License

Requirements:

An applicant for licensure in a state that is part of the eNLC will need to meet the following uniform licensure requirements:

1. Meets the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a board-approved education program; or

   b. Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
3. Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);
4. Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license (i.e., without active discipline);
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has no state or federal felony convictions;
8. Has no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together BONs to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories – American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 27 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

*eNLC states include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia and Wyoming.

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The Enhanced Nurse Licensure Compact (eNLC) Implementation FAQs

NURSE LICENSURE COMPACT

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601
312.525.3600 **nursecompact.com**

1. When does the eNLC go into effect?

The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The *effective* date is not the same as the *implementation* date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf for a multistate license.

2. What is the difference between the effective date and the implementation date?

Based on the legislation, the effective date of the eNLC was designated as "the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018." The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact's governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC.

By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

3. When will nurses have multistate licenses in eNLC states?

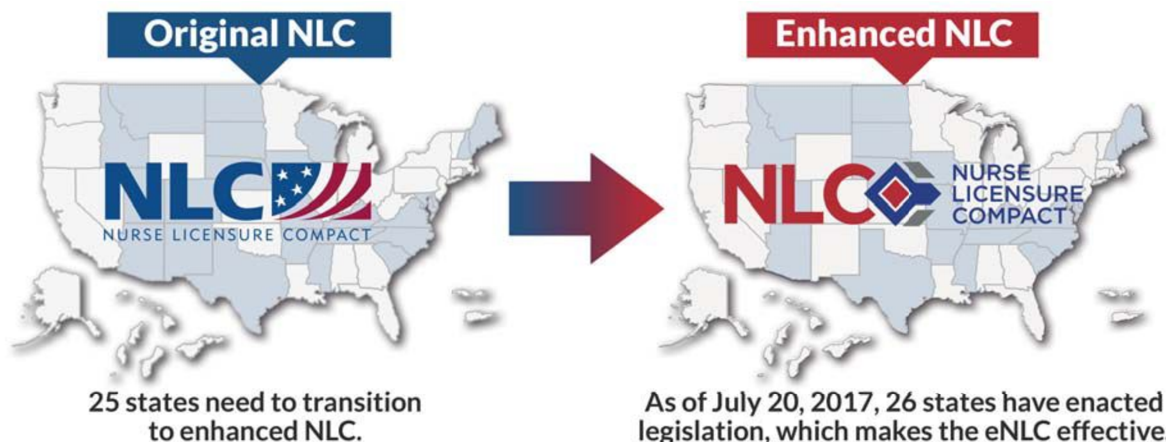
Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Wyoming, Oklahoma, West Virginia, Georgia and Florida) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation?

States that do not pass the eNLC will remain in the original NLC until: a) the state enacts the eNLC, b) the state withdraws from the original NLC or c) the original NLC ends due to having less than two states as members. As of now, Wisconsin, Colorado, New Mexico and Rhode Island are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts?

Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Wisconsin, Colorado, New Mexico and Rhode Island will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.



Unlocking Access to Nursing Care Across the Nation

6. Which nurses are grandfathered into the eNLC and what does that mean?

Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC?

The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC?

Primarily, the eNLC adopts 11 uniform licensure requirements (ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at: nursecompact.com/privateFiles/NLC_Key_Provisions.pdf

9. Who are the primary proponents of a state's decision to join the compact?

Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition?

The minimum number of states (26) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining.

Support for the NLC is overwhelming in the nursing community. According to 2014 NCSBN nurse and employer surveys, 80 to 90 percent of nurses and greater than 90 percent of employers want their state to be a member of the NLC.

The main opposition to the compact, seen in only a few states, has been from nurse union organizations.

11. Why would a nurse need a multistate license? What are the benefits for a nurse?

The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care and countless more.

12. How can nurses stay well informed of the changes in the compact?

Nurses can subscribe to receive email updates at www.nursecompact.com, review their state board of nursing website and newsletter, and review the implementation page on the NCSBN website at www.ncsbn.org/enhanced-nlc-implementation.htm. Follow the NLC on social media: Twitter @NurseCompact or Facebook at www.facebook.com/nurselicensurecompact.

13. How will the transition from NLC to eNLC affect employers of nurses?

The transition may impact employers in eNLC states that have nurses practicing in the four states that remain in the original NLC. As of the implementation date, those nurses with an eNLC multistate license will not have the authority to practice in those four states without applying for a single state license in those states.

The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.

Nurses residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the Jan. 19, 2018 implementation date until they have completed an eligibility process. This process will determine if the licensee meets the licensure requirements for a multistate license. In some eNLC states, the nurse may need to proactively engage in this eligibility process. By October 2018, nurses in all eNLC states should receive a letter from the respective board of nursing with more information.

For more information about the NLC, visit **nursecompact.com** or email nursecompact@ncsbn.org

MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9 and SDCL 36-9A.

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South Dakota Board of Nursing Scheduled Meetings

Location: 4305 S. Louise Ave., Suite 201; Sioux Falls, SD , Time: 9:00AM

- **November 16-17, 2017**

Agenda will be posted 3 business days prior to the meeting on Board's website.

Board Staff Directory

Staff	Contact
Gloria Damgaard, MS, RN, FRE, Executive Director Concerning Administrative, Legislative, Rules and Regulations	Gloria.Damgaard@state.sd.us (605) 362-2765
Abbey Bruner, Senior Secretary Concerning RN and LPN Renewal, Reinstatement, and Reactivation	Abbey.Bruner@state.sd.us (605) 362-2760
Robert Garrigan, Business Manager Concerning RN and LPN Initial Licensure and Examination	Robert.Garrigan@state.sd.us (605) 362-2766
Ashley Kroger, Program Assistant Concerning Registration of Unlicensed Personnel	Ashley.Kroger@state.sd.us (605) 362-3525
Erin Matthies, Licensure Operations Manager Concerning APRN Licensure and Submission of NP and CNM Collaborative Agreements	Erin.Matthies@state.sd.us (605) 362-3546
Francie Miller, BSN, MBA, RN, Nursing Program Specialist Concerning Compliance and Enforcement / Discipline	Francie.Miller@state.sd.us (605) 362-3545
Tessa Stob, AD, RN, Nursing Program Specialist Concerning Medication Aide Training Programs, Dialysis Tech Training Programs, Unlicensed Diabetes Aide Training and Nurse Aide Training Programs	Tessa.Stob@state.sd.us (605) 362-2770
Jill Vanderbush, Program Assistant Concerning RN and LPN Licensure by Endorsement and Criminal Background Checks	Jill.Vanderbush@state.sd.us (605) 362-2769
Linda Young, MS, RN, FRE, BC, Nursing Program Specialist Concerning APRN Regulation and Practice, RN and LPN Scope of Practice, and Center for Nursing Workforce	Linda.Young@state.sd.us (605) 362-2772

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

Name	License Number	April 2017 Board Action
Baldwin, Jodi	R032630	Letter of Reprimand
Harthoorn, Haylee	IA P59433	Voluntary Surrender of Privilege to Practice
Hoffman, Donna	R035953	Letter of Reprimand
Lewis, Malcom	R043294	Voluntary Surrender
Myers, Kimberly	P012063	Voluntary Surrender

Name	License Number	June 2017 Board Action
Deutscher, Keith	R023070	Summary Suspension
Doohen, Angela	R036176	Letter of Reprimand
Peterson, Daniel	R040467	Summary Suspension

Access
Licensure forms, update contact information, find advisory opinions, nurse practice act, and more online: www.nursing.sd.gov

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continued from page 4

with instruction in Medical, Surgical, Obstetrical, Diseases of Children, Elementary Hygiene, Anatomy and Physiology, materia medica and dietetics.

2. Rules and regulations related to infectious diseases and quarantine
3. Other subjects as the Examining Board may require from time to time.
4. Course of training is 3 years
5. Curriculum of study was to be recommended by the Board and a list of text books was to be supplied.
6. Training schools with less than 25 beds are required to affiliate with a larger hospital.
7. The Examining Board would not recognize any training programs from other states that were not recognized by that state.

Registration of graduate nurses began in August of 1917. There was a waiver period for graduate nurses who were SD Residents engaged in the practice of nursing prior to January 24, 2017. After this time, nurses were required to take a state constructed examination. The fee for registration was $10 and the renewal fee was $1. (which is probably why Mrs. Dryborough's salary had to be made in installments as renewal fees are the primary source of income for Boards of Nursing)

Carrie Clift was the second Secretary/ Treasurer of the Examining Board. She too resided in Rapid City so the office remained there. She had the distinction of leading the Examining Board through the years of the Great Depression. During the tenure of Carrie Clift, in 1933, high school graduation was required for acceptance into nursing schools accredited by the State Examining Board. Communication from documents housed in the archives showed that the Examining Board sent the questions that were on the exam to the schools of nursing, hoping that it would lead to a closer relationship of the schools and the board. The questions weren't for the students however, only for faculty. We laughed out loud when we read that communication. A new set of curriculum requirements were proposed by the Board. We have an original type written copy of these rules on display. These rules were adopted in 1934 but were not implemented until after 1936 due to the depression and the hardship that would be imposed on the schools. Much of the work of the Examining Board focused on hospital based schools of nursing and raising the standards for nursing education. Nurses that were trained in SD were not qualified to be employed by the Red Cross Nursing Service. The Board was working to raise the standards so this could happen. By 1944 all SD Schools were approved by the Red Cross Nursing Service.

Carrie Benham was the first nurse employed by the Examining Board as the Director of Nursing Education. She was not a Board Member. The Board offices were moved to Mitchell, South Dakota presumably because that is where Carrie Benham resided. She became the Executive Secretary of the Board in 1946. Carrie Benham had the distinction of leading the Examining Board through the World War II years. In 1943, the Bolton Act was enacted by Congress and established the Cadet Nurse Corp. This was an answer to the shortage of nurses during WWII. The Bolton Act provided funds to nursing schools that were accredited and scholarships and stipends were provided to nursing students in exchange for military service, federal government service and other essential civilian nursing services for the duration of the war. All ten schools of nursing in South Dakota were approved to participate in the U.S. Cadet Nurse Corps Program. The Board adopted an ***accelerated program*** whereby the three year nursing program could be completed in 30 months. This was a requirement of the Bolton Act. Frances Payne Bolton was a member of the US House of Representatives from Ohio. She introduced the Bolton Act in Congress. She was a strong supporter of nursing and the nursing program at Case Western Reserve is named the Frances Payne Bolton School of Nursing in her honor. Under the provisions of the Bolton Act, 124,000 nurses were educated.

I had another awe and reverence experience as I was holding history in my hands once again when I discovered Carrie Benham's 1948 copy of Esther Lucille Brown's "Nursing for the Future". This was a landmark report recommending that all of nursing education take place in institutions of higher learning. Ms. Benham's book will be on display, complete with her handwritten notes. During Ms. Benham's tenure, the NLN State Board Test Pool Examination was used for the registration of nurses. The Examining Board became an all nurse board in 1948. During the 1950's, Practical Nursing was defined and registration began. St. Mary's School of Practical Nursing in Pierre was the first PN program. In 1955 the name of the SD State Nurses Examining Board was renamed the South Dakota Board of Nursing. Licensure became the method of regulation for nurses and was mandatory by 1955.

Mary Ochs. The 1960's were also focused on nursing education and the first associate degree nursing program was opened at the University of South Dakota. Presentation College began an associate degree program in 1968. A new set of rules and regulations for the Approval of Nursing Education programs went into effect. In 1970, the Board participated in the SD Planning Council for Nursing Resources which published recommendations for priority nursing services. One of the recommendations was that the nursing and medical professions should explore the idea of the "extended role" of the registered nurse.

Helen Boyd. During Helen Boyd's tenure as Executive Secretary, legislation was enacted that allowed the professional nurse to practice in expanded roles. They were authorized to perform special acts with appropriate training, delegated by a physician. In 1973, 20 professional boards, including nursing were attached to the Department of Commerce. This arrangement continued until 2003 when the Department of Commerce was dissolved. The health related boards were then attached to the Department of Health.

Sister Vincent Fuller. The 1970's under the leadership of Sister Vincent were mostly about the expanding role of the professional nurse. These roles included the CRNA, the Nurse Midwife and Nurse Practitioner. All were identified in the Board of Nursing's rules. The

continued on page 20

continued from page 19

first nurse practitioner was certified by the Board in 1975. 1979 brought the introduction of the legislation creating SDCL 36-9A, the Practice Act for Nurse Midwives and Nurse Practitioners. The bill created the Joint Board of Nursing and Medical and Osteopathic Examiners for the regulation of these practitioners. This had to be a disappointment for Sister Vincent. She also faced the issue of mandatory continuing education which was repealed from the Nurse Practice Act in 1980, largely due to the efforts of the SD Hospital Association.

These six executive secretaries paved the way for the modern day Board of Nursing. There have been eleven executive secretaries/directors during the 100 year history of the Board. Three of the five living executive directors are with us today and include JoEllen Koerner, Diana VanderWoude as well as myself. The two directors not in attendance are Carol Stuart and Laura Westby.

I would like to conclude with the words of Sister Vincent Fuller in her resignation letter to the Board of Nursing. I think it captures the work of nursing regulation.

"The days with the Board of Nursing have been mixed with satisfaction, frustration, enjoyment, near hostility, learning, humor, compassion – but never boredom, depression, or the want of something to do. The time since June 1974 has gone by so rapidly. Especially, since I was looking at a three year stint. In spite of, or perhaps because of, the varied personalities on the Board, you've always been a great group to work with and ones, I'm convinced, there to do the best possible for the public in carrying out the legislative intent of the law as it applies to nursing. I pray God's blessing for all of you and on the future of nursing in South Dakota."

Have a safe and wonderful fall and holiday season. I look forward to connecting with you again in 2018.

Sincerely,

Gloria Damgaard, Executive Director

South Dakota Board of Nursing Meeting Highlights

September 2017

Board Meetings:

Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as necessary to transact its business. The South Dakota Board of Nursing generally meets five times a year. Meetings are open to the public; however, SDCL 1-25-2 allows a public body to close a meeting for discussing employee or legal matters. Individuals interested in attending should check the Board's website for more information and agendas. Information is posted 72 hours prior to the meeting at: http://doh.sd.gov/boards/nursing/. Minutes following a Board meeting are posted on the Board's website within 10 days of the meeting.

- The Board held a formal hearing on September 6, 2017 to hear testimony regarding proposed administrative rule changes to Chapters 20:48:08, 20:48:01, and 20:48:16. No oral or written testimony was received. The Board moved to accept the proposed rules.

Practice:

The Board moved to reappoint Alexia Klinkhammer, CRNA to a second term to the Advance Practice Nursing Advisory Committee.

Education:

- The SDBON granted a motion to approve Lake Area Technical Institute's request for the establishment of an Associate of Applied Science (AAS) 1+1 registered nurse program for an LPN to RN program.
- The SDBON granted a motion to deny Dakota Wesleyan University's request for an exception to the requirements of the doctoral degree for the administrator role for the nursing program as outlined in ARSD 20:48:07:22.
- The SDBON granted a motion to accept the annual reports and continue the approval for the following clinical enrichment programs: Rapid City Indian Health Services, the Department of Social Services Center in Yankton, and Avera Sacred Heart Hospital in Yankton.

Center for Nursing Workforce (CNW):

- The CNW has partnered with EmBe to offer a comprehensive nursing leadership development program. The first cohort of participants graduated from the Sioux Falls program in May 2017. The second group from the Rapid City area began in 2107 and will graduate in 2018. The Board granted a motion to financially support a 2018 nursing leadership program, using CNW funds, to be offered in the Sioux Falls area to begin in 2018; this cohort will graduate in 2019.

South Dakota Health Professionals Program:

- The Board contracts with the South Dakota Health Professionals Assistance Program (HPAP) to offer a voluntary, confidential alternative program which supports health professionals with substance use or mental health disorders and their recovery efforts. Participants must hold, or be eligible to hold licensure with the SD Board of Nursing. More information on HPAP is available at: http://www.mwhms.com/hpap.html

Licensure:

- ***Enhanced Nurse Licensure Compact* (eNLC)** implementation will occur on January 19, 2018; upon this date nurses holding

eNLC multistate licenses may begin practicing in the other states that also adopted the eNLC. Nurses holding multistate compact licenses from an original NLC compact state that has also enacted the new eNLC compact will be grandfathered into the new eNLC. They will be able to practice in the other eNLC states. A nurse residing in a state that is *new* to the eNLC, not a part of the previous original NLC, will be able to practice in other eNLC states contingent upon the board of nursing issuing that nurse a multistate license. See https://www.ncsbn.org/11070.htm for more information.

- ***Verification of Employment**:* RNs and LPNs are required to attest to the hours worked during a renewal period. The Board does conduct random audits of licensees, if you are selected you will be required to submit a completed employment verification form to the Board office.
- ***Nurse License and UAP Registration Verification**:* Licensure status for all licensees and registrants may be verified online at: www.nursing.sd.gov select Online Verification.
  - o The Board's registry *only* provides assurance that individuals listed on the registry have met minimal criteria including the completion of required training and testing to allow them to accept the delegated task of medication administration from a licensed RN or LPN while under nurse supervision. **Registry status does NOT imply that an individual has met moral, ethical, or legal standards and should not take the place of an employer's hiring screening process or background check.**
- ***Unlicensed Medication Aides:*** Licensed nurses in South Dakota may only delegate medication administration to Unlicensed Medication Aides (UMA) listed on the South Dakota Board of Nursing's registry. Registry status is valid for a two year time period; registry status may be verified on the Board's website: https://www.sduap.org/verify/. If the person is not listed on the registry a nurse may not delegate medication administration to that person.
  - o **UMA Renewal Notice**: UMA registrations will begin expiring in 2017; a renewal notice will be mailed to each UMA's last known mailing address 3 months prior to expiration. ***Please remind UMAs you work with to watch their mailbox for the renewal notice!***
    - o Renewal information is available at: http://doh.sd.gov/boards/nursing/MATPApproval.aspx
    - o For questions contact Ashley.Kroger@state.sd.us.

Prevent a Lapsed License:

- A lapsed nursing license is a serious violation of the Nurse Practice Act. A nurse that has a lapsed license must pay an additional fee to reinstate the license and may also incur discipline. Nurses that practice on a lapsed license may cause their employers to bear additional burdens. Facilities may lose reimbursement money, be cited for lack of compliance, or receive other sanctions by regulatory bodies.
- As a practicing nurse you are responsible and accountable to maintain an active license! The Board sends a renewal notice to an actively licensed nurse's *last known address* 90 days in advance. **Keep your address current!** You may change your address online at: http://doh.sd.gov/boards/nursing/address.aspx
- **Enroll in Nursys e-Notify**. This is a **free service** open to all licensed nurses. Once enrolled, e-Notify will automatically send the enrollee, a licensee or employer, license ***expiration reminders*** and status updates. https://www.nursys.com/EN/ENDefault.aspx

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SD Board of Nursing Seeks Interested Certified Nurse Midwife for Open Position on Advanced Practice Nursing Advisory Committee

The South Dakota Board of Nursing is seeking to fill an open position on their Advanced Practice Registered Nursing (APRN) Advisory Committee for one certified nurse midwife (CNM) open position.

The APRN Advisory Committee is a Board of Nursing appointed committee composed of the following South Dakota licensed APRNs: two CNMs, four Certified Nurse Practitioners, two Certified Registered Nurse Anesthetists, and two Clinical Nurse Specialists.

Committee involvement requires attending an annual meeting held in August and committee work throughout the year conducted by teleconference and e-mail. The Committee is responsible to assist the Board of Nursing in evaluating advanced practice nursing care standards and regulation.

CNMs interested in being considered as an advisory committee member should complete the application questions below and send along with resume/vitae to the Board of Nursing Office, attention Linda Young by November 6, 2017. The Board of Nursing meets on November 16 -17, 2017, at which time applications will be reviewed and new committee member selected. Applicants will receive a letter following the November meeting informing them of the Board's decision.

APRN Advisory Committee Application Directions:

1. Provide a copy of your resume/vitae including full name, SD and other state licensure information, and contact information.

Provide a type written response to the following questions:

2. Explain your interest in serving on the Advanced Practice Nurse Advisory Committee.
3. Describe your background education, experience in evaluating standards of APRN care, and experience in policy development.
4. Explain your ability to commit to serving a 3-year term, attend annual meeting in Sioux Falls (next meeting: August 24, 2018), and availability via e-mail or phone to provide direction to Board staff on APRN practice.

5. Submit application materials by November 6, 2017 to:
   Linda Young
   South Dakota Board of Nursing
   4305 S. Louise Ave, Suite 201
   Sioux Falls, SD 57106-4305

   Or Email: Linda.Young@state.sd.us
   Or Fax to Linda Young: 605-362-2768

Contact Linda Young at 605-362-2760 with questions.

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Leadership program

Presented by EmBe

The program is open to *all nurses* who are interested in expanding their leadership potential. Accepted participants must hold an active South Dakota nursing license, or multi-state compact license, and be practicing in the role of a nurse in the state of South Dakota.

APPLICATIONS FOR THE 2018 SIOUX FALLS PROGRAM ARE AVAILABLE NOW AT WWW.EMBE.ORG/LEADERSHIP AND ARE DUE DECEMBER 8, 2017

Contact Erin Bosch, at EmBe, for more information at 605-610-0665 or ebosch@embe.org

South Dakota's Nursing Workforce

Linda Young, MS, RN, FRE
Program Director, SD Center for Nursing Workforce
Nursing Program Specialist, SD Board of Nursing

The *South Dakota Nursing Workforce Supply and Employment Characteristics: 2017* [1] report presents information on the status of South Dakota's nursing workforce. The report provides valuable information and is intended to be a resource for individuals in planning, shaping and developing South Dakota's future nursing workforce. The report includes an analysis of employment data collected by the South Dakota Board of Nursing from each RN and LPN upon licensure renewal. Data in the report focuses on South

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Table 1. Actively licensed nurses in South Dakota.

Actively Licensed Nurses	2016	% Change	2014	% Change	2012
LPNs	2,549	+2.7%	2,483	+2.4%	2,424
RNs	17,693	+10.0%	16,084	+9.0%	14,762
CNMs	38	+18.8%	32	+14.3%	28
CNPs	848	+30.3%	651	+19.7%	544
CRNAs	454	+3.2%	440	+5.3%	418
CNSs	68	-4.2%	71	-4.1%	74
TOTAL	21,650	+9.6%	19,761	+8.3%	18,250

Note: The percent change reflects a comparison from the indicated year to the previous year.

Figure 1. LPN Age Distribution

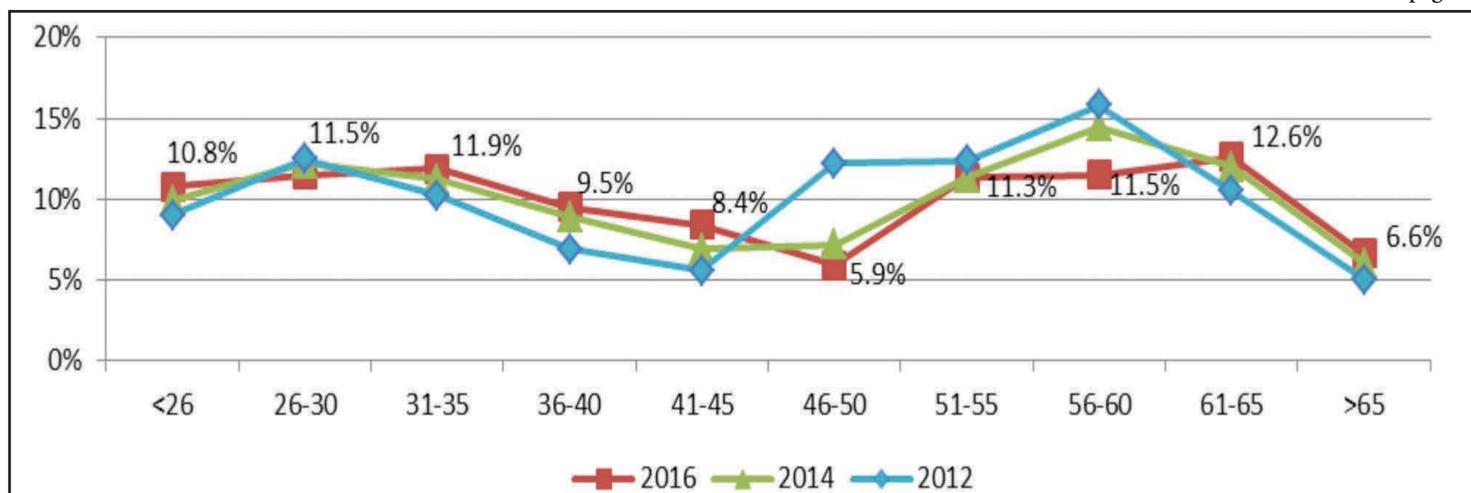
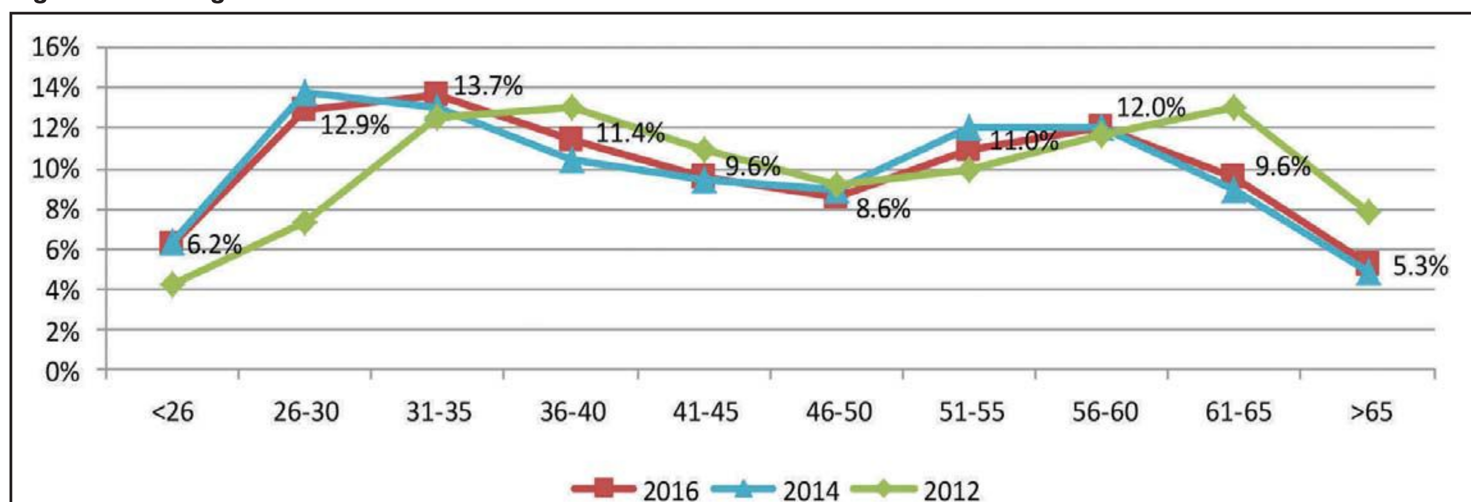


Figure 2. RN Age Distribution



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Dakota's nursing workforce characteristics and supply. Aggregate licensure data for registered nurses (RN), licensed practical nurses (LPN), certified nurse midwives (CNM), certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS) was compiled and analyzed and also includes information trended over time. The full report is available on the South Dakota Center for Nursing Workforce website, http://doh.sd.gov/Boards/Nursing/sdcenter.aspx.

As of December 31, 2016 licensure data revealed 17,693 actively licensed RNs, 2,549 actively licensed LPNs, 38 actively licensed CNMs, 848 actively licensed CNPs, 454 actively licensed CRNAs, and 68 actively licensed CNSs. Of the 15,353 RN licenses that were renewed, reactivated, or reinstated during the data collection period from January 1, 2015 to December 31, 2016, 15,350 completed the supply and employment data questions on their applications for a 99.9% response rate. Of 2,152 LPNs; 31 CNMs, 644 CNPs, 408 CRNAs, and 63 CNSs that renewed, reactivated, or reinstated their licenses, all of them completed the supply and employment data questions for a 100.0% response rate.

Supply data, presented in Table 1, demonstrated a positive growth in the total number of actively licensed nurses in every category with the exception of CNSs. South Dakota had an increase of 1,609 RNs from January 1, 2015 to December 31, 2016; licensure

Figure 3. APRN Age Distribution

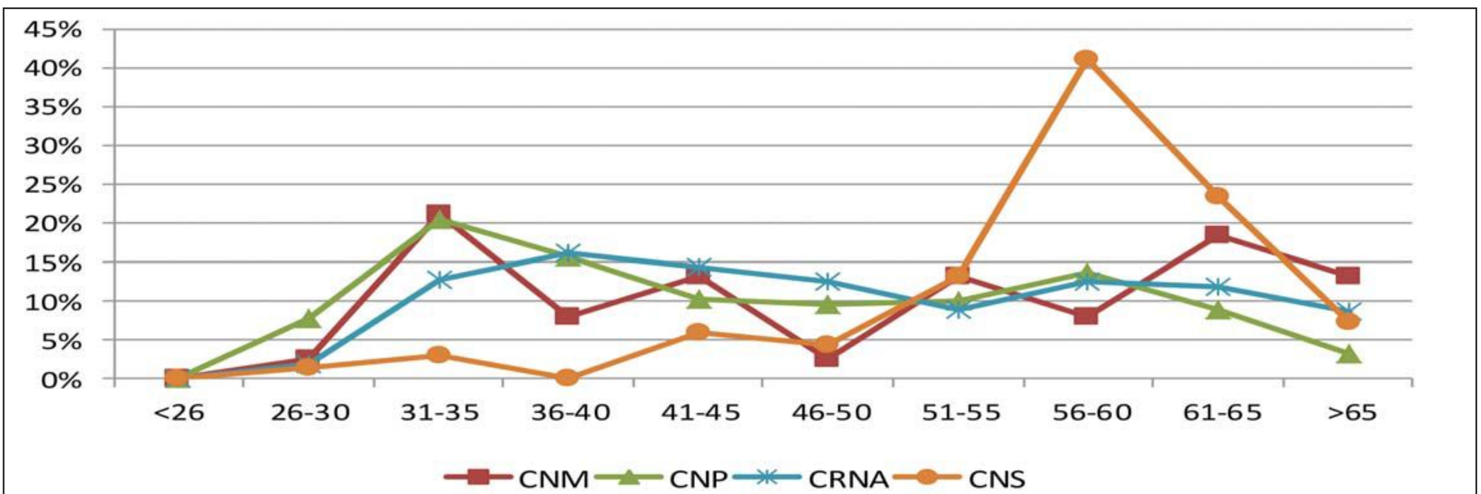


Figure 4: Employment Status of LPNs

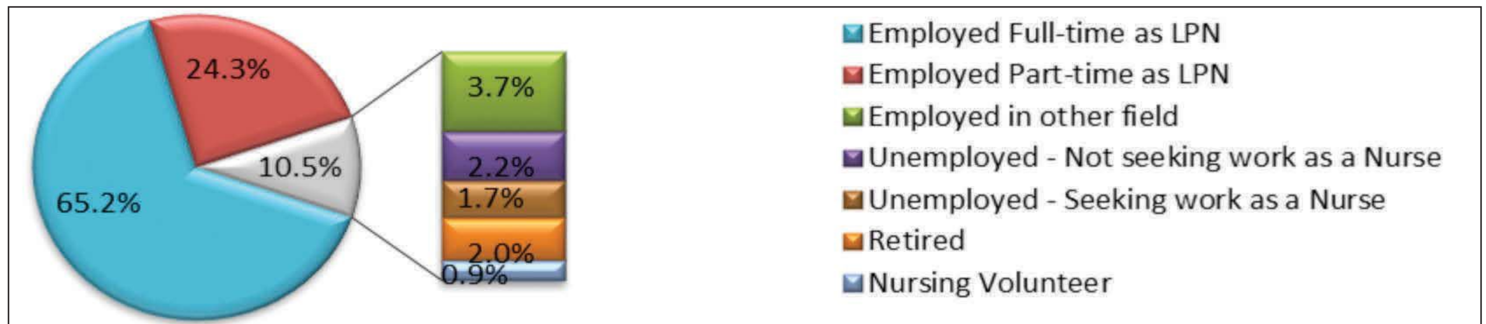
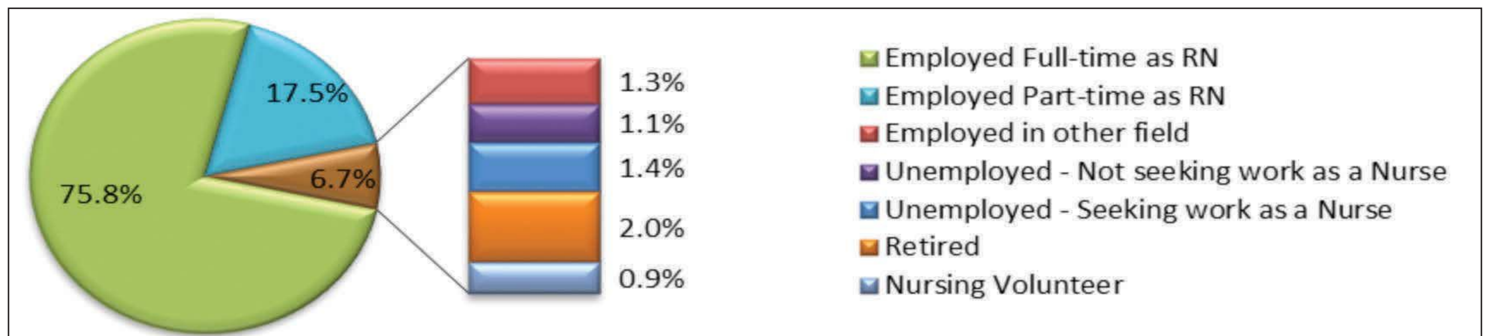


Figure 5: Employment Status of RNs



data revealed that 3,347 new RNs were licensed during this time period: 1,275 were added as new graduates, those who sat for exam, and 2,072 were added by endorsement from another state. Actively licensed LPNs also reflected a gain in numbers. The state had a total of 532 new LPNs added to the active supply, 348 were new graduates and 184 were added by endorsement. However the net increase of actively licensed LPNs as of December 31, 2016 reflected an increase of only 66 LPNs. Reasons for the loss of nurses were due to retirement, leaving profession, moving out of South Dakota, or inactivation of licenses.

Data continued to reflect that a majority of nurses in South Dakota were female. Only 8.7% of RNs and 4.7% of LPNs were male. The largest percentage of LPNs, 42%, were 51 years or older and their average age was 44.8 years, Figure 1. RN data revealed that almost 38% were 51 years or older and the average age of an RN was 44.6 years; Figure 2. Nearly 13% of RNs and 13.6% of LPNs indicated on their surveys they intend "to leave or retire from nursing within the next five years." Advanced Practice Registered Nurse (APRN) data reflected the average age of a CNM was 50.1 years, CNP was 45.1 years, CRNA was 48.7 years, and CNS was 56.8 years. Of CNS respondents, a large percentage, 72.1%, was 56 years or older and 27% of all CNS respondents indicated they intend to retire in the next five years, Figure 3.

Employment data continued to reflect a high percentage of actively licensed RNs and LPNs in South Dakota actively employed in the nursing profession, figures 4 and 5. Data revealed 89.5% of LPNs and 93.3% of RNs were employed either full-time or part-time in nursing positions. To maintain an active nursing license in South Dakota a nurse must provide evidence of employment or volunteer work as a nurse; a minimum of 140 hours in a 12 month period or an accumulated 480 hours within the past 6 years is required.

Most RNs and LPNs were employed in the following settings, hospitals, office/clinics, nursing homes/long term care, community/home health, and outpatient surgical during the data collection period. The majority of RNs were employed in the following three practice settings, hospital (48.9%), ambulatory care (13.4%), and long term care (9.1%); the majority of LPNs were employed in long term care (29%), ambulatory care (17.4%), and community/home health (10.3%) and hospital (9.9%). Percentages of nurses employed in these settings remained fairly consistent from previous workforce reports.

Employment data also revealed that a majority of positions held by nurses include staff nurse, clinic nurse, charge nurse, nurse management, and APN roles. Most RNs and LPNs reported that in their current positions 75-100% of their time is involved in direct patient care, 16.8% of RNs and 7.5% of LPNs indicated that their position did not involve direct patient care.

Consistent with previous nursing workforce reports

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Figure 6: Educational Preparation of LPNs in SD

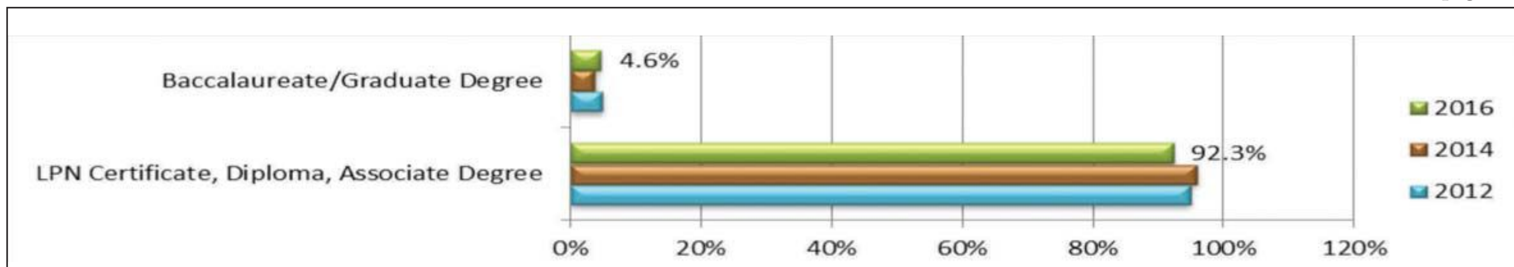


Figure 7: Educational Preparation of RNs in SD

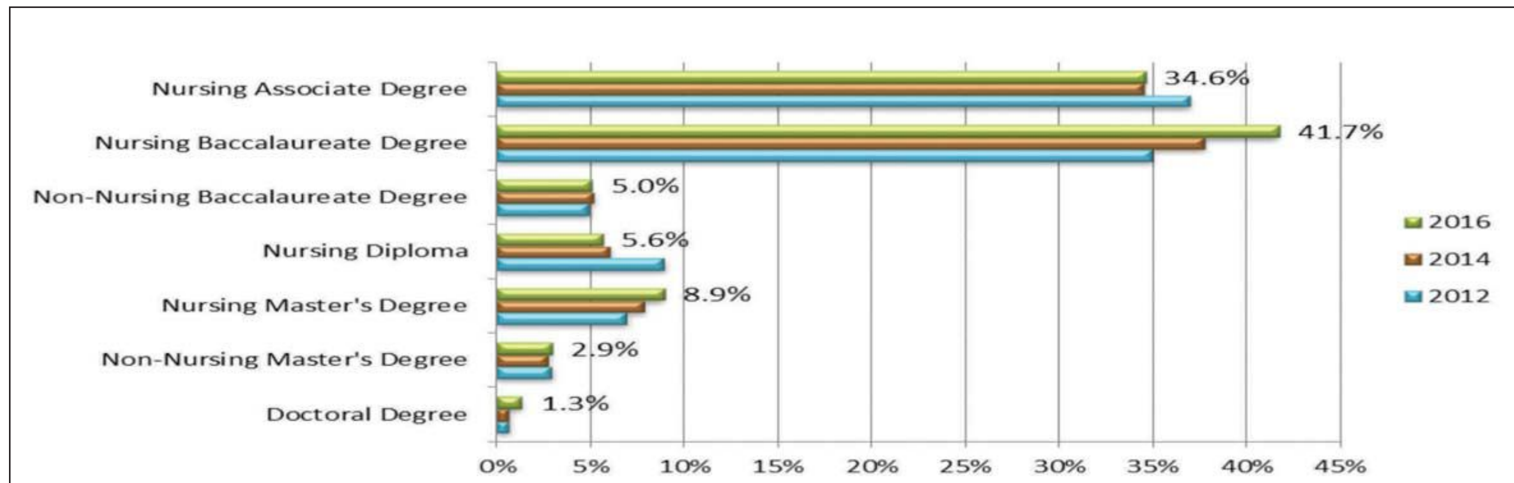


Figure 8: Educational Preparation of APRNs in SD

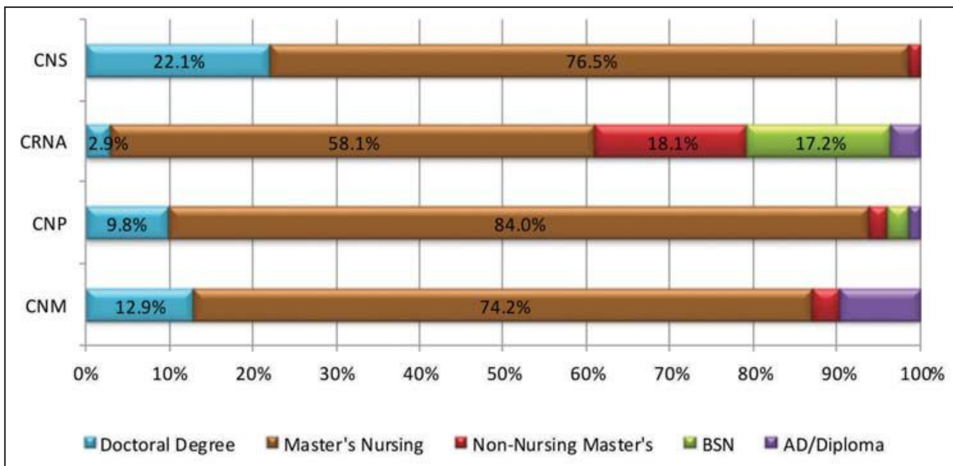


Figure 9: LPN Distribution in South Dakota

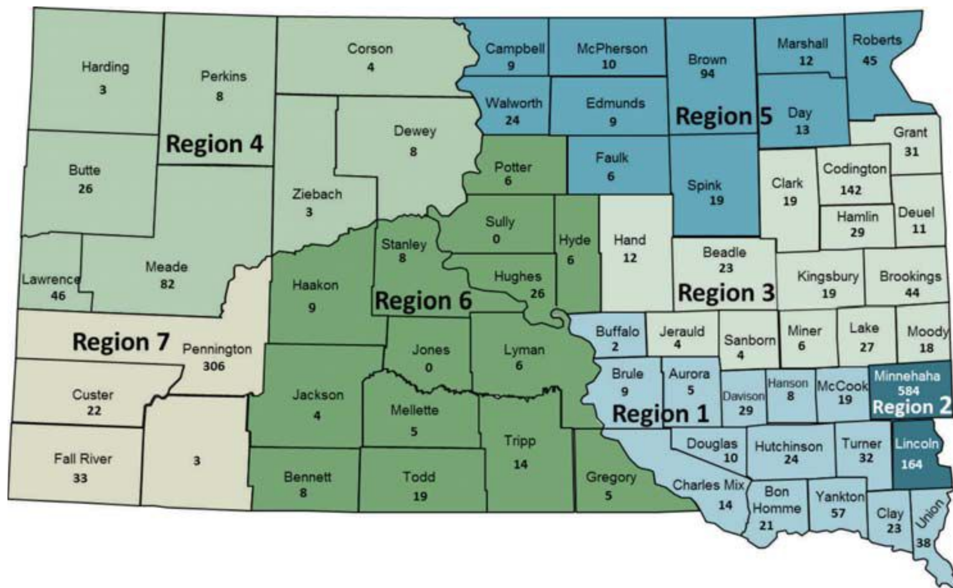
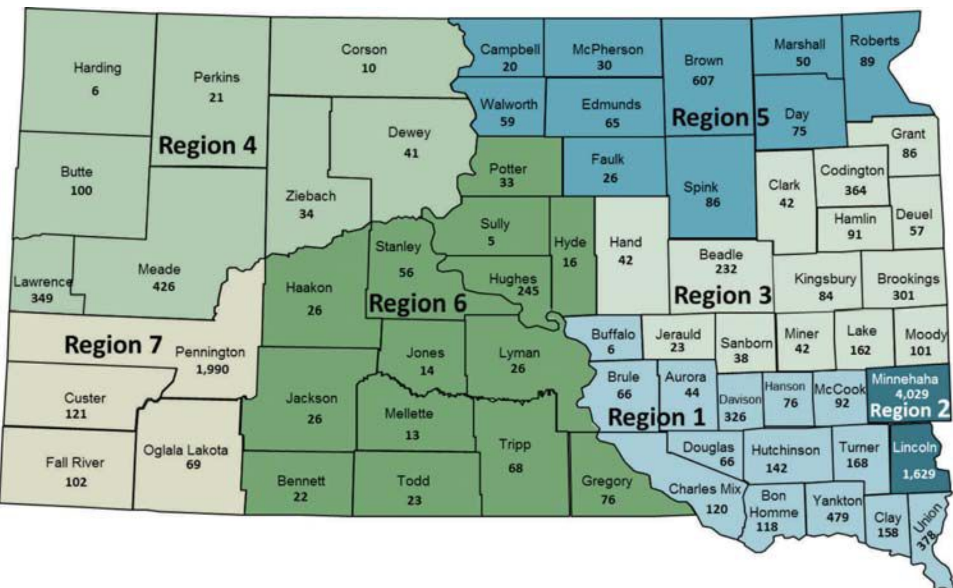


Figure 10: RN Distribution in South Dakota



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a majority, 92.3%, of LPNs indicated their highest educational preparation at the PN diploma, certificate, or associate degree level, Figure 6. Nearly 12% of LPNs reported they were "currently enrolled in education classes leading to an advanced nursing degree." Of those enrolled, 66% indicated they were seeking an RN associate degree and 34% an RN baccalaureate degree in nursing.

RNs highest educational preparation has shifted over the past six years and now reflects higher levels of nursing education. In 2011 the majority was prepared with a RN associate degree (39%) and only 33% of RNs were prepared with a RN baccalaureate degree. Now, in 2017, the majority, 41.7% are prepared with a baccalaureate degree in nursing, Figure 7. Diploma prepared RNs continue to steadily decline, in 2017 only 5.6% were prepared at this level compared to 10% in 2010 and 20% in 2002.

APRNs highest educational preparation remained fairly consistent from the previous report in 2015, Figure 8. The majority holds a master's degree as their highest level of education, however the percentage of APRNs prepared with a doctorate degree continues to increase.

The Institute of Medicine's (IOM) report, The Future of Nursing Leading Change, Advancing Health,[2] recommended increasing the number of nurses prepared with a baccalaureate degree to 80% by 2020. Baseline data in 2009 revealed SD had 39% of RNs prepared with a baccalaureate or higher degree. Data collected in this time period revealed 59.8% of RNs were prepared with a baccalaureate or higher degree; 20.2% short of the goal. The IOM report also recommended doubling the number of RNs prepared with a doctoral degree by 2020. SD had 65 RNs in 2009 prepared with a doctoral degree; to double this number SD needs 130. As of the 2017 data, SD now has 195 RNs prepared with a

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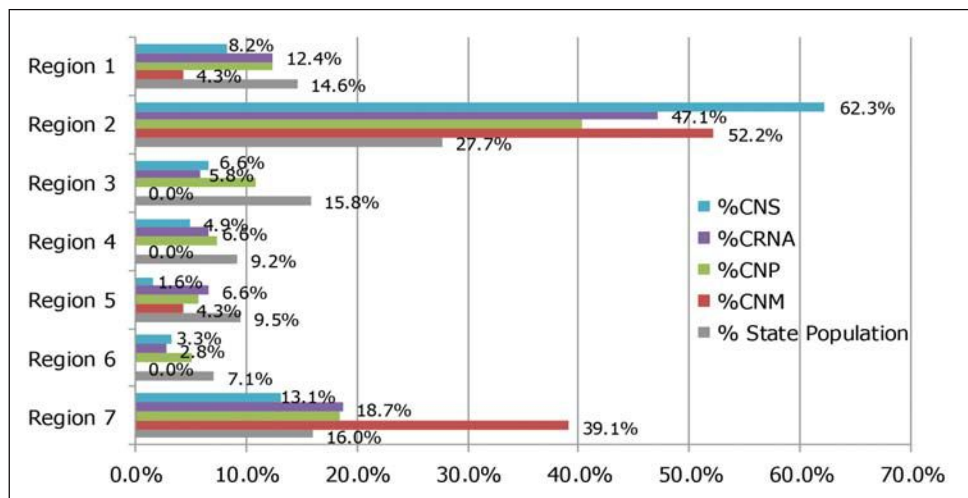
Figure 11: APRN Distribution by Region



doctoral degree. Additionally, almost 8% of the RN respondents indicated they were "currently enrolled in education classes leading to an advanced nursing degree."

The distribution of LPNs and RNs residing in South Dakota remained fairly consistent from previous nursing workforce reports. LPN data is shown on the map in Figure 9. RN data is shown on the map in Figure 10. Distribution of APRNs by region is shown in Figure 11. Additional information on LPN and RN distribution of nurses by age and county is included in the full report, access on the South Dakota Center for Nursing Workforce's website: http://doh.sd.gov/boards/nursing/RandP.aspx.

References:

1 South Dakota Center for Nursing Workforce, *South Dakota Nursing Workforce Supply and Employment Characteristics: 2017.*

2 Institute of Medicine of the National Academies (2010). *The Future of Nursing Leading Change Advancing Health.* www.iom.edu/nursing.

3 U.S. Census Bureau: QuickFacts, United States. Data derived from Population Estimates, American Community Survey. https://www.census.gov/quickfacts/table/PST045216/00 (accessed February 27, 2017).

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South Dakota's Center for the Prevention of Child Maltreatment

Contributed by University of South Dakota

The newly organized Center for the Prevention of Child Maltreatment (CPCM) has found a home with University of South Dakota School of Health Sciences. The CPCM was formed to implement the work plan produced by Jolene's Law Task Force and Coalition, which studied the impacts of child sexual abuse in South Dakota.

South Dakota State Senator Deb Soholt, a previous member of the South Dakota Board of Nursing, served as chair of the Jolene's Law Task Force and will continue as the chair for the CPCM Advisory Board. The Sioux Falls legislator and her colleagues on the task force spent three years creating a work plan to address and prevent sexual abuse of children. The work plan includes six goals and 48 objectives, which address statistics and benchmarking for preventing child maltreatment; public, private, and tribal health initiatives; mandatory reporter curriculum and training; reforming the criminal justice and child protection service response to child maltreatment; and public awareness of child maltreatment. "The Center was developed to continue the excellent work of the Jolene's Law Task Force and Coalition, improving our state's capacity to prevent and respond to child maltreatment," said Michael Lawler, dean of the University of South Dakota School of Health Sciences and a member of the Jolene's Law Task Force and Coalition. Carrie Gonsor Sanderson will serve as Director for the CPCM and will coordinate the center activities. Gonsor Sanderson previously worked as an Assistant United States Attorney in the United States Attorney's Office in Pierre, South Dakota. To learn more about the CPCM and efforts to end child sexual abuse and maltreatment in South Dakota, visit the CPCM website at www.usd.edu/cpcm.

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