



Ohio Organization of Practical Nurse Educators

May 2014



The mission of the Ohio Board of Nursing
is to actively safeguard the health
of the public through
the effective regulation of nursing care.

Composition of the Board

Section 4723.02, ORC

13 Members appointed by the governor

- 8 Registered Nurses

(one must hold a valid Certificate of Authority)

- 4 Licensed Practical Nurses
- 1 Consumer
- Must be citizens of the U.S and Ohio residents

Board Members

Judith Church, RN, President; Miamisburg

J. Jane McFee, LPN, V.P; Perrysburg

Sue Morano, RN, Supv Mbr Disc; Lorain

Lisa Klenke, RN, Ed. Liaison; Coldwater

Janet Arwood, LPN; Hilliard

Maryam Lyon, RN; Sidney

Nancy Fellows, RN; Willoughby Hills

Board Members

Sheryl D. Warner, JD, Consumer; Canal
Winchester

Patricia Sharpnack, RN; Chardon

Brenda Boggs, LPN; Germantown

Appointment Pending: RN Member

Appointment Pending: RN Member

Appointment Pending: LPN Member

Powers and Duties

Section 4723.06, ORC

Include, but are not limited to:

- Administer and enforce the provisions of Chapter 4723. Ohio Revised Code (ORC)
- Issue and renew :
 - * nursing licenses
 - * certificates of authority and certificates to prescribe
 - * dialysis technician certificates
 - * community health worker certificates
 - * medication aide certificates

Powers and Duties of the Board (continued)

- Establish an alternative program for monitoring chemical dependency
- Establish the practice intervention and improvement program
- Provide guidance and make recommendations to the general assembly and other governmental entities concerning nursing practice and the enforcement of Chapter 4723.0RC
- Promulgate rules
- Approve pre-license nursing education programs
Sections 4723.06 (A)(4),(5)(6) and (7), ORC.

Revisions

Chapter 4723, ORC

- 129th General Assembly
 - ✓ SB 83
 - Schedule II Rx
 - ✓ HB 303
 - Board's Bill
 - ✓ HB 284
 - APRN and RN



APRN Certification

- “APNs” may now use the credentials: “APRN” consistent with term Advanced Practice Registered Nurse utilized by other states.
- APRNs now must submit the name and business address of each collaborating physician or podiatrist not later than 30 days after first engaging in practice as an APRN; after the first filing, the filing must be updated in writing with any additions or deletions within 30 days of the change. Rules already require substantially the same but say “identity of” rather than “name and business address.”

Schedule II Rxing: CTP Holders

- “APNs” may now use the credentials: “APRN” consistent with term Advanced Practice Registered Nurse utilized by other states.
- APRNs now must submit the name and business address of each collaborating physician or podiatrist not later than 30 days after first engaging in practice as an APRN; after the first filing, the filing must be updated in writing with any additions or deletions within 30 days of the change. Rules already require substantially the same but say “identity of” rather than “name and business address.”

Certificate to Prescribe

- Externship: Board can now extend the externship certificate to prescribe for up to two years if the APRN shows evidence of continued participation in the externship.
- Out-of state CTP Applicants: Applicants who have prescribed in another state do not have to provide documentation from a physician who oversaw the prescribing component of the practice in the other jurisdiction or within the US government.
- CTP Renewal Applicants: For the 2013-2015 renewal, must document that a 6-hour CE in schedule II controlled substances was completed on or before August 31, 2013 in order to renew.



Practice

- The law eliminates a prohibition associated with a LPN's authority to administer IV therapy to adults: Can aspirate an IV line to maintain patency.
- The law clarifies that a LPN can perform an intermittent injection of medication through a hemodialysis blood circuit.
- The scope of practice for certified nurse practitioners is expanded to include "provision of services for acute illnesses."



Amendments to Selected Chapter 4723 Administrative Rules Effective February 1, 2014



Chapter 4723-4, OAC; Standards of Practice

- Globally, replaced “client” with “patient.”
- Definition of “clinical judgment”- the application of the nurse’s knowledge and reasoning within the context of the clinical environment in making decisions about patient care.
- Clarified that nurses “access” patient information **ONLY** for purposes of patient care, or for otherwise fulfilling the nurse’s assigned job responsibilities, and shall not disseminate the information for purposes other than patient care and job responsibilities...

Chapter 4723-4, OAC; (continued)

- When CNP, CNS or CNM practice is evaluated, evaluation by physician or APRN with the same type of certificate of authority, e.g., CNP, CNS, CNM.
- When CRNA is evaluated, evaluation by supervising physician, dentist, podiatrist, or CRNA.

Chapter 4723-4, OAC; (continued)

- Clarified the supervision or evaluation of nursing practice
 - Only a RN may supervise or evaluate
 - Does not require the RN to be present on site on a routine basis, but:
 - Supervision requires continuous availability through telecommunication with the supervised nurse, and take all action necessary, including but not limited to conducting periodic on-site visits to ensure supervised nurse is practicing in accordance with acceptable standards.
 - Evaluation requires the RN conduct periodic on-site visits sufficient to evaluate the evaluated nurse's performance.

Chapter 4723-4, OAC; (Continued)

- Standards for applying the Nursing Process for RN and LPN:
- Clarified language to make more direct and to reflect the cyclical nature of the process.

Chapter 4723-17-03, OAC; IV therapy procedures

Rule amended in accordance with law change made by HB 303, and to further clarify information by separating permissive from prohibited activities

4723-17-03, OAC; LPN IV Therapy Procedures

Removed language that limited secondary antibiotic administration to peripheral line only. Now allows for IV antibiotic administration through central line.

Clarified that LPN may turn off the function of a patient-controlled analgesic device when a complication arises.

Removed language prohibiting IV aspiration.

Chapter 4723-5-04, OAC; Procedure for determination of a program's status

(B)(5) The board may enter into a consent agreement in lieu of conducting and adjudication under this rule that addresses the requirements of this chapter not met and maintained.

Chapter 4723-5-06, OAC; Survey visits, reports, and response...

(E) If the survey report indicates that a requirement is not being met and maintained, the administrator of the program may submit to the board, **not later than forty-five days prior to the date the board is to consider the report**, documentation that the program is meeting and maintaining each requirement identified in the report as not being met and maintained. [emphasis added]

Chapter 4723-5-08, OAC; Requirements for seeking conditional approval

(P) The board may deny approval to a person who submits or causes to be submitted false, misleading or deceptive statements, information, or documentation to the board in the process of applying for approval of a new education program, pursuant to and adjudication conducted under Chapter 119. of the Revised Code.

Chapter 4723-5-12, OAC; Program policies

All programs must now have a policy for determining amount of credit to be granted for individuals with experience in the U.S armed forces, national guard or reserves. (Rule 4723-5-12 (A)(3), OAC)

Chapter 4723-5-12, OAC; Program policies

Changes to policies pertaining to student conduct:

The word “client” was replaced with “patient.”

(C)(13) of the Rule was amended to include: “or self-administer or otherwise take into the body any drug that is a schedule I controlled substance.”

(C)(14) of the Rule regarding chemical impairment amended to replace the words “indulge in the use” with “excessively” use controlled substances....

Chapter 4723-5-12, OAC; Program policies

Changes to policies pertaining to student conduct:

Rule (C)(15) was amended to more plainly state “A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of use of drugs, alcohol, or other chemical substances. (Removed qualifying language “habitual or excessive”...”that impair the ability of practice.”)

Chapter 4723-5-12, OAC; Program policies

(C)(18) A student shall not **misappropriate or attempt to misappropriate** money or anything of value...”

(Former language referred to “obtain” rather than “misappropriate.”)

Chapter 4723-5-12, OAC; Program policies

New subparagraphs (C)(24), (C)(25), pertain to students maintaining the confidentiality of patient information, prohibits students access and dissemination of patient information for purposes other than for patient care or for otherwise fulfilling the student's assigned clinical responsibility.

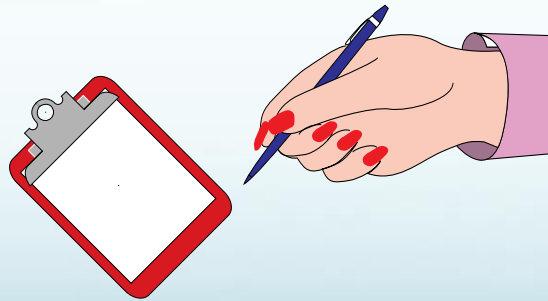
New subparagraph (C)(26) Explicitly discusses prohibition of use of social media, texting. Emailing or other forms of communication with or about a patient for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

Compliance



Mandatory Reporting

- Employer reporting statute now reflects that every person/government entity who employs **or contracts** directly or through another person/government entity, “who knows or has reason to believe that a current or former employee or person providing services under contract” “had engaged in conduct” that would be grounds for discipline under Chapter 4723, must report the nurse or certificate holder to the Board. The reporting must be done by an **individual licensee** designated by the employer.
- Nursing associations are no longer required to report.



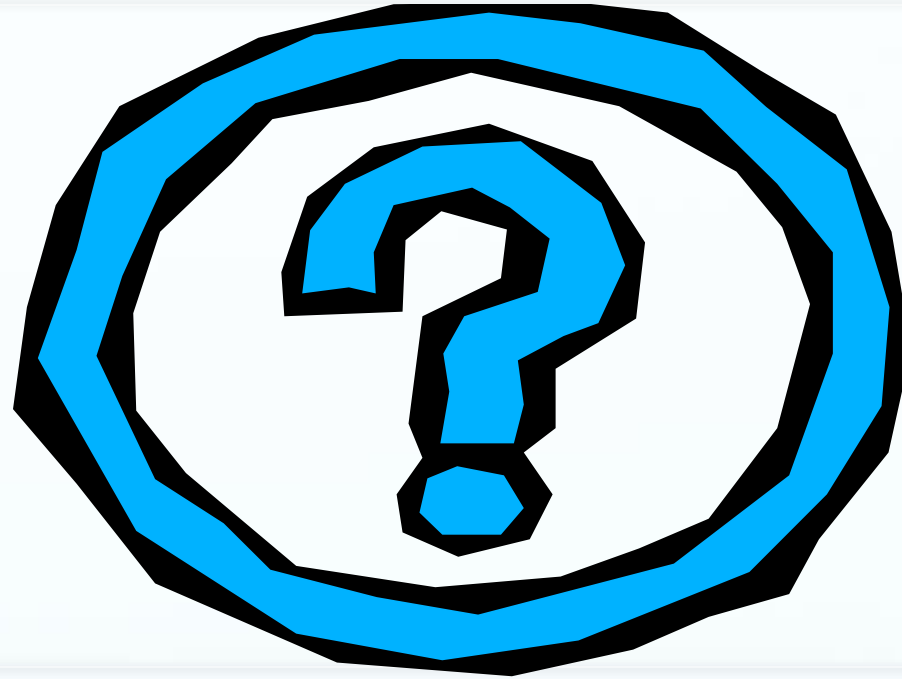
Investigations

The Board can now order the subject of an investigation to obtain a criminal records check.

Licensure Eligibility

Sex offender status: If an individual is required to register under Ohio, or a substantially similar law of another state, the U.S., or another country as a sex offender, the individual is **not eligible** for licensure or certification. This applies to all licenses and certificates, including dialysis technicians, medication aides and community health workers. (See Section 4723.09 (B)(2)(f), ORC)

QUESTIONS?



Thank you!

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