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DAKOTA NURSE CONNECTION

South Dakota Board of Nursing
Delegation Decision-Making

North Dakota Board of Nursing
Adopts Practice Guidance for the Role of the Nurse in Sedation/Analgesia

NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING

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DAKOTA NURSE CONNECTION

SUMMER 2018
EDITION 63

SOUTH DAKOTA HIGHLIGHTS

NORTH DAKOTA HIGHLIGHTS

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

Summer Greetings to All of Our Readers of the Dakota Nurse Connection.

As most of you know, nursing is a self-regulated profession. The authority to carry out that regulation is vested with the Board of Nursing. We are a part of the Executive branch of state government and part of the Department of Health. A self-regulated profession is funded by licensure fees. The Board of Nursing relies solely on these fees for our operations. We do not receive any appropriations from the state to carry out our statutory obligations. The Nurse Practice Act, SDCL 36-9 and the administrative rules, Article 20:48 define the structure and functions of the Board of Nursing.

My message to you this quarter is related to the fees that you pay for nursing licensure. The Nurse Practice Act defines the fee structure. The statutes set the caps or the maximum amounts that can be charged for the various licensing functions. The administrative rules set the actual amount that is charged. As you can see, setting the fees requires legislative oversight.

The Board of Nursing is proud of the fact that we have managed our business in a manner that has not required a fee increase since 2003. However, after fifteen years, our expenditures are starting to exceed our revenue which necessitates a fee increase.

The Board of Nursing amended the administrative rules to increase the biennial licensure renewal fee from $70 to $95. We noticed the proposed amendments, received testimony and held a public hearing on the proposed amendments. We appeared before the Interim Rules Review Committee on July 9, 20018, for the final step in the rulemaking process. The amendments have been filed with the Secretary of State and become effective on July 29, 2018.

The fee increase will start on November 1, 2018. The Board issues a courtesy renewal notice 90 days prior to the renewal date. November licensees will be notified of the fee increase in August. The renewal fee also includes a $10 fee to fund a scholarship fund for nursing students and a $10 fee to fund the Center for Nursing Workforce. The total cost for renewal of a nursing license will be $115 every two years. This is comparable to our surrounding states.

Thanks for your understanding of the need to raise fees. We realize this is not welcome news. The self-regulation of the nursing profession is one of the reasons that nurses are at the top of the list for the most trusted professions in our country. Enjoy the remainder of the summer and I will be in touch with you again in the fall.

Sincerely,

Gloria Damgaard, Executive Director

A message from the Executive Director

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

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

Nurse Licensure Compact

The enhanced Nurse Licensure Compact (eNLC) recognized Louisiana as the 31st state to enact legislation. Several states continue to have eNLC legislation pending; however, the legislation did not move forward for any of the bills related to eNLC or APRN Licensure Compacts in Minnesota. To continue to watch the progress of the eNLC, please visit https://www.ncsbn.org/enhanced-nlc-implementation.htm.

The eNLC Rules Committee drafted and provided public notice for the second tier of proposed rules which would be effective January 1, 2019 once adopted. The purpose of the rule making process is to provide implementation guidance and clarification of the compact statute for licensees, employers, and state boards of nursing. The focus of the second tier of rules includes clarification of uniform data set and levels of access; dispute resolution among party states; and compliance and enforcement of the eNLC. The public hearing occurred June 29, 2018 at 2pm, and the eNLC commission will vote on final rules August 14, 2018. To review the proposed rules and follow the rule making process, please visit https://www.ncsbn.org/enlcrules.htm.

Committees and Meetings

The NDBON continues to participate on Governor Burgum's ND Nursing Workforce Shortage Taskforce and activities focused on curbing the opioid epidemic.

In April, the NDBON reviewed the joint statement developed by the ND Tri-Regulator Collaborative aimed to provide guidance on safe prescribing of controlled substances. The joint statement includes recommendations set forth by the National Transportation Safety Board. These recommendations included development of guidelines for prescribers to address the importance of discussing with patients the effects that a medical condition and medication use may have on the ability to safely operate a vehicle in any mode of transportation, even when taking the medication as prescribe. In May, the NDBON discussed and approved the joint statement. The joint statement will be taken to the ND Board of Pharmacy and ND Board of Medicine for consideration prior to full approval.

The American Association of Nurse Practitioner conference was held in June 2018. Many NPs from ND attended the conference, and the two 2018 State Award of Excellence recipients were honored. The conference welcomed 5,000 Nurse Practitioners from across the nation.

Danielle Skaar-Excellence in Clinical Practice.
Stacey Pfenning-Increasing Awareness and Recognition of Nurse Practitioners.

North Dakota NPs attend annual conference in Denver, CO.

The NDBON will continue to post news on licensure, education, practice, and pertinent legislative activities on the website. Watch for the Fall 2018 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

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NORTH DAKOTA BOARD OF NURSING 2018-2019 BOARD MEETING DATES

July 18th, 2018 Board Retreat
July 19, 2018 Annual Meeting
October 25, 2018
January 17, 2019
April 25th, 2019
July 18, 2019 Annual Meeting

Please note:
All meetings will be held in the Board office conference room, 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.

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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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. 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.
3. If you have any questions, please call 701-328-9777

NORTH DAKOTA BOARD OF NURSING

"CARDLESS" FOR PUBLIC SAFETY
Wallet licensure cards are no longer issued for:

RN & LPN Renewal
License by Examination
License by Endorsement
UAP/Technician/Medication Assistant III

www.ndbon.org

ND Board of Nursing invites nursing and non-nursing public members to participate on the Advisory Panel. Visit www.ndbon.org for information and application.

NURSES *Have you moved recently?*

Update your address on the N.D. Board of Nursing Web site: www.ndbon.org
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

April 2018

- The following were present and provided testimony to the board related to role of the RN in aesthetic nursing (SAAG present during public forum):

  Veseda Hoff, RN, Vice-President of the ND Medical Spa Association, owner of Image Medi-Spa; Tana Shereck, RN, Rejuv Medical Aesthetic Clinic; Shelly Botsford, FNP, Pure Skin Aesthetic and Laser Center. This topic will be on agenda for the May meeting for discussion and direction. The board reviewed written public comment submitted by Ronald Beare, CRNA, per his request, addressing the Ketamine Clinics in ND and the role of CRNA's in independent settings.

- Approved continuation of the Albertson project using the unused budgeted funds for the remainder of the fiscal year.

- Accepted the Nursing Education Committee recommendations to:
  - Find the progress report submitted by the Rasmussen College, School of Nursing, Baccalaureate Degree Nursing Education Program Nurse Administrator demonstrates alignment with approved plans for program implementation proposed with the June 2017 NDBON survey; and 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 Continue initial approval of the Rasmussen College Baccalaureate Degree Nursing Education program until July 2018; and require an onsite survey in June 2018.

  - Find the Northland Community & Technical College, LPN intravenous therapy course in full compliance with requirements for the LPN intravenous therapy course according to NDBON guidelines for licensed practical nurse intravenous therapy course, NDAC 54-05-01. standards of practice for licensed practical nurses and NDAC 54-03.2 standards for nursing education programs; and Granted initial full approval of the Northland Community & Technical College, LPN intravenous therapy course until April 2022; and require a paper survey in 2022 for continued approval.

- Reviewed the notification of renewal of recognition for the NDBON for a period of four years by the U.S. Department of Education as recommended by the National Advisory Committee on Institutional Quality at their February 2018 meeting.

- Accepted the request from nonpracticing nurse Mylynn Tufte to retake the NCLEX-RN and allow successful passing of the examination to serve as proof of nurse competence for reactivation according to NDAC 54-02-05-05 (3) d.

- Reviewed a summary of the NDBON Advisory Panel work addressing the inquiries related to the RN role in administration/monitoring of low-dose ketamine. The Advisory Panel also reviewed the following previously developed practice statements: "Role of RN in Administration of Anesthetic Agents" and "Role of RN in the Management of Patients Receiving Sedation/Analgesia for Therapeutic, Diagnostic, or Surgical Procedures." Based on the Advisory Panel feedback, research conducted by directors, review of prior statements, and SAAG input, the directors completed a draft practice guidance, "Role of the Nurse in Sedation/Analgesia," in March 2018. The board discussed disseminating the draft practice guidance to stakeholders throughout the state for public comment, including but not limited to ND Center for Nursing, ND Nurse Practitioners Association, ND Association of Nurse Anesthetists, ND Nurses Association prior to reviewing for approval.

- Patricia Moulton, Executive Director of the ND Center for Nursing presented an annual overview to the board of the ND Center for Nursing Strategic Plan and financial report.

- Accepted the assignments of action items from the Governor's Nursing Workforce Taskforce and support the use of necessary staff resources to complete the assignments. Action items include: provide a comparison between ND and other states of required practice and contact hours; and participate with team assigned to promote development of remote nursing education program sites to address rural needs. Did not support the use of staff resources for the following assignment as it does not fall within the mission or authority of the board: explore the impact and lost revenue to ND Education programs of out-of-state utilization of ND clinical sites.

- Reviewed the ND tri-regulatory collaborative a joint position statement developed for opioid prescribing/dispensing for each board (pharmacy, medicine, nursing) to review. The statement includes concerns addressed by the transportation industry. The document will be disseminated to prescribers after approval from all boards

May 2018

- The SAAG was present during public forum. The following individuals were present during open forum to address the board regarding the draft practice guidance related to the Role of the Nurse in Sedation/Analgesia:
  - Dr. Chris Meeker MD, FACEP, FAAEM, Vice President, Chief Medical Officer, Sanford Bismarck
  - Marshall Jones, MD, Chief of Medical Staff, OR Medical Director and Anesthesia Dept Chair

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- Mary Waldo, RN, Sanford Health – Bismarck, ER and Critical Access Hospital
- Deb Middleton, NP – Rural Health throughout ND
- Jacqueline Materi, CRNA – owner operator of Ketamine Clinic
- Dan Hagerty, FNP, Cooperstown, ND
- Correspondences submitted May 17, 2018 from ND Nurse Practitioner Association distributed.
- Document containing public comments collected between April convened meeting and May convened meeting provided to Board

- Approved the appointment of Andrew Askew as an alternate special assistant attorney general for the board.

- Approved the proposed 2018-2022 strategic plan.

- Accepted the Nursing Education Committee recommendations to:
  - Approve the Request of a Change of Degrees Offered for University of North Dakota College of Nursing and Professional Disciplines Master's and Doctor of Nursing Practice Programs as the Programs have Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request of an Increase in Enrollment for University of North Dakota, College of Nursing and Professional Disciplines, Master's Degree Psychiatric-Mental Health Nurse Practitioner Program as the Program has Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request of an Increase in Enrollment for Dakota Nursing Program Consortium, Dakota College at Bottineau (DCB) Minot, ND site, Certificate Practical Nurse and Associate Degree Registered Nurse Programs as the Programs have Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request of an Increase in Enrollment for Dakota Nursing Program Consortium, Lake Region State College (LRSC), Mayville, ND site, Certificate Practical Nurse Program as the Program has Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request for the Addition of an Associate Degree Registered Nurse Program to Site Established in Grand Forks, ND from Dakota Nursing Program Consortium, Lake Region State College (LRSC), as the Program has Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request for a Curricular Change and Overall Credit Hour Change for Program Completion for North Dakota State University, College of Health Professions, School of Nursing, LPN to BSN Program as the Program has Full Approval and the Changes Comply with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request for a Curricular Change and Overall Credit Hour Change for Program Completion for North Dakota State University, College of Health Professions, School of Nursing, Doctor of Nursing Practice, Family Nurse Practitioner Program as the Program has Full Approval and the Changes Comply with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request for an Overall Change in Credit Hours for Program Completion for Dickinson State University, Department of Nursing, Baccalaureate Program as the Program has Full Approval and the Change Complies with *NDAC 54-03.2-06-02. Programmatic Changes.*
  - Approve the Request for a Change in Student Learning Outcomes for Dickinson State University, Department of Nursing, Associate of Applied Science Practical Nurse Program as the Program has Full Approval and the Changes Comply with *NDAC 54-03.2-06-02. Programmatic Changes.*

- Approved the NDBON staff request for an extension of conditional approval of the United Tribes Technical College, associate degree practical nurse education program through October 2018 to accommodate 2018-2019 board meeting schedule changes.

- Approved the draft guidance statement *Role of the Nurse in Sedation/analgesia.*
  - Discussion: The Board reviewed the draft "Guidance Statement on Role of Nurse in Sedation/Analgesia" during their April 2018 meeting. The board had requested feedback on the draft statement. E-mails were sent to all licensed nurses, and the statement was posted on the board website and the ND Center for Nursing website and Facebook. The board offered an open forum for feedback and received and reviewed written comments from the past two months related to the proposed guidance statement. Two key concerns were identified through public comment. One related to the Family Nurse Practitioners as non-CRNA APRNs and one related to RNs monitoring and administering anesthetic agents outside of the guidance exceptions. One of the duties of the Board is to provide guidance or clarification of law and rules through guidance or practice statements. The practice guidance does not have the effect of law and rules. Licensee's and facilities must practice within scope of law and rules in ND and for further guidance, may utilize the Board adopted Decision-Making Framework for scope of practice clarification.

- Retired the following NDBON practice statements: *Role of the RN in Administration of Anesthetic Agents* and *Role of the RN in Management of Sedation/ Analgesia.*

- Approved the following draft statement developed by the ND Tri-Regulator Panel: *North Dakota Tri-Regulator Position Statement on Opioid Prescribing/ Dispensing*.

- Discussed national dialog surrounding APRNs scope of practice related to roles of designated specialties and population foci with regard to age groups of clients and primary vs. acute care delineations. Conversations relate to settings and population APRNs can serve within their certifications. The ND law and rules do not delineate settings for scope of practice. Staff recently met with local and regional facility representatives to discuss ND law and rules pertaining to this topic.

- Discussed communication from the ND Dept of Health (NDDoH) related to the Registry for Nurse Assistants and Medication Assistant I & II and the possibility of shifting operations of those registries from NDDoH to the Board of Nursing. According to the NDDoH, the Governor is looking at a 10% budget cut for state agencies and the NDDoH has identified the transfer and monitoring of these registries as a cost savings for the state. If transferred to the NDBON, the cost of maintaining the registries would be included in the licensure/registration fees of ND nurses and UAPs. Those registries were originally housed with the ND Board of Nursing, and in July 2011 were transferred to the NDDoH as a result of legislative change required by HB 1041. The NDDoH would continue to retain the CNA registry. Representatives from the NDDoH will be present at the July meeting to discuss potential legislation.

- Approved the draft minutes of the May 10, 2018 Finance Committee meeting as distributed.

- Accepted the Finance Committee recommendations to:
  - Approve monitoring ORBS progress and remain on the list for potentional future implementation.
  - Approve the Albertson proposal to continue with forms updates for security reasons for 2018-2019 with a portion to be completed in remainder of 17-18 FY.
  - Approve the five-year contract with Albertson Consulting as proposed
  - Approve the purchase of a desk for the new office as a fixed asset from reserve funds.
  - Accept the estimate from premier audio for board room audio/video as a fixed asset from reserve funds.
  - Approve the proposed 2018-2019 budget of $1,480,585 projected income and $1,468,415 projected expenses which included $80,000 designated for nursing education loan and $225,250 designated for ND Center for Nursing

NCSBN
National Council of State Boards of Nursing

Compact Connection provides NCSBN members with a status of compact advocacy.

Recent Events

Louisiana's governor has officially signed the enhanced Nurse Licensure Compact (eNLC) into law, meaning that eNLC membership will grow to 31 states once Louisiana implements the compact. Other states' bills are beginning to show progress as well: New Jersey's bill has passed favorably out of committee to the Senate floor.

Bills are still active in five other states: Illinois, Massachusetts, Michigan, New York and Rhode Island.

At NCSBN's IT and Operations Conference on May 16, NLC Director Jim Puente presented on important operational focus areas for NLC members.

Upcoming Events

Puente will again present on the NLC at the National Forum of State Nursing Workforce Centers 2018 Conference on June 7. Also on June 7, NCSBN State Advocacy and Legislative Affairs Associate Nicole Livanos will present an update on legislative initiatives, including the eNLC and APRN Compact, at NCSBN's Discipline Case Management Conference.

Resources

Members can familiarize themselves with the governance and processes of the eNLC via a number of new resources, including videos and online course materials, on the eNLC Training Resources webpage (login required).

For nurses and other stakeholders, the APRN Compact advocacy site and eNLC advocacy site are one-stop resources providing an overview of the compacts, a quick reference of each state's status, and a tool for site visitors to contact their local legislators and make their voices heard. NCSBN resources are also available in the NLC Toolkit on Hive. Follow NLC and APRN Compact legislation around the country on NCSBN's interactive iTrack page. Follow the eNLC on Facebook and Twitter, and follow the APRN Compact on Facebook and Twitter.

Thank you for your ongoing commitment to compact advocacy!

North Dakota Board of Nursing Adopts Practice Guidance for the Role of the Nurse in Sedation/Analgesia

At their May 17, 2018 convened meeting, the ND Board of Nursing (NDBON) officially adopted the practice guidance for *Role of the Nurse in Sedation/Analgesia.* The statement with references is posted online at https://www.ndbon.org/Practice/PracticeGuidance/Sedation_Analgesia.asp.

Guidance regarding the interpretation and application of the Nurse Practices Act may be adopted by the Board as a means of providing direction to licensees and stakeholders who seek to ensure safe nursing practice and address issues of concern relevant to public protection *[Nurse Practices Act (NPA), North Dakota Century Code (NDCC) 43-12.1-08 (2)(p)*].

Board approved practice guidance does not carry the force and effect of the law/rules. Each licensed nurse is "responsible and accountable to practice according to the standards of practice prescribed by the board and the profession"; and must "accept responsibility for judgements, individual nursing actions, competence, decisions, and behavior in the course of nursing practice" *(Standards of Practice, North Dakota Administrative Code (NDAC) 54-05-01-07 and 54-05-02-04).* "Competence" means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards *(NDAC 54-01-03-01(16).*

Background/Significance

The role of the nurse in the administration and monitoring of anesthetic agents for sedation/analgesia has recently been a national focus of regulatory concern and consideration due to the dynamic and evolving nature of the utilization of these medications.

The North Dakota Board of Nursing (Board) has received several practice inquiries related to the role of the registered nurse (RN) in administration and monitoring of anesthetic agents for a variety of indications and dosages in various settings. In response, the Board discussed the inquiries and reviewed existing practice statements pertaining to the role of the nurse in sedation/analgesia. In August 2017, an Advisory Panel convened to address the inquiries.

The advisory panel consisted of three registered nurses and two Certified Registered Nurse Anesthetists (CRNA) from various practice settings in ND. In addition, the Chair of the advisory panel was an Advance Practice Registered Nurse (APRN) Board member who is also a CRNA. The panel explored the RN role in administration and monitoring of anesthetic agents for sedation/analgesia in various settings, including levels of sedation, indications, and dosages. The following tasks were completed:

- Reviewed the related Board practice statements
- Reviewed current evidence-based nursing and healthcare literature
- Completed the Scope of Practice Decision-Making Framework adopted by the Board
- Provided input regarding current practice related to the RN role in administration and monitoring of sedation/analgesia

Definitions:

(1) Levels of sedation

- Minimal Sedation (Anxiolysis): drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.
- Moderate Sedation/Analgesia (Conscious Sedation): drug-induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- Deep Sedation/Analgesia: drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- General Anesthesia: drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

(2) The term "nurse" used in this document refers to the RN and the APRN who is not a CRNA.

This practice guidance is NOT intended to apply to:

- Deep sedation and general anesthesia.
- The practice of the licensed practical nurse (LPN), since the administration and monitoring of patients receiving sedation/analgesia is not within the scope of the LPN; or
- The practice of the nurse who holds licensure as an APRN in the role and population focus of CRNA functioning within his/her authorized scope of practice; or
- The nurse practicing in a critical care setting, where the client in question

is intubated, receiving mechanical ventilatory support, and continuously monitored; or
- The nurse administering nitrous oxide as a single sedative agent for anxiolysis/analgesia, which is not being administered concurrently with any other anesthetic agent or narcotic analgesic; or
- The nurse monitoring maternal self-administration of nitrous oxide during labor for anxiolysis/analgesia.

American Society of Anesthesiologists (ASA) also support the positions of the above nursing organizations. The Board also encourages the use of the adopted Scope of Practice Decision-Making Framework to guide the practice of the nurse.

Employing institutions should develop policies and procedures to guide the nurse in the administration of medications and client monitoring associated with sedation/analgesia. Policies and procedures should include but not be limited to:

- Performance of a pre-sedation health assessment by the licensed practitioner ordering the sedation/analgesia;
- Guidelines for client assessment, monitoring, drug administration, and a plan for managing potential complications or

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Role of the Nurse

All licensed nurses practicing in North Dakota are required to know and comply with the NPA (law) and NDAC (rules). *NDAC* 54-05-02-05 requires the nurse to *"promote a safe and therapeutic environment."* The NDAC 54-05-02-06 states the *"registered nurse is responsible and accountable for the care provided and for assuring the safety and wellbeing of the client."* This standard establishes the nurse's duty to the client, which **supersedes any licensed practitioner order or any facility policy.** This duty to the client requires the nurse to use informed professional judgement consistent with applicable law and rules when choosing to assist or engage in any procedure.

The law and rules are not prescriptive to specific tasks a nurse may or may not perform. The nurse should consider evidence-based practice guidelines put forth by professional organizations with clinical expertise in the administration of pharmacologic agents used for sedation/analgesia as well as advanced airway management and cardiovascular support.

Several professional specialty organizations have well-defined standards and recommendations for ongoing nursing education and competency assessment related to administration and monitoring of clients receiving sedation/analgesia. These organizations include the American Association of Nurse Anesthetists (AANA), the American Nurses Association (ANA), the Association of periOperative Registered Nurses (AORN), and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Statements published by the

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emergency situations developed in accordance with currently accepted standards of practice;
- Accessibility of emergency equipment and supplies;
- Documentation and monitoring of the level of sedation and physiologic measurements (e.g., blood pressure, oxygen saturation, cardiac rate, and rhythm);
- Documentation/evidence of initial education and training and ongoing competence of the nurse administering and/or monitoring clients receiving sedation/analgesia.

Pharmacologic Agent Considerations

It is up to facilities and licensed practitioners to determine specific pharmacologic agents to be used for sedation/analgesia. The Board advises the nurses use caution when deciding whether they have the competency to administer the specific pharmacologic agents ordered by the licensed practitioner. Since competency varies, what is within the scope of practice for one nurse is not necessarily within the scope of practice for another nurse.

Of concern to the Board is the growing number of inquiries related to nurses administering drugs commonly used for anesthesia purposes for sedation/analgesia for a variety of indications and dosages in various settings. It is critical for the nurse to appreciate the differences between *moderate sedation* and *deep sedation/anesthesia* (American Society of Anesthesiologists, 2014).

The client receiving anesthetic agents is at increased risk for loss of consciousness and/or normal protective reflexes, regardless of who is administering such agents. The loss of consciousness and/or protective reflexes may indicate progression into deep sedation, and this is not consistent with the concept of moderate sedation outlined in the professional literature.

According to the FDA product information, Propofol is classified as a sedative/hypnotic and is intended for use as an anesthetic agent or for maintaining sedation of an intubated, mechanically ventilated client. The product information for Propofol further includes a warning that "only persons trained to administer general anesthesia should administer Propofol for purposes of general anesthesia or for monitored anesthesia care/sedation." The clinical effects for clients receiving anesthetic agents such as Propofol may vary widely within a negligible dose range. Though reportedly "short-acting," it is also noteworthy that there are ***no*** reversal agents for Propofol.

Though the nurse may have completed continuing education such as, but not limited to, Advanced Cardiac Life Support (ACLS) and may have practiced techniques during the training program, this process does not ensure ongoing expertise in airway management and emergency intubation. The American Heart Association (AHA) has identified factors that contribute to misplacement of the endotracheal tube during resuscitation including: "inadequate training, lack of experience" and client characteristics such as physiology and movement. It is also important to note that no continuing education program, including ACLS, will ensure that the nurse has the knowledge, skills, and abilities to rescue a client from deep sedation or general anesthesia. Furthermore, it is the joint position of the AANA and ASA that, "because sedation is a continuum, it is not always possible to predict how an individual client will respond." These organizations state only qualified anesthesia providers who are trained in the administration of general anesthesia should administer anesthetic agents, including induction agents.

Practice Guidance

It is the position of the Board that the administration of anesthetic agents (e.g., Propofol, methohexital, ketamine, and etomidate) for analgesia/sedation is outside the scope of practice for nurses ***EXCEPT*** in the following situations:

- When assisting in the physical presence of a CRNA or anesthesiologist (the CRNA or anesthesiologist may direct the nurse to administer anesthetic agents in conjunction with the CRNA or anesthesiologist intubating or otherwise managing the client's airway);
- When administering these medications to clients who are intubated and mechanically ventilated in critical care settings;
- When assisting the licensed practitioner during an intubation procedure in an emergency setting;
- When administering these medications for relief of refractory symptoms in intractable distress in the dying client

During routine diagnostic or therapeutic procedures, the safety of the client must be considered when assessing the need for staff appropriate to the procedure being performed. It would not be prudent to presume that the licensed practitioner will be able to abandon the procedure to assist in rescuing the client, if complications arise.

The Board stresses that the nurse's duty to assure client safety is an independent obligation under his/her professional licensure that supersedes any licensed practitioner order or facility policy. It is important to note that the nurse's duty to the client obligates him/her to decline orders to administer medications or doses of medications that have the potential to cause the client to reach a level of deep sedation or anesthesia outside the presence of a CRNA or anesthesiologist.

The practice of administering and monitoring sedation/analgesia is a multispecialty discipline that will continue to evolve. The regulation of nurse sedation/analgesia practice remains fragmented and poorly documented nationally. Currently, there are three major controversies related to nurse sedation/analgesia practice that the Board will continue to monitor. They are 1) variation in regulatory standards and guidelines, 2) lack of research related to nurse sedation/analgesia practice, and 3) lack of nurse sedation/analgesia national standards. The Board will continue to monitor the development of evidence related to sedation/analgesia practices and outcomes that will further inform practice guidance for nurses.

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Frequently Asked Questions

Registered Nurse and Licensed Practical Nurse Practice:

REGISTERED NURSE AND LICENSED PRACTICAL NURSE PRACTICE:

Is it within the scope of practice of the licensed nurse to fill medication boxes for their clients when they do not have face to face contact with the client?

Pharmacists and pharmacy technicians dispense medication for clients while nurses administer medication to clients. The board of nursing supports the use of the medication boxes (or similar name) when utilizing the six rights of medication administration. RNs and LPNs may fill medication boxes for use by clients receiving health service in the community. The nurses would be filling the medication boxes from properly labeled bottles for a specific client to which they are providing care. Unlicensed assistive personnel may not fill a medication planner. This is an intervention that would not be delegated to an Unlicensed Assistive Person.

Is it within the scope of practice of the licensed nurse to give out drug samples?

Giving out drug samples is considered dispensing. The dispensing of medication is outside of the scope of practice of the licensed nurse.

It is within the scope of practice of the licensed nurse to hand a patient pre-packaged pharmaceutical samples with the original label and packaging intact or a medication that a physician or pharmacist has appropriately repackaged and labeled from a bulk container and following the guidelines provided:

1) Establish a policy and approved procedure to include the following points:

- An order must be written by the physician for the medication and if samples are going to be utilized the nurse may obtain the medications from the location in which they are stored. A procedure for signing out the sample must be in place in the organization.
- The physician or pharmacist should label the sample medication with the dose and instructions for administration.
- The instruction must be provided by physician/pharmacist on how to take the medication.
- Once that is completed and with the necessary components to meet the requirements for the state and federal regulations for dispensing, the nurse may provide the medication to the patient. Which is termed delivery or distribute, not dispensing.

NDCC CHAPTER 43-15 PHARMACISTS, Specifically, Subsection 43-15-01. Definitions.

6. "Deliver" or "delivery" means the actual, constructive, or attempted transfer of a drug or device from one person to another, whether or not for a consideration.

8. "Dispense" or "dispensing" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner or a nurse licensed under chapter 43-12.1 who is authorized by the practitioner to orally transmit the order that has been reduced to writing in the patient's record, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

9. "Distribute" means the delivery of a drug other than by dispensing or administering.

- Lastly, it is incumbent, upon the nurse to be educated and competent regarding the medication to include but not limited to indications, contraindications, and side effects, that is being delivered to the patient.

What is the role and responsibility of the licensed nurse for medication reconciliation?

The process for reconciliation of medication is the responsibility of the prescriber. The prescriber may include a physician or an advanced practice registered nurse with prescriptive authority. It is important to remember that a licensed nurse is not authorized or approved to sign orders that must be reconciled with patient medication. Medication reconciliation is a formal process for creating the most complete and accurate list possible of a patient's current medications and comparing the list to those in the patient record or medication orders. The purpose of reconciliation is to avoid errors that include but are not limited to transcription, omissions, duplication, dosing errors, or drug interactions.

Taking a medication history on admission has always been part of the nursing assessment, but the nurse is practicing beyond the scope of practice if she reconciles these medications without the prescriber's signature either in the computer or in the chart. There are many variations to this new practice and nurses need to be aware of what the medication reconciliation process is and what it is not, according to the regulatory requirement of their practice.

The suggested nursing procedure for admission medication reconciliation is the following:

1. Follow the policies and procedures relative to the electronic system utilized by the organization.

2. Collect and verify the patient's complete medication history.
3. Clarify that the medications and dosages taken by the patient are correct and enter the information into the patient's record.
4. Notify provider of updated list.
5. Licensed prescriber reviews the medications list and reconciles.

Reference:
JC Chapter: National Patient Safety Goals Standard: NPSG .03.06.01 Maintain & Communicate Accurate Patient Medication. Goal 3, Improve the Safety of Using Medications.

Can nurses or other non-pharmacy personnel re-label or repackage medications?

The re-labeling or re-packaging of medications is the sole purview of the pharmacy profession. The proper labeling, storage and cautionary information required, is the expertise of pharmacy. Registered Pharmacy Technicians can perform some of these duties, when the final product is checked by a pharmacist.

APRNs are allowed to dispense and label medications for dispensing, when serving their own patients, within their own practice. That practitioner is then solely responsible for what occurs in their office and with the dispensing to their patients. (Board of Pharmacy, July 2005).

Also refer to **Procedures for Residents/Patients Going on Pass from Long-Term-Care, including Basic Care and Assisted Living Facilities**

Can licensed nurses renew/refill prescriptions if there are protocols?

In ND, the RN (registered nurse) may renew/refill a prescription without consulting the prescriber by utilizing a protocol. Only the licensed health care practitioner (HCP) with prescriptive authority has the independent legal authority to prescribe medication. A protocol may be written maintenance prescriptions intended for continuation until their next scheduled visit. For example, the registered nurse receives a refill/renewal request from the pharmacist to the clinic. The registered nurse has no contact with the client but will consult the chart, assess the client's condition for stability and communicate the HCP's wish for the continuation prescription, effective through the next scheduled visit.

In ND, for the LPN (practical nurse), there must be an order written for a renewal, refill, or extension of a client prescription that allows the LPN to implement that client order.

What is the scope of practice for the graduate nurse?

The graduate nurse:

- Must practice under the supervision of a registered nurse while the "Work Authorization" to practice is valid.
- Must practice utilizing standards of practice for registered nurses or practical nurses which includes appropriate assignment of components of the nursing care plan. Therefore, assignment by the registered nurse to the graduate nurse of those skills acquired while in the nursing program is appropriate.
- Shall NOT be assigned to function in clinical leadership roles where on-unit supervision is not available.
- Shall NOT be employed in administrative positions that require licensed personnel according to the standards of the external regulating agency.

The *Guidelines for Employment of Graduate Nurses before Licensure* can be accessed in their entirety on the board's web site at **www.ndbon.org** – choose Nurse Licensure/License by Exam.

Who should I contact regarding practice issues when I am a multi-state licensed North Dakota nurse practicing in a participating Compact State? Whose jurisdiction am I under?

When you are practicing nursing in another Compact State you must

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abide by the Nurse Practices Act and Rules and Regulations of that state. You are under the jurisdiction of the regulatory board in the state in which you practice nursing and should contact the appropriate state board.

Can an employer require a licensed nurse to work longer than scheduled, or to work overtime? How many consecutive hours or shifts can a licensed nurse work?

The North Dakota Board of Nursing has no jurisdiction over work-place issues, such as schedules or number of hours worked, either consecutively, in a given time period or "on call." These situations are examples of employer-employee or contract issues. The refusal by a nurse to work mandatory overtime does not constitute patient abandonment and is not a violation of the NPA or Rules.

The NPA and Administrative Rules do emphasize the licensed nurse's responsibility to the client in providing safe and effective nursing care. In relation to overtime and or consecutive hours worked, each nurse must realistically evaluate his/her abilities to determine the number of hours in which he/she can safely provide nursing care. Only the individual nurse is aware of his/her physical, mental and or emotional fatigue and needs to communicate that condition to employer on a case by case basis. Nurses working too many hours may exhibit impaired judgment and inappropriate decision making.

How do nurse staffing requirements differ for Critical Access Hospitals (CAHs), compared to general acute care hospitals?

CAHs have more flexibility regarding staffing levels for nurses. NDCC 33-07-01.1-16(2b) states "a registered nurse must provide or assign to other personnel the nursing care of each patient, including patients at a skilled nursing facility level of care in a swingbed. The care must be provided in accordance with the patient's needs and the specialized qualification and competence of the staff available. When a registered nurse is not on duty, the nurse executive or another registered nurse designated as the nurse executive's alternate must be on call and available within twenty minutes at all times. It there are no patients in the facility, staffing must include at least one licensed nurse with a RN on call and available within 20 minutes." As in any health care setting it is incumbent on the practitioner to function within their role and scope. NDAC Article 54-05 Standards of Practice outlines the role and scope for the RN & LPN and are available on the website at **www.ndbon.org** then click on administrative rules and regulations.

Can an LPN or RN work in a position that is below the level of his/her licensure?

There are no laws or ND Board of Nursing rules that prohibit a licensed nurse from working in a position that is below his/her licensure. For further clarification please view the Board Guidelines – Students and Licensed Nurse Practice Parameters.

REGISTERED NURSE PRACTICE:

Must an RN sign behind or "co-sign" nursing interventions performed by an LPN?

In general, the Board does not recommend a nurse co-sign anything unless he/she has directly witnessed an act (such as narcotic wastage) or has gone behind another nurse and personally performed the same assessment with the same findings. Also, NDAC (Rules) do not require co-signatures. You must, however follow facility policy if it requires a co-signature. As discussed in the previous question, each licensed nurse is responsible for accepting assignments that are within the educational preparation, experience, knowledge, and ability of the individual nurse. Both LPNs and RNs are required to document the nursing care they render; each is held accountable for doing it accurately and completely.

The question of an RN co-signing after an LPN most often arises in situations when an attempt is made to expand the LPNs scope of practice by holding the RN responsible for expanded tasks performed by the LPN. The RN co-signing for something that is beyond the LPNs scope of practice does not legitimize the LPNs actions. A nurse never functions "under the license" of another nurse or licensed practitioner. Therefore, if a patient requires an initial comprehensive assessment performed by an RN, the assignment may not be given to an LPN. If such an assignment is inadvertently given to an LPN, he/she is responsible for notifying the nurse who made the assignment that it is beyond the scope of practice to perform the assigned task. Each nurse has a duty to maintain client safety that includes communication with appropriate personnel.

What is the role of the RN in management and/or administration of medications via epidural or intrathecal catheter routes?

As with all areas of nursing practice, the RN must apply the Nurse Practices Act and administrative rules to the specific practice setting. RNs and facilities should consider evidence-based practice guidelines put forth by professional specialty organization(s):

The ND Board of Nursing endorses the Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) clinical position statement on *"Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques."* (1/18/18)

The ND Board of Nursing

endorses the American Association of Nurse Anesthetists (AANA) Position Statement titled *"Care of Patients Receiving Analgesia by Catheter Techniques"* and the American Society for Pain Management Nursing (ASPMN) Position Statement titled *"Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques"* for non-obstetrical patients. (1/18/18)

The two ND Board of Nursing Practice Statements *"Role of the RN in the Management of Analgesia by Catheter Techniques for Obstetrical Patients"* and *"Role of the RN in the Management of Analgesia by Catheter Techniques for non-Obstetrical Clients"* were retired by the Board. (1/18/18)

LICENSED PRACTICAL NURSE PRACTICE:

Can a LPN initiate/develop the nursing care plan?

The Board recommends you review NDAC 54-05-01 Standards for Licensed Practical Nurses. NDAC 54-05-01-08 Standards of practice related to Licensed Practical Nurse scope of practice, the nursing process clarifies that the LPN participates in the development of the plan of care and modification to the ongoing nursing care plan. Only the RN may develop the initial nursing care plan and make a nursing diagnosis (NDAC Chapter 54-05-02 Standards of Practice for RNs). This difference between the LPN and RN scope of practice is based on differences in educational preparation of nurses licensed at each level as defined in the NDAC Chapter 54-03.2-06 Curriculum. The Nurse Practices Act and Administrative Rules and Regulations may be viewed in its **entirety** or printed from this website - **www.ndbon.org**.

Can a Licensed Practical Nurse supervise the practice of a Registered Nurse if the LPN has more years of experience in nursing?

No. The Licensed Practical Nurse practices under the direction of the registered nurse, advanced practice registered nurse or licensed practitioner. The LPN may monitor or supervise another LPN or unlicensed assistive person and report to an RN, APRN or licensed practitioner. Registered nursing practice constitutes a higher level of education, knowledge and skill than does the licensed practical nursing practice.

Can LPNs participate in health teaching of clients and their families?

Yes. The Board interprets NDAC 54-05-01-08(10): Health teaching of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the RN, APRN, or Licensed Practitioner. The LPN is participating in health teaching to promote, attain, and maintain the optimum health level of clients.

The **MISSION** of the Board of Nursing is to protect the public through the regulation of nursing licensure, practice and education.

The **Vision** of the Board of Nursing is to enhance human flourishing and inspire public confidence in the profession of nursing through regulatory excellence.

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South Dakota Board of Nursing Scheduled Meetings

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

September 13, 2018

November 15, 2018

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

Board Staff Directory

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Linda Young, MS, RN, FRE, Nursing Practice Specialist Concerning APRN Regulation and Practice, RN and LPN Practice, and Center for Nursing Workforce	Linda.Young@state.sd.us (605) 362-2772

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

RN/LPN Name	License Number		April Board Action
Ashley, Jimmi	P009106	•	Deny Request for Reinstatement
Bergstrom, Julie	R025444	•	Summary Suspension
Braudrick, Margie	ND L6425	•	Suspension of Privilege to Practice
Brown, Holly	R049555	•	Probation with Mandated HPAP
Burton, Florence	R049857	•	Probation with Mandated HPAP
Callaghan, Kristina	RN Applicant	•	Grant Licensure
Clipper, Karen	P011697	•	Letter of Reprimand with Remediation
Craig, Stacy	P009565	•	Letter of Reprimand with Remediation
Darden, Pamela	R048398	•	Voluntary Surrender
Fisher, Freddy	RN Applicant	•	Grant Licensure
Fuller, Carol	P002870	•	Voluntary Surrender
Merchen, Rhonda	R033500	•	Voluntary Surrender
Riddley, Jennifer	LPN Applicant	•	Grant Single-state Licensure
Rojero, Deena	P011236	•	Summary Suspension
Schmidt, Marsha	R031331	•	Deny Application to Reinstate Lapsed License
Swee, Blake	R045625	•	Suspension
Wilking, Janelle	P010718	•	Letter of Reprimand

RN/LPN Name	License Number		June Board Action
Bergstrom, Julie	R025444	•	Voluntary Surrender
Chapman, Megan	R037649	•	Voluntary Surrender
Fisher, Sonya	P009193	•	Probation Complete
Fox, Shelley	P010132	•	Suspension
Nelson, Kayla	P010875	•	Summary Suspension
Rojero, Deena	P011236	•	Suspension

Unlicensed Assistive Personnel Name	Registration Number		April Board Action
Songer, Brianna	M002707 Unlicensed Medication Aide	•	Revocation

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

Verify
Nurse Licensure and UAP Registration:
http://doh.sd.gov/boards/nursing/verificationlink.aspx

SOUTH DAKOTA Center for Nursing Workforce
Find workforce data and trends, future leadership training and summit information online: http://doh.sd.gov/boards/nursing/sdcenter.aspx

South Dakota Board of Nursing Meeting Highlights

April and June 2018

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 24 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.

Legislative/Rules:

A public hearing was held at the South Dakota Board of Nursing Office in Sioux Falls on June 28, 2018 to consider the adoption and amendment of proposed rules. The Board moved to formally adopt amendments ARSD Chapters 20:48:01, 20:48:06, 20:48:07, 20:48:15 and Article 20:62. Board staff appeared and presented the rules to the South Dakota Interim Rules Review Committee on July 9th; a motion to accept closure of the rules process was adopted. New rules will become effective on July 30, 2018. The effect of the new rules follows will be to:

- **Chapter 20:48:01** Update the definition in this section to add certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), certified nurse practitioners (CNP) and certified nurse midwives (CNM) to the definition of school.
- **Chapter 20:48:06** Raise the biennial renewal fees for RNs, LPNs, CRNAs and CNSs from $70 to $95. This change will become effective for any nurse renewing as of November 1, 2018.
- **Chapter 20:48:07** Update the approval of nursing education programs and add requirements for approval of advanced practice nursing programs.
- **Chapter 20:48:15** Repeal these rules. These rules were no longer needed with the enactment of the enhanced Nurse Licensure Compact in the 2016 Legislature and implementation on January 18, 2018.
- **Article 20:62** Update nurse practitioners and nurse midwives rules in accordance with amendments made to SCDL 36-9A by the 2017 legislature. Specifically:
  - Rules related to the joint regulation by the board of medicine and nursing were repealed.
  - The requirement for a collaborative agreement with a physician for licensure was repealed for all licensees that have completed a minimum of 1040 practice hours.
  - Biennial renewal fees were increased from $70 to $95, this change will become effective for renewals as of November 1, 2018.
  - New rules are added for the management of patient records, prescribing, and out of hospital birth practice.

Nursing Education:

April 19, 2018 Meeting

- The Board reinstated full status approval to Western Dakota Technical Institute for their practical nursing education program.
- The 2017 annual report of nursing education programs was presented. The report included a description of each program's curriculum, students, faculty, and program changes for 2017. The full statistical report can be found at https://doh.sd.gov/boards/nursing/Reports/2017SDBONAnnualEducReport.pdf. Following the report, the Board granted a motion to accept:
  - The practical nursing program reports and granted continuing approval for: Lake Area Technical Institute, Mitchell Technical Institute, Sinte Gleska University, Sisseton Wahpeton College, Southeast Technical Institute, and Western Dakota Technical Institute.
  - The RN associate degree program reports and granted continuing approval for Oglala Lakota College, Southeast Technical Institute, and University of South Dakota.
  - The RN baccalaureate degree program reports and granted continuing approval for: Augustana University, Dakota Wesleyan University, Mount Marty College, National American University, Presentation College, South Dakota State University, University of Sioux Falls, and University of South Dakota.

Nursing Education:

June 28, 2018 Meeting

- The Board accepted South Dakota State University's notification that as of May 11, 2018 Dr. Roberta Olson accepted the position of Interim Dean of their nursing education program.
- The Board accepted Mount Marty College's notification that as of June 1, 2018 Dr. Mary Anne Krogh accepted the position of Dean of their nursing education program and Dr. Jennifer Oakes accepted the position as Program Director for the nurse anesthesia program.
- The Board accepted the April 2018 on-site survey report and granted full approval status to Sinte Gleska University for their practical nursing education program.
- The Board approved prerequisite status for Western Dakota Technical Institute's LPN to associate RN program.
- The Board approved RN applicant scholarship awards.

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Nursing Practice:
April 19, 2018 Meeting

- The 2017 Annual Certified Nurse Midwives (CNM) Out-of-Hospital (OOH) Birth Report was presented. From 2008 through 2017, 426 women requested CNM services for an OOH birth. Of these women, 354 (83.3%) delivered in an OOH birth setting; 46 (10.8%) were referred to another provider for a hospital birth based on the OOH birth criteria listed in the CNM's OOH practice guidelines; and 25 (5.9%) were transported during labor to a hospital. In 2017 a total of 53 women requested an OOH birth, 46 delivered OOH; one woman was referred to another provider for a hospital birth; and 6 were transported during labor to a hospital.

June 28, 2018 Meeting

- The Board appointed Lisa VanGerpen, CNM to the Board's Advanced Practice Registered Nurse Advisory Committee for a three year term.
- The following motion was approved: the Board has determined that the following two situations are consistent with the practice of nursing pursuant to SDCL 36-9-3, 36-9-4, and ARSD 20:48:
    - Determining which medication to administer when an authorized prescriber orders more than one medication for the same therapeutic indication; and
    - Determining the dose to administer when an authorized prescriber orders an as needed, PRN medication with a range of doses.

Licensure / Registration:

- ***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.
    - 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), insulin administration tasks to Unlicensed Diabetes Aides (UDA), and dialysis tasks to Unlicensed Dialysis Technicians (UDT) who are 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 those tasks to that person.
- South Dakota is a member of the **Enhanced Nurse Licensure Compact (eNLC).** LPNs and RNs who hold a multi-state compact license are able to provide care to patients in other eNLC states, without having to obtain additional licenses. An LPN or RN who holds a single-state license can only practice in the state that license was issued.
    - South Dakota does not belong to the APRN compact; therefore all South Dakota issued CNM, CNP, CRNA, and CNS licenses are single-state.

- ***South Dakota's Active Workforce as of June 19, 2018:***

Licensed Workforce	Number
Licensed Practical Nurses (LPN)	2,596
Registered Nurses (RN)	18,446
Certified Nurse Midwives (CNM)	34
Certified Nurse Practitioners (CNP)	1,008
Certified Registered Nurse Anesthetists (CRNA)	489
Registered/Unlicensed Assistive Personnel Workforce	**Number**
Certified Nurse Aides (CNA)	10,281
Unlicensed Diabetes Aides (UDA)	102
Unlicensed Dialysis Technicians (UDT)	64
Unlicensed Medication Aides (UMA)	5,770

***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 also 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 conveniently 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 license ***expiration reminders*** and status updates to licensees or employers. https://www.nursys.com/EN/ENDefault.aspx

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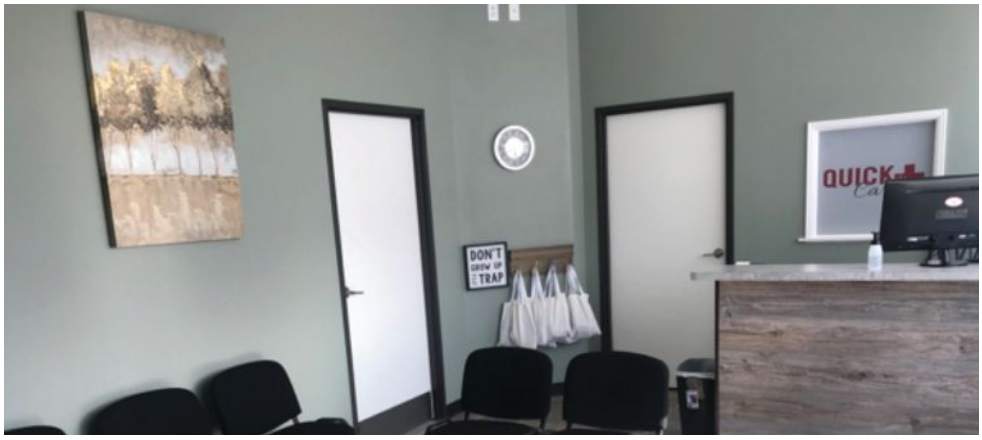
Full Practice Authority Allows Nurse Practitioners to Open Urgent Care Clinic in Watertown, South Dakota



By Linda Young, MS, RN, FRE
Nursing Practice Specialist, South Dakota Board of Nursing

South Dakota's legislature passed new laws in 2017 in SDCL 36-9A authorizing full practice authority for certified nurse midwives (CNM) and certified nurse practitioners (CNP). Major changes included removing the physician collaborative agreement requirement, placing the regulation of CNMs and CNPs under the sole jurisdiction of the Board of Nursing, and modernizing language in their scope of practice. Prior to practicing independently, CNPs and CNMs must practice a minimum of 1,040 licensed practice hours under an approved collaborative agreement with an experienced physician, CNP, or CNM.

Following the change in law, CNPs and CNMs have more flexibility to offer advanced practice nursing services to consumers. Their scope of practice generally includes conducting advanced assessments, ordering and interpreting diagnostic procedures, establishing primary and differential diagnoses, and prescribing, ordering, administering, and furnishing therapeutic measures such as medications, durable medical equipment, or nutrition therapy.

Since the change in law, two nurse practitioners, Melissa Magstadt and Holly York opened a Quick Care, urgent care clinic in Watertown in May 2018. They see patients on a walk-in basis from 7:00 AM to 7:00 PM Monday through Friday, and on weekends and holidays. According to Magstadt, patients with non-life threatening illnesses or injuries can be seen without an appointment.

In addition to Quick Care, Magstadt owns Simply Gorgeous Medical Spa in Watertown and has served South Dakota as a state legislator. Both she and York have many years of experience as CNPs in urgent care, emergency care, and other areas of medical care.

According to South Dakota's Nurse Practice Act, SDCL 36-9A, CNPs and CNMs are required to practice within their area of education, licensure, competence, and experience. CNPs and CNMs are accountable to collaborate with other health care providers and refer or transfer patients appropriately.

Magstadt and York only provide urgent care services only at their clinic. They refer patients that need ongoing management of a health condition, like diabetes, or a serious medical condition, like a heart attack, to either a primary-care provider or the emergency room. Magstadt says the clinic is a good option for individuals who have an urgent, non-life threatening health problem like an ear infection, sore throat, or sprain. The clinic also offers health examinations for those renewing a commercial driver's license.

The NPs educate patients to recognize the difference between types of care delivery settings. Urgent care clinics are designed to provide for urgent health needs, like ear infections when the primary care clinic is unavailable, while primary-care providers' manage patients' health conditions, like diabetes or blood pressure, and provide routine health maintenance checkups. Emergency rooms are designed for life-threatening health concerns like heart attacks. Magstadt and York promote and encourage patients to connect with a primary care provider.

Quick Care's goal is to provide quality care quickly with short wait times while attempting to keep patient's out-of-pocket costs down. Patients can use private insurance; however many save money by opting to pay Quick Care's baseline, non-insurance charge of $40. Affordable, accessible care is important to Magstadt who described their care model:

> *"We see a lot of the uninsured persons who make too much for Medicaid but don't have insurance. Or, if insured, it hardly helps when the deductibles are $5000! We had a patient yesterday who said "can I make payments on my bill here?" And I said, "Well, how does a $40 clinic bill sound to you?" And he said, "40 bucks? I can pay that!"*
>
> *We have really started making an impact on the working poor. So 90 percent of the patients we have seen have decided to pay cash because their deductibles are so high.*
>
> *We have the Lake Area Tech Institute here. Half of the students do not have insurance. They are returning to school as non-traditional students to develop a career. The tech school does not have student health, so we have partnered with them to provide those $40 clinic visits for that population as well. Love the excitement and energy of the young students."*

Magstadt and York's clinic is one example of the impact the legislative change has had to allow CNPs and CNMs greater flexibility to move practice forward and positively impact healthcare for South Dakota's consumers.

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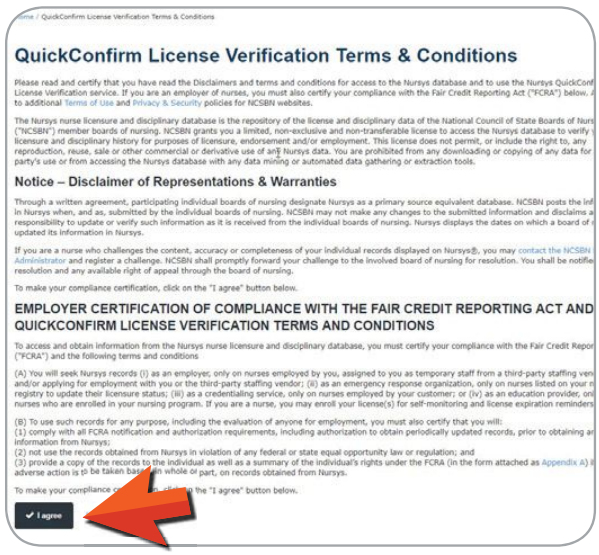
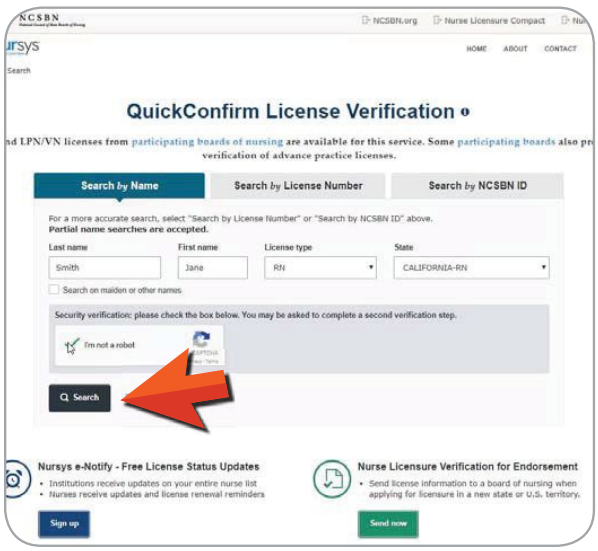
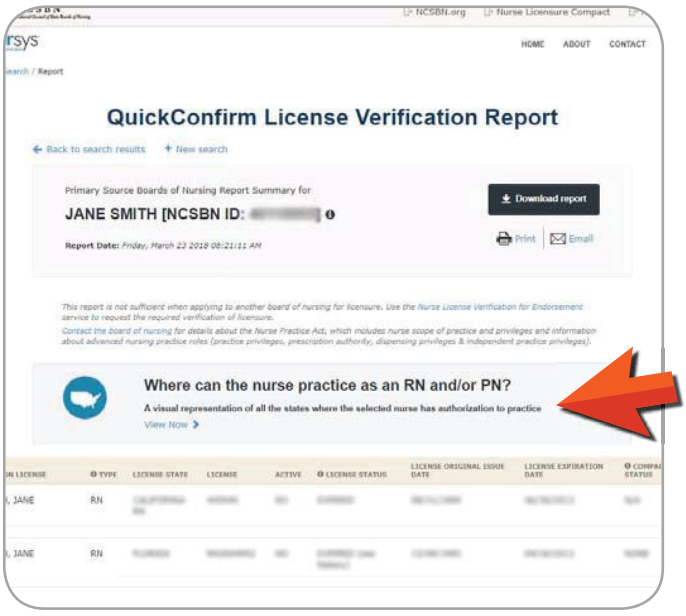


3. Enter the nurse's Name, License Number or NCSBN ID and click "Search."

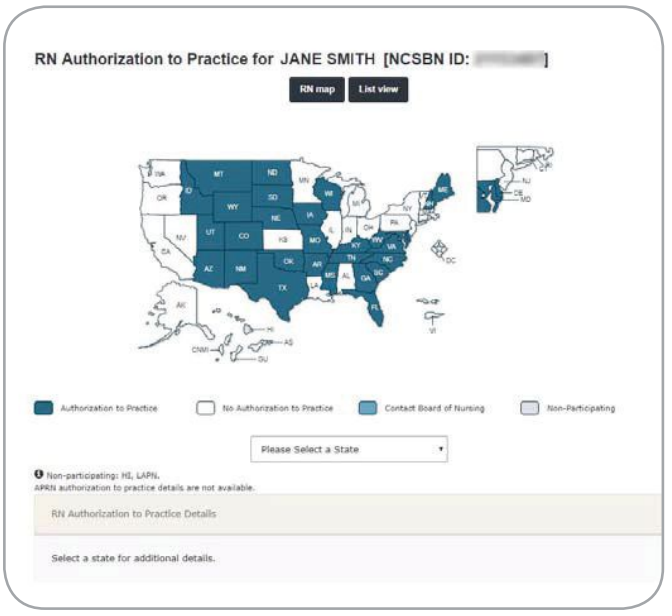


4. Find the nurse and click "View Report."

5. On the License Verification Report page, click "Where can the nurse practice as an RN and/or PN?"



6. View the results.



The South Dakota Board of Nursing Welcomes New Staff

Glenna Burg, MS, RN, CNE joined the South Dakota Board of Nursing in May 2018 in the role of Nursing Education Specialist. She is responsible for all aspects of the approval of nursing education programs. Glenna began her nursing education at Rapid City Regional Hospital School of Nursing and received an RN diploma; she then earned a baccalaureate degree in nursing from South Dakota State University (SDSU), a master's degree with a focus on nursing education from SDSU, and an educator certificate in informatics from the University of Colorado-Denver. Glenna is also certified as a nurse educator (CNE).

Prior to joining the Board, Glenna worked as an RN in a variety of settings in South Dakota, Minnesota, and Montana. She has 17 years of teaching experience; she spent her first two years teaching in the associate degree nursing program at Salish Kootenai College, a tribal college in Pablo, MT and 15 years teaching in the undergraduate and graduate programs at Montana State University in Bozeman, MT. When she is not working, Glenna enjoys spending time with her family, traveling, dancing, reading, and creating paper crafts.

Lauren Furth, is a nursing student at South Dakota State University (SDSU). She joined the Board of Nursing as a summer intern and is responsible for assisting board staff to process licensure applications and respond to applicants' questions. Lauren says she is learning a lot about the regulation of nursing, "after attending my first board meeting, I was impressed with the work accomplished by board staff and members to protect the public."

She received her baccalaureate degree in social work in 2015 from the University of South Dakota and became interested in becoming a nurse while interning as a social worker student in long term care and assisted living facilities. Lauren enjoys working with older adults and in rural community settings. She is currently a junior in SDSU's nursing program and anticipates graduating in 2019. Following licensing as a registered nurse, she intends to pursue a nursing career in rural settings and specializing in adult and geriatric patient care.

South Dakota Board of Nursing

Delegation Decision-Making

By Linda Young, MS, RN, FRE
Nursing Practice Specialist, South Dakota Board of Nursing

Escalating complexities and increasing demands for health care services compel nurses to delegate nursing care to unlicensed assistive personnel (UAP), to allow them to effectively manage their busy workloads. Delegating appropriately and effectively however is critical for safe client outcomes.

South Dakota's delegation rules serve as a guide to nurses in making important delegation decisions. The *Delegation Decision-Making Algorithm* was developed and approved by the South Dakota Board of Nursing at their November 2010 meeting to serve as a reference tool for nurses. The Algorithm may be accessed on the Board's website, http://doh.sd.gov/boards/nursing/Documents/DelegationAlgorithm.

An excellent position paper on nursing delegation was published by the National Council State Boards of Nursing (NCSBN), *Working with Others: Delegation and Other health Care Interfaces* (2005). This report defines delegation as an ongoing process that allows a nurse to accomplish nursing care for more clients than one nurse can provide alone. This article provides a basic summary of the report's recommendations specific to the laws and rules in South Dakota. To read the report in its entirety, visit https://www.ncsbn.org/Working_with_Others.pdf. Additionally, NCSBN and the American Nurses Association (ANA) issued a Joint Statement on Delegation. The intent of this statement is to provide practicing nurses guidelines for safe and effective delegation of nursing tasks. The statement may be accessed at https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf.

The first recommendation of the NCSBN report prompts nurses to consider their state Nurse Practice Act laws which provide the nurse the authority to delegate. SD's Administrative Rules on delegation by RNs and LPNs are located in 20:48:04.01, http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=20:48:04.01. It is important to remember that a delegating nurse is responsible and accountable to assess a situation and make the final decision to delegate and is responsible for the nursing care a client receives under the nurse's direction.

The following list in ARSD 20:48:04.01:01 provides guidelines to assist the nurse to make appropriate delegation decisions:

- The nursing task is one that a reasonable and prudent licensed nurse would find within the scope of sound nursing judgment to delegate;
- The nursing task is one that, in the opinion of the delegating licensed nurse, can be properly and safely performed by unlicensed assistive personnel without jeopardizing the client's welfare;
- The nursing task does not require unlicensed assistive personnel to exercise nursing judgment;
- The licensed nurse evaluates the client's nursing care needs before delegating the nursing task;
- The licensed nurse verifies that the unlicensed person is competent to perform the nursing task; and
- The licensed nurse supervises the performance of the delegated nursing task in accordance with the requirements of §20:48:04.01:02.

ARSD 20:48:04.01:07 further defines those tasks that a nurse may *not* delegate to a UAP:

- Assessments which require professional nursing judgment, intervention, referral, or follow-up;
- Formulation of the plan or nursing care and evaluation of the client's response to the care rendered;
- Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention, such as sterile procedures involving a wound or anatomical site which could potentially become infected; nasogastric tube feeding; nasogastric, jejunostomy and gastrostomy tube insertion or removal; tracheostomy care and suctioning and suprapubic catheter insertion and removal, with the exception of urinary foley catheterization;
- Administration of medications, except as permitted by §§ 20:48:04.01:10 and 20:48:04.01:11;
- Receiving telephone orders; and
- Health counseling and health teaching.

Remember, just because a UAP previously performed a task for one client does not mean the UAP can perform the task for all clients and in all situations or settings. Delegation is client and situation specific. To effectively delegate a nurse must assess the client and the situation. More complex or unpredictable care settings often require that the nurse perform the tasks themselves.

Nurses are required to provide the appropriate level and type of supervision. Criteria listed in ARSD 20:48:04.01:02 offer guidelines on determining the appropriate level of supervision needed:

- Stability of the client's condition
- Competency of the UAP
- Nature and complexity of the task delegated
- Your proximity and availability to the UAP when the task is performed
- You or another nurse is readily available either in person or by phone
- If the UAP is providing care in

a client's home, the time interval between supervisory visits by the licensed nurse, and whether the visit is conducted in person or via phone, is determined by nurse using the delegation guidelines mentioned above in 20:48:04.01:01. However the visit shall occur no less than once every 60 days to assure client safety.

Most often delegation is a shared responsibility among nurses. Nurses must:

- Be competent to perform the tasks/activities themselves;
- Have access to pertinent client and staff information, relevant agency policies, procedures and guidelines;
- Understand the role and scope of functions of UAPs in their settings;
- Be able to rely on nursing management to validate the credentials and qualifications of UAPs;
- Have the authority to enforce delegation and be available to communicate, observe and supervise the UAP and to provide consultation and direction as necessary;
- Share in the responsibility of assuring that UAPs have training, knowledge, skills and abilities to perform delegated tasks/activities according to agency policy;
- Communicate clearly and provide complete directions to the UAP on delegated tasks, and be aware of their knowledge level and capability to perform the task, including when to report to the nurse;
- Acknowledge that the UAP has accepted responsibility to accomplish the task delegated or understands the need to inform the nurse if they cannot accept the delegation because it is beyond their level of knowledge or skills, or if they cannot complete the task;
- Understand and inform the UAP that once a task has been delegated to him/her they cannot redelegate the task to another person. The nurse may delegate the task to another person;
- Allow the UAP to ask questions, clarify expectations and to seek additional education, training, or supervision; and
- Follow-up on problems or concerns and intervene in a timely manner. Examples of when to intervene: when tasks not completed in a timely manner or not according to expectations, and when the client's condition changes unexpectedly.

Finally, delegating effectively to UAPs can be an excellent way to *complement* the services of a licensed nurse while recognizing that UAPs *do not replace, or substitute for the nurse*. Through effective delegation nurses are able to safely expand the cares and services they provide, allowing them time to handle more complex client situations whilst promoting the development of UAPs and keeping healthcare costs down.

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South Dakota Board of Nursing
Delegation Decision-Making Algorithm

This is a tool to assist nurses in making delegation decisions. General criteria for delegation listed in the South Dakota Nurse Practice Act, ARSD 20:48:04.01:01, were used to develop this tool. The RN is responsible for the nature and quality of nursing care that a client receives under the nurse's direction. To achieve full utilization of the services of a RN or a LPN, the licensed nurse may delegate selected nursing tasks to unlicensed assistive personnel (UAP). UAPs may complement the nurse in the performance of nursing functions but may not substitute for the nurse. Unlicensed assistive personnel may not redelegate a delegated act. A licensed nurse in South Dakota is accountable to practice in accordance with the scope of practice as defined in SDCL Chapter 36-9. The delegating nurse is accountable for assessing a situation and making the final decision to delegate.

Can I delegate this task?

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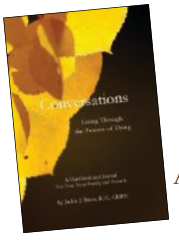

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