



# Massachusetts Board of Registration in Nursing

## Board News...

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The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice and nursing education

### Board Members

Sandra Kelly, RN/NP  
*Chairperson*  
Katherine Gehly, RN  
*Vice-Chairperson*  
Jennifer Dubose, LPN  
Karen Harwood-Green, RN  
Joan Killion, LPN  
Catherine Lundeen, RN  
E. Richard Rothmund,  
Public Member  
Mary Jean Roy, RN  
Catherine Simonian, RPh  
Robert Smith, LPN  
Cilorene Weekes-Cabey,  
RN

### Celebrating A Century of Commitment to Public Safety

Marking 100 years of public protection through nursing regulation, the Massachusetts Board of Registration in Nursing celebrated its centennial on October 29, 2010, at the Hoagland Pincus Conference Center, University of Massachusetts, Shrewsbury. Over 120 nurses from across the state attended the day-long event. In her welcoming remarks, Board Chairperson, Sandra Kelly, MS, RN/NP, noted that the volunteer members of the Board and its staff are dedicated to ensuring integrity, transparency, professional dialogue and excellence in regulatory practice as the Board carries out its public protection mission. Ms. Kelly also noted that the Board, which regulates the practice of more than 130,000 nurses as well as the operation of 72 RN and LPN education programs, is a recognized leader in nursing regulation and "...its commitment to patient safety is evidenced by the Board's willingness to engage in partnerships and collaborative dialogue with its constituents; to make evidence-based policy decisions; and to promote a patient safety culture that recognizes nursing as a complex process requiring both safe, competent nursing practice and the safest possible practice environments".

In addition, Department of Public Health (DPH) Commissioner, John Auerbach, in his welcoming remarks, recognized the Board's exceptional nursing leadership and outstanding service. Former State Representative Mary Grant, RN/PC, presented a Governor's Citation to Ms. Kelly for the Board's 100 years of dedicated service to the citizens of the Commonwealth, as well as a Resolution on behalf of the Massachusetts General Court honoring the Board on the occasion of its centennial celebration. Myra Broadway, President, National Council of State Boards of Nursing, also recognized the Board's leadership in nursing regulation over the last 100 years.



MA Board of Registration in Nursing Chairperson, Sandra Kelly, MS, RN/NP, receives recognition honoring the Board's exceptional nursing leadership and outstanding service on behalf of the citizens of the Commonwealth from DPH Commissioner, John Auerbach.

The day's key note speaker, Barbara Blakeney, MS, RN, Innovations Specialist, The Center for Innovations in Care Delivery, Massachusetts General Hospital, highlighted promising advances in technology and their implications for health care during her presentation. Other presenters included:

- Alice Bonner, PhD, RN, FAANP, former Director, DPH Bureau of Health Care Safety and Quality: "Care Transitions: An Imperative for Nursing Leadership";
- Teresa Anderson, PhD, MSW, Director of Program Evaluation, Center for

Health Policy and Research, University of Massachusetts Medical School, and Carol Silveira, MS, RN, the Board's Assistant Director: "Providing Safe Medication Administration in Massachusetts Nursing Homes – Phase I"; and

- Maureen Sroczynski, RN, MS, former Chief Nursing Consultant, MA Department of Higher Education/CEO Farley Associations, Inc.: "The Journey to the Future for Nursing: What's Coming and How to Get There."

Attendees enjoyed 34 poster presentations from professional nursing organizations and student nurses which were displayed throughout the day along with a slide show produced by nursing historian, Mary Ellen Doona, RN, describing the Board's history. At the conclusion of the day, one attendee commented that this was a "fantastic event to celebrate our profession, share our history and evidence as a profession, and network with so many different nurses!"

### **Board Members Elect Fiscal Year 2012 Officers**

At their June 2011 meeting, Board members re-elected Chairperson, Sandra Kelly, RN/NP, and Vice-Chairperson, Katherine Gehly, RN/NP, as the Board's Fiscal Year 2012 officers.



Executive Director, Rula Harb (far left), congratulates Sandra Kelly (center left) on her re-election as Board Chairperson as Vice-Chairperson Katherine Gehly (center right), and Deputy Executive Director, Caron Robertson (far right), look on.

An experienced advanced practice RN, Ms. Kelly was appointed in 2008 by Governor Patrick to one of the Board's two Advanced Practice seats. She is a Nurse Practitioner at the Dana Farber Cancer Institute.

An experienced nurse educator and clinician, Ms. Gehly is the Assistant Division Dean for Nursing, Middlesex Community College. She was initially appointed by Governor Patrick in 2008 to the Board's Associate Degree educator seat; she was then reappointed in 2010.

For a list of the Board's Fiscal Year 2012 meeting dates, visit our website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn), click on "About the Board of Registration in Nursing" then click on the link to the Board calendar.

### **Open Seats on the Board**

During its December 2010 meeting, the Board extended its sincere thanks to former member, Paulette Remijian, MS, RN/NP, for her many years of service and invaluable contributions to the mission of the Board. In addition to the advanced practice/direct care seat vacated by Ms. Remijian, other available seats on the Board include: RN, baccalaureate and higher degree program; RN, LPN education program; LPN, long-term care; physician and consumer.

If you are interested in applying for a gubernatorial appointment to one of these seats, visit the Board Appointment page, Division of Health Professions Licensure website, at [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards).

### **Board To Amend Sections of Advanced Practice Regulations to Enable Nurse Anesthetist Prescriptive Practice**

Governor Patrick signed Chapter 191 of the Acts of 2010: *An Act Relative to Nurse Anesthetists* into law last July granting Board-authorized nurse anesthetists the authority to order tests and therapeutics as well as to prescribe medications for the “immediate peri-operative care” of a patient. The “immediate peri-operative care” of a patient is defined, according to the new law, as the period beginning the day before surgery and ending when the patient is discharged from post-anesthesia care. The new law also clarifies that the administration of anesthesia by a nurse anesthetist directly to a patient does not require a written prescription.

The new law requires the Board and the state Drug Control Program (DCP) to implement new regulations at 244 CMR 4.00 and 105 CMR 700 respectively to enable nurse anesthetists to prescribe medications and order tests and therapeutics. To that end, the Board worked with the DCP and the Board of Registration in Medicine (BORM) throughout last fall to coordinate draft revisions. A public hearing was jointly conducted by the Board and the DCP on January 26, 2011. During its February 2011 meeting, the Board, following its review of the public hearing comments, approved 244 CMR 4.00 amendments to enable nurse anesthetists to engage in prescriptive practice. Technical amendments were subsequently offered by the Massachusetts Nurse Anesthetist Association and approved by the Board at its June 8 meeting.

Final amendments to 105 CMR 700 are pending approval by the Public Health Council at this writing. Concurrent with this process, the BORM is developing guidelines for non-anesthetist physician supervision of nurse anesthetists. Once the new regulations are promulgated by the Board and the DCP, nurse anesthetists will be better able to assess and evaluate patients for anesthesia by ordering diagnostic tests such as blood work, EKGs and pulmonary function tests, and medications including antibiotics, prophylactics for nausea and analgesics.

### **Proposed Revisions to Board’s Advanced Practice Nursing Regulations**

The Board is moving ahead with the promulgation of its proposed revisions to 244 CMR 4.00 during Calendar Year 2011. As a first step, the Board, at its February 2011 meeting, directed staff to solicit comments from the advanced practice nursing community including the Board’s former 244 CMR 4.00 Task Force, Massachusetts Clinical Nurse Specialists, the National Association of Clinical Nurse Specialists and other state nursing boards to confirm the currency and relevance of the revisions, first approved by the Board in 2006 based on the Task Force recommendations. The Board is also working with the MA Board of Registration in Medicine relative to the Board’s proposed revisions to its prescriptive practice regulations, as required by Massachusetts General Law, Chapter 112, section 80B.

As the process of revising the regulations governing advanced nursing practice moves forward, information will be posted on the Board’s website.

### **Use of Social Networking by Nurses**

The use of electronic social media by health care providers is an emerging issue confronting regulatory boards, employers, nursing education programs and professional organizations. In recent months, the Board has reviewed cases involving allegations of nurses who have inappropriately posted patient-related information or images on social networking media such as Facebook. The Board takes this opportunity to remind nurses that they are responsible and accountable for, as outlined at 244 CMR 9.03:

- Safeguarding patient information, privacy and confidentiality from any person or entity, or both, not entitled to such information;
- Safeguarding a patient's dignity and right to privacy;
- Sharing appropriate patient related information only as required by law or for the protection of the patient as authorized by law;
- Establishing and observing professional boundaries with respect to any patient with whom he or she has a nurse/patient relationship;
- Continuing to observe professional boundaries with his or her former patients who may be vulnerable by virtue of emotional status, age, illness or cognitive ability;
- Not initiating or maintaining a nurse/patient relationship that is likely to adversely affect the nurse's professional judgment; and
- Not engaging in conduct that fails to conform to accepted standards of nursing practice or in any behavior that is likely to have an adverse effect on the health, safety or welfare of the public.

### **Board Seeking Expert Witnesses**

The Board is seeking qualified and experienced nurses licensed by the Board with diverse nursing education, knowledge and skills to provide expert witness services regarding matters under review, investigation or adjudication by the Board involving a nurse. Expert witness services may include case record review, preparation of a written opinion, meeting with Board personnel or expert testimony at an adjudicatory hearing. Services will be performed on an as needed basis with a variable number of hours. Remuneration will be \$35/hour for an RN and \$40/hour for an APRN. An applicant for Expert Witness must:

- Hold a current and valid license in Massachusetts as a registered nurse (RN) or Board authorization as an advanced practice registered nurse (APRN);
- Have worked as a licensed nurse within the last twelve (12) months in clinical nursing practice, nursing management, nursing administration or as a nursing educator;
- Have detailed knowledge of the scope and standards of practice for LPN, RN or APRN in Massachusetts;
- Be able to write clear, succinct expert opinions;
- Be available to testify at scheduled administrative proceedings; and
- Be of good moral character with no disciplinary action or restriction taken on a license held in any jurisdiction.

Areas of particular focus may include medication administration, documentation, substance abuse, impaired practice, confidentiality, patient rights, professional boundaries, patient abuse and neglect, long term care related issues and scopes of practice. All qualified individuals who are interested in working with the Board as an Expert Witness are encouraged to email their resumes with a statement of interest to the attention of Dean Hawthorne at [Dean.D.Hawthorne@state.ma.us](mailto:Dean.D.Hawthorne@state.ma.us) for review and to receive further information on contracting with the Commonwealth of Massachusetts, Department of Public Health, Division of Health Professions Licensure.

### **Board Adopts New CORI Policy Establishing CORI Access Guidelines**

The Board has adopted a new Criminal Offender Record Information (CORI) Policy which establishes guidelines for the Board's compliance with the Department of Criminal Justice Information Services (DCJIS) as well as all other applicable laws and regulations regarding proper access and decision-making practices based on information obtained in CORI reports. Among the new guidelines: CORI checks will only be conducted as authorized by the DCJIS; all personnel authorized to review CORI in the decision-making process will be thoroughly familiar with the DCJIS educational materials; and Board actions based on information obtained in CORI reports will be consistent with current Board policies and guidelines, and any applicable laws or regulations.

### **Board Initiative to Insure Integrity of MA Nurse Licensure Records**

On June 3, 2011, the Board will complete a two-year NURSYS Data Integrity Project to enhance the availability and completeness of its nurse licensure records within NURSYS, an electronic nurse licensee database hosted by the National Council of State Boards of Nursing (NCSBN). This initiative was supported by a grant from the NCSBN. An additional two-year grant has been requested to continue the NURSYS Data Integrity Project to assure the accuracy of Massachusetts nurse licensure records.

### **Board Reviewing NURSYS Discipline Data To Insure Public Protection**

The Board and the Office of Public Protection, Division of Health Professions Licensure, has been working since 2009 to identify all Massachusetts licensees who have been disciplined in another US state or territory to determine whether such licensees have been disciplined in Massachusetts or if further Board review or action on the matter was required. This effort is designed to address the issue of nurses moving from state to state to avoid board discipline.

### **The Board on the World Wide Web**

Communication with licensed nurses, employers, schools of nursing, other regulatory agencies, professional organizations and the public is an important Board priority. The Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) is a recognized source of up-to-date information about nurse licensure and advanced practice nursing authorization including primary source verification and answers to license renewal FAQ's, basic and continuing education, nursing practice and the National Council Licensure Examination (NCLEX).

### **Board Appoints Diane Hanley To Serve on Medical Board's Quality and Patient Safety Committee**

Former Board Chairperson, Diane Hanley, MS, RN, was appointed by the Board to be its representative to the Board of Registration in Medicine's Quality and Patient Safety (QPS) Committee (formerly the Patient Care Assessment Committee). A mandate of the Medical Malpractice Reform Act of 1986, the QPS Committee provides feedback and direction to hospital-based quality and patient safety programs including quality assurance, risk management and credentialing. Ms. Hanley, who served as a Board member from December 2003 to July 2008, is the Associate Chief Nursing Officer, Hallmark Health System.

### **Board Offices Move to New Floor at 239 Causeway Street, Boston**

The Board's offices have moved from the second to the fifth floor at 239 Causeway Street, Boston. All telephone numbers for the Board and its staff remain the same.

### **New Staff Appointment**

#### ***Vita Berg, JD, Appointed Board Legal Counsel***

Vita Berg, JD, joined Mary Strachan, JD, on March 1, 2011, as Legal Counsel to the Board of Registration in Nursing. For the last seven years, Ms. Berg was Prosecuting Counsel for the Department of Public Health, Office of General Counsel. As a Prosecutor, Ms. Berg collaborated with the Board and others within the Division of Health Professions Licensure on a variety of issues related to clinical nursing practice. Prior to joining DPH, Ms. Berg was a staff attorney for the Family Law Unit at Merrimack Valley Legal Services and an Associate Attorney for Orlando & Associates in Gloucester. She holds an earned Bachelor of Arts Degree in Political Science and Spanish from the University of Massachusetts/Amherst and a Juris Doctorem from Boston College Law School.

### **Board Welcomes Nurse Interns from MA Nursing Programs**

The Board welcomed the following graduate and doctoral nursing students for the 2010-2011 academic year:

- Boston College Forensic Nursing Graduate Program students, Lauren Gavin, RN, and Nicole Brown, RN, worked with the Board's Substance Abuse Rehabilitation Program (SARP) Coordinators, Doug McLellan, M.Ed., RN, and Valerie Iyawe, MBA, RN, providing support for the day-to-day SARP operations as well as the SARP Diversion Project, a Board initiative to analyze and trend data related to complaints received by the Board involving drug diversion;
- Kristine Ruggiero, CPNP, MSN, RN, a doctoral student in Nursing and Health Policy at University of Massachusetts/Boston College of Nursing is working with the Board's Nursing Practice Coordinator, Laurie Talarico, MS, RN/NP. Ms. Ruggiero, providing support to the Board's 244 CMR 3.05 Collaborative Task Force (3.05 CTF). She has taken a leadership role in reviewing and analyzing the concepts of delegation and supervision to ensure currency with professional nursing standards and promotion of public safety. The 3.05 CTF intends to have a report to the Board by fall of 2011.
- Boston College Forensic Nursing Graduate Program student, Carrie Fisher, RN, is also working with Ms. Talarico, graciously providing literature and analysis of information related to the regulation of non-psychiatric Clinical Nurse Specialists. This information will be considered by the Board as it finalizes revisions to its Advanced Practice Registered Nursing regulations.
- Alyson Prokop, BSN, RN, a graduate student at Framingham State University majoring in Nursing Education is working with the Board's Nursing Education Coordinator, Judie Pelletier, MS, RN, on the *2010 Faculty Vacancy Study*. This biennial survey makes available data that may be used by nursing program faculty and healthcare providers statewide, as well as legislators, regulators, and post secondary and higher education administrators in the planning for the Commonwealth's current and future nursing education program needs.

Graduate and doctoral programs that are interested in affiliating with the Board should contact Rula Harb, MS, RN, Executive Director, to discuss potential student internship experiences.

### **NURSING PRACTICE: Recent Board Actions**

#### ***Board Issues New and Updated Advisory Rulings***

The following new Advisory Rulings have been issued by the Board since last July:

- Advisory Ruling 10-01: Management of Patients Receiving Analgesia by Catheter Technique

- Advisory Ruling 10-02: *Massachusetts Advance Practice Registered Nurse Prescriptive Authority in Veteran Health Administration or Other Qualified Federal Entities in Jurisdictions Other than Massachusetts*

In addition, the Board updated the following Advisory Rulings:

- Advisory Ruling 93-05: *Foot Care*
- Advisory Ruling 96-02: *Nursing Practice Related to Medication Administration*
- Advisory Ruling 98-01: *Holistic Nursing and Complementary/Alternative Modalities*
- Advisory Ruling 99-02: *Nurse Midwife as First Assist at Surgical Procedures*
- Advisory Ruling 09-01: *Management of Pain*

Note: In issuing Advisory Ruling 10-01, the Board rescinded Advisory Ruling 9903: Management of the Non-Pregnant Patient Receiving Analgesia by Catheter Techniques and Advisory Ruling 9904: Management of the Pregnant Patient Receiving Analgesia by Catheter Techniques

The new and updated advisories are based on a systematic review of numerous sources of information and evidence-based standards of practice by the Board's Nursing Practice Advisory Panel. In each advisory, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. These and all other Board advisories can be found in the Nursing Practice section of the Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn).

***Board Convenes Task Force to Review 244 CMR 3.05: Delegation***

In response to inquiries the Board has received regarding the nurse's role in working with unlicensed personnel in non-hospital settings, the Board has convened a new task force to review and make recommendations related to the Board's regulations at 244 CMR 3.05: *Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel*. The Task Force is composed of nurses who practice in a variety of non-hospital settings which employ unlicensed personnel including public health, developmental disabilities, hospice and palliative care, home care, and skilled nursing. The Task Force anticipates completion of its charge by fall 2011.

**ADVANCED NURSING PRACTICE: Recent Board Actions**

***Board Recognizes Acute Care NP Certification from American Association of Critical Care Nurses Certification for NP Authorization***

The Board has determined that the American Association of Critical Care Nurses Certification Corporation Acute Care Nurse Practitioner certification satisfies the Board's requirement for advanced practice nursing certification by a nationally recognized professional certifying body approved by the Board. Advanced practice nursing certification by a national recognized professional certifying body is a pre-requisite qualification for Board authorization to practice as an advanced practice registered nurse (APRN).

***New Education Mandate for APRNs in Prescriptive Practice***

Effective January 1, 2011, all prescribers including APRNs who engage in prescriptive practice must complete education requirements as specified in MGL, Chapter 94C, Section 18(e). Compliance with the new education mandate is a prerequisite to obtaining or renewing the prescriber's professional license. Through the APRN's signature on the MA Controlled Substance Registration (MCSR) form and on the nursing license renewal form, the APRN attests, under penalties of perjury, compliance with state tax and child support laws, and mandatory reporting laws and regulations including the

new prescriber education mandates and all continuing education requirements (APRNs engaged in prescriptive practice renew their MCSR annually). In addition, the Board has updated its Advisory Ruling 0901: Management of Pain by incorporating the new education requirements which include:

- Effective pain management;
- Identification of patients at high risk for substance abuse; and
- Counseling patients about the side effects, addictive nature, and proper storage and disposal of prescription medications.

While affected APRNs may select other continuing education offerings to comply with the new statutory requirement, the Board would like to inform APRNs that the Boston University School of Medicine, in cooperation with the MA Board of Registration in Medicine, MA Department of Public Health, New England Division of the U.S. Drug Enforcement Administration, MA Medical Society and MA Hospital Association, has developed a free, web-based education program entitled *Safe and Effective Opioid Prescribing for Chronic Pain*. This continuing education offering is consistent with the Board's requirements at 244 CMR 5.00 and is equivalent to 3.6 contact hours.

#### ***New DPH Regulations Proposed for Expedited Partner Therapy***

In compliance with Chapter 131, Section 62 of the Acts of 2010, the Department of Public Health has proposed new regulations authorizing certain healthcare providers to prescribe or distribute medication to treat Chlamydia infection in the sex partners of infected patients. The practice of Expedited Partner Therapy (EPT) involves presumptively treating the sex partners of individuals diagnosed with Chlamydia infection without first examining or testing the partner. EPT is designed to interrupt the spread of the disease by treating individuals who might otherwise remain untreated.

The proposed regulations would authorize physicians, physician assistants, nurse practitioners and nurse midwives to provide EPT by dispensing or prescribing Schedule VI drugs for immediate treatment of the sex partner(s) of a patient diagnosed with Chlamydia. Information on the final regulations will be posted on the Board's website when it is available.

#### **ENTRY-LEVEL NURSING EDUCATION: Recent Board Actions**

Board approval has been granted to the following parent institutions:

- Salter College, West Boylston, has been granted Pre-requisite Approval in the establishment of its Practical Nurse education program. Pre-requisite Approval indicates the College has provided satisfactory evidence of its potential to comply with the Board's standards for the operation of a basic nursing education program at 244 CMR 6.04.
- Medical Professional Institute, Malden, and Bay Path Regional Vocational Technical School, Charlton, were granted Full Approval in their establishment of an entry-level Practical Nurse education program. Full Approval signifies each parent institution has provided satisfactory evidence of the program's continuous compliance with the Board's standards for nursing education program approval at 244 CMR 6.04.

#### ***Board Convenes Task Force to Review 244 CMR 6.00***

To insure the currency and relevance of the Board's regulations governing the operation of Registered Nurse and Licensed Practical Nurse education programs, the Board recently convened a second new task force to review and make recommendations related to the Board's regulations at 244 CMR 6.00: *Approval of Nursing Education programs and the General Conduct Thereof* which the Board last revised in 1998. The Task Force is composed of nurse

educators from each level of basic nursing education, professional nursing organizations and the Departments of Education and Higher Education. The Task Force will complete its charge by late 2011.

***Violation of NCLEX Examination Candidate Rules Will Impact Initial Licensure***

All candidates for initial nurse licensure are required to comply with the NCLEX® Examination Candidate Rules (Rules) which among others prohibit candidate access to handheld calculators, cell phones, conversion tables, dictionaries, etc., at any time during the examination. All such items must remain in the secured storage area provided at each test site.

In the event a nurse licensure candidate is found to have violated the Rules, the Board's Licensure Policy 00-01: Determination of Good Moral Character Compliance (Licensure Policy 00-01) will be applied and the candidate will be temporarily excluded from Massachusetts nurse licensure by examination or by reciprocity in accordance with Licensure Policy 00-01. This policy requires that an applicant who engages in cheating on the NCLEX within the five (5) year period immediately before the date of an application will be temporarily excluded (5 Years) from the practice of nursing in Massachusetts. Licensure Policy 00-01 is available online at

[http://www.mass.gov/Eeohhs2/docs/dph/quality/boards/nursing\\_good\\_moral\\_policy.pdf](http://www.mass.gov/Eeohhs2/docs/dph/quality/boards/nursing_good_moral_policy.pdf).

**SUBSTANCE ABUSE REHABILITATION PROGRAM.**

The Substance Abuse and Rehabilitation Program (SARP) was developed over 20 years ago to assist nurses whose competency has been impaired because of substance abuse disorders. A voluntary alternative to traditional disciplinary action, SARP is available to nurses who admit to having a substance problem. Nurses requesting admission to the SARP should contact Douglas McLellan, the SARP Admissions Coordinator at: 617-973-0931.

***Volunteers needed*** to join SARP's Substance Abuse Rehabilitation and Evaluation Committees (SAREC). Volunteers are a key part of SARP. Each committee consists of volunteers, appointed by the Board, who are knowledgeable in the field of substance abuse and/or mental health. There are four SAREC that meet once a month in Boston, Plymouth, Holyoke and Tewksbury. Each SAREC is comprised of two RNs, two LPNs, one nurse employed as a nursing service administrator, one RN or LPN that has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three representatives of the public.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable rehabilitation program for nurses in recovery. The SAREC, with the assistance of the SARP Coordinators, assess, plan, implement, and evaluate the contracts of licensees participating in SARP. The SAREC's also meet with nurses requesting admission to SARP and forward on to the Board their recommendations. The goal of the SAREC is to monitor the nurse while he/she actively engages in rehabilitation and the return to safe nursing practice.

Interested nurses and members of the public, who are experienced in the field of substance abuse and/or mental health disorders, are invited to serve as a SAREC member. A commitment to attend one meeting monthly is requested. Those interested in becoming a SAREC member are encouraged to contact the SARP Coordinators, Doug McLellan, at 617-973-0931, or Valerie Iyawe at 617-973-0904.

### **Board and UMMS Research Partner Complete Phase I of Innovative Patient Safety Initiative**

Studies link medication error prevention to the detection and reporting of such errors by nurses. However, the fear of “punishment” or discipline is a known barrier to error reporting which in turn obstructs correction of the error’s underlying practice and systems-related causes. As a result, the Board and its research partner, the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School, undertook the Phase I (5/2009 – 4/2011) development of an innovative patient safety initiative to promote safe medication administration by nurses who practice in MA nursing homes. Designed to cultivate a statewide patient safety culture supportive of medication error recognition and disclosure by nurses practicing in MA nursing homes, the initiative was made possible with \$299,800 grant from the National Council of State Boards of Nursing’s Center for Regulatory Excellence.

The initiative’s two major Phase I objectives were achieved, on time and on budget. In addition to the formation of the Massachusetts Medication Safety Alliance (Alliance), a 15-member strategic alliance of state public protection agencies, the Centers for Medicare and Medicaid Services, Masspro, and provider organizations, the initiative resulted in a data-driven systematic plan developed by the Alliance for the design, pilot and evaluation of the Board’s proposed Nurse-Employer Medication Safety Partnership (NEMSP) Model. The plan identifies four goals and corresponding strategic objectives. The plan’s goals include:

- Promote a culture of safety in Massachusetts nursing home regulation and practice
- Continue the Massachusetts Medication Safety Alliance stakeholder engagement to promote responsive regulation activities
- Promote nursing home industry standards for medication systems to encourage self-regulation and market mechanisms
- Advance NEMSP Model use among nurse leaders

A report detailing the plan is available on the Board’s website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn). Additional information about the initiative, the NEMSP Model and the findings of the Alliance’s statewide survey to learn more about nurses’ perceptions of the patient safety culture and barriers to medication error reporting in Massachusetts nursing homes is described in Promoting and Regulating safe Medication Administration in Nursing (Anderson, T., Silveira, C., Woodland, R, Handler, S., & Hutton, M.), published in the April 2011 edition of the *Journal of Nursing Regulation*.

### **DIVISION OF HEALTH PROFESSIONS LICENSURE NEWS**

The Board is one of eight boards including Dentistry, Genetic Counselors, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants and Respiratory Care that comprise the Division of Health Professions Licensure (DHPL) in the Bureau of Health Care Safety and Quality, MA Department of Public Health.

### ***Madeleine Biondolillo, MD, Appointed New DPH Director, Bureau of Health Care Safety and Quality.***

Dr. Madeleine Biondolillo has been appointed as the new Director of the Bureau of Health Care Safety and Quality. For the past 6 years she has been the Corporate Medical Director of Radius Management Services, a long term care company that owns and/or operates sixteen healthcare facilities in Massachusetts and Rhode Island, including skilled nursing facilities. In this role she has had extensive experience in quality oversight and improvement. Previously, Dr. Biondolillo was the Executive Director of the Urban Medical

Group, a non-profit physician group practice as well as the Medical Director of Pathways Healthcare Services, a post-acute program with expertise in providing rehabilitation services in the home. A graduate of Tufts Medical School, Dr. Biondolillo is a recognized geriatric expert.

### ***Renew Your Nursing License Online***

Massachusetts nurses can renew their nursing license 24/7 using a secure internet connection. The Board encourages nurses to use this online feature since they can pay by credit card or electronic check and the renewed status of a nurse's license will immediately appear in the "Check-A-License" section of the Board's website. Watch the Board's website for future announcements about the implementation of paperless renewals as the Division of Health Professions Licensure continues its efforts to "go green."

### **NEWS FROM THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING *NCLEX-PN® Passing Standard Increased***

The NCLEX-PN passing standard increased on April 1, 2011. In raising the NCLEX-PN passing standard, the National Council of State Boards of Nursing, Inc. (NCSBN) Board of Directors determined that safe and effective entry-level RN practice required a greater level of competence than was required in 2008, when NCSBN implemented the previous standard. The NCSBN Board of Directors relied on a variety of information sources including findings of a criterion-referenced standard setting procedure performed by an expert panel of nine nurses. The panel's findings supported the creation of a higher passing standard. The NCSBN Board of Directors also considered the results of national surveys of nursing professionals including nursing educators, directors of nursing in acute and long-term care settings.

The NCSBN Board of Directors evaluates the passing standard for the NCLEX-PN Examination every three years to protect the public by ensuring minimal competence for entry-level Licensed Practical Nurses. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current.