

# Minnesota Board of Nursing

## *For Your Information*

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- ◆ Minnesota Board of Nursing reintroduces the quarterly newsletter *For Your Information*

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## President's Message: Deb Haagensen, RN



Welcome to the Minnesota Board of Nursing eNewsletter! I am an RN member of the Board of Nursing, currently serving as President. The Board of Nursing consists of 16 members appointed by the Governor for a four-year term. Eight of the sixteen members are RNs; four are LPNs; and four are public members.

Current Board membership includes both metropolitan and greater Minnesota representatives who bring broad and diverse perspectives to the table. Nurse board members come from a variety of practice settings including academia, ambulatory care, acute care, and long term care and practice in roles that include direct patient care, leadership, education and advanced practice. Members of the Board of Nursing are supported by a Board staff with extensive knowledge and expertise

in nursing regulation.

The mission of the Board of Nursing is to protect the public's health and safety through the regulation of nursing education, licensure and practice. Minnesota Statutes sections 148.171-148.285, commonly referred to as the Nurse Practice Act, govern the powers of the Board to license nurses, approve nursing education programs and discipline nurses who violate the law. Further, the Nurse Practice Act defines the scope of practice for nurses in Minnesota. The scope of practice serves as the foundation for the delivery of nursing care to the citizens of our state. There are many other state laws related to the practice of nursing and Board operations. For example, the Government Data Practices Act provides for classification of data on nurses.

This e-Newsletter is an effort to support one of the Board's strategic goals to disseminate knowledge relevant to the public, education and practice. I hope you will find the contents informative and valuable.

## Scope of Practice Definitions Revised

On August 1, 2013, revisions to the definitions of professional and practical nursing in the Minnesota Nurse Practice Act ("NPA") went into effect. The NPA provides definitions of practical, professional and advanced practice registered nursing and provides legal parameters to the scope of practice for nurses. This change in law emerged following broad, thorough analysis and discussion about the practice of practical and professional nursing. In amending the NPA, the goal of the Board was to clarify areas of practice that have historically been confusing. The role of the LPN and the RN in assessment, planning care, delegation and assignment represent components of the law that were revised to improve clarity. This edition of the newsletter discusses assessment and development of the plan of care. (continued on page 2)

## Scope of Practice Definitions Revised (continued from page 1)

Assessment is an element of the scope of practice for both LPNs and RNs. There is a difference, however, in the depth and breadth of the assessment conducted by each level of licensed nurse. An LPN conducts a focused assessment of an individual patient while an RN provides a comprehensive assessment of an individual, family, group or community. In conducting a focused assessment, the LPN is collecting data and comparing it to normal findings and the patient's current health status, and reporting changes and responses to interventions in an ongoing manner to the RN or other licensed health care provider. An RN may also conduct an assessment that is focused on a presenting problem or particular body system, but also conducts a comprehensive assessment. This comprehensive assessment results in development of a plan of care for the patient. The focused assessment by an LPN represents one way in which an LPN contributes to a plan of care. While the RN scope of practice identifies that the RN collaborates with the health care team to develop and coordinate a plan of care, the LPN scope includes participation in the development and modification of the plan of care. The next issue of "For Your Information" will discuss the role of the RN and the LPN related to delegation and assignment. The changes to the NPA can be found at [http://mn.gov/health-licensing-boards/images/NPA\\_2013\\_Combined\\_Definitions.pdf](http://mn.gov/health-licensing-boards/images/NPA_2013_Combined_Definitions.pdf) and the full text of the NPA is found at: <https://www.revisor.mn.gov/statutes/?id=148.171>

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## Criminal Background Checks for Applicants Coming Soon

Recent legislation requires all of the health-related licensing boards to conduct criminal background checks on applicants. While the law gives the boards until 2018 to implement this requirement, the Board of Nursing expects to be prepared to launch criminal background checks by Summer 2014.

**Who will be required to complete a criminal background check?** All applicants for licensure by examination and endorsement and applicants for reregistration. In addition, if the Board has reason to believe a licensee has been charged with or convicted of a crime, the Board may require the licensee to submit to a criminal background check.

**What about currently licensed nurses?** Because of the number of individuals currently licensed by the health-related licensing boards and because of existing background study laws, the issue of requiring criminal background checks on licensees is complex. The law requires the boards, in collaboration with the Commissioner of Human Services and the Bureau of Criminal Apprehension ("BCA"), to establish a plan for completing criminal background checks of licensees. The plan shall be developed no later than January 1, 2017 and must seek to minimize duplication of requirements for background checks of licensed health professionals and shall include recommendations for any necessary statutory changes. Additional legislation will be necessary before criminal background checks are required for licensees.

**Will a criminal history bar an applicant from licensure?** All criminal convictions will be reviewed on a case-by-case basis. This is the approach the Board currently uses when reviewing an applicant's criminal history.

**Will criminal background checks delay an applicant obtaining licensure?** The BCA must screen the criminal history reports before providing them to the Board. This process may take several days, particularly during peak times. An applicant will not be granted a license until their criminal background check results are received and reviewed by the Board. For the vast majority of applicants, this will result in little or no delay in the licensure process. For individuals with a criminal history, the Board may require the applicant to supply additional information about the crimes, which may delay licensure pending receipt of this information. Applicants and employers should take this into consideration when planning employment start dates.

**Where can I get more information?** Check the Board's website at [www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us) for additional information as the Board's processes are finalized.

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## National Council of State Boards of Nursing

The Minnesota Board of Nursing is a member of the National Council of State Boards of Nursing (NCSBN). The mission of the NCSBN is to provide education, service and research, through collaborative leadership, to promote evidence-based regulatory excellence for patient safety and public protection. Founded in 1978 as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing to act and counsel together on matters of common interest. There are 60 member boards from the 50 U.S. states, the District of Columbia, and four U.S. territories. There are 16 associate international members. As the collective voice of nursing regulation in the U.S. and its territories, NCSBN's work encompasses:

- \* Developing the licensure exams for RN and LPN (NCLEX-RN<sup>®</sup>, NCLEX-PN<sup>®</sup>)
- \* Monitoring trends in public policy, nursing practice and education
- \* Promoting uniformity in relationship to the regulation of nursing practice
- \* Disseminating data related to the licensure of nurses
- \* Conducting research on nursing practice issues
- \* Serving as a forum for information exchange for members
- \* Providing opportunities for collaboration among its members and other nursing and health care organizations
- \* Maintaining the Nursys database, which coordinates national, publicly available nurse licensure information

The NCSBN website has information for nurses and the public on nursing in the U.S., the NCLEX<sup>®</sup>, nursing education, policy and legislative affairs, nursing regulation in the U.S., national trends and data.

[Read more about NCSBN programs and services.](#)

[Read more about NCSBN's origins.](#)



### Is a Doctorate in Nursing Practice required for APRNs to practice in Minnesota?

At this time, there is no requirement for advanced practice registered nurses (APRNs) to hold a doctoral degree in order to practice. The American Association of Colleges of Nursing (AACN) has made a recommendation for APRNs to move from the Master's degree to the doctoral level by 2015. However, it is within each state's board of nursing's jurisdiction to make this a requirement. At the present time, no state board of nursing has adopted the doctoral degree as the entry-level degree for APRN practice. The Minnesota Board of Nursing could conceivably propose to require a doctoral degree for APRNs in the future, but it is not being discussed at this time.

## TERCAP

The Minnesota Board for Nursing participates in a research initiative with the National Council of State Boards of Nursing: TERCAP (*T*axonomy of *E*rror, *R*oot *C*ause *A*nalysis & *P*ractice *R*esponsibility). TERCAP collects, analyzes, and reports national nursing practice breakdown data. Practice breakdown is defined as the disruption or absence of any aspect of good nursing practice. Errors may occur when a nurse fails to attend to and/or meet acceptable standards of practice when patient care is planned, performed, or evaluated. Identification and analysis of practice breakdowns help detect patterns of error, risk factors, and system issues that contribute to error, and may assist in developing new approaches to ensure patient safety. There are eight categories of practice breakdown identified in the TERCAP study:

- \* Medication administration
- \* Documentation
- \* Attentiveness/Surveillance
- \* Clinical Reasoning
- \* Prevention
- \* Intervention
- \* Interpretation of Providers Orders
- \* Professional Responsibility/Patient Advocacy

To date the Minnesota Board of Nursing has submitted 250 cases into the national database. These include cases where discipline was imposed, cases resulting in a non-disciplinary agreement for corrective action, and cases that were dismissed but in which a practice breakdown was identified.



## Certification and Scope of Practice for Advanced Practice Registered Nurses

“Advanced practice registered nurse, abbreviated APRN, means an individual licensed as a registered nurse by the board, and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner.” Minnesota Statutes section 148.171, subd. 3. Certification is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession [APRN Consensus Model, July 2008 ([https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf))].

Certification signifies that the individual has met the education and professional competency requirements in a specified practice area. The certification must be issued by a national nurse certifying body acceptable to the Board (<http://mn.gov/health-licensing-boards/nursing/licensees/advanced-practice/aprn.jsp>). APRNs must practice within the specific role (CNM, CNP, CNS, and CRNA) and specialty for which they are certified. Considerations to determine an APRN’s scope of practice include training and education, knowledge and competence demonstrated by examination, national professional nurse organization scope and standards statements for the specific APRN role, and applicable Minnesota law. The scope and standards identified by the national professional nursing organization generally include the types of health/illness conditions treated, patient population and/or age range, and pharmacological and non-pharmacological interventions which may be provided by the APRN.

As a reminder, all APRNs **must** submit a copy of current APRN certification to the Board **each** time the certification is renewed. Failing to maintain and inform the Board of current certification is a **violation** of the [Nurse Practice Act](#) and may result in assessment of a penalty fee. For more information on APRN practice visit <http://mn.gov/health-licensing-boards/nursing/licensees/advanced-practice/aprn.jsp>

## Approval of Nursing Education Programs

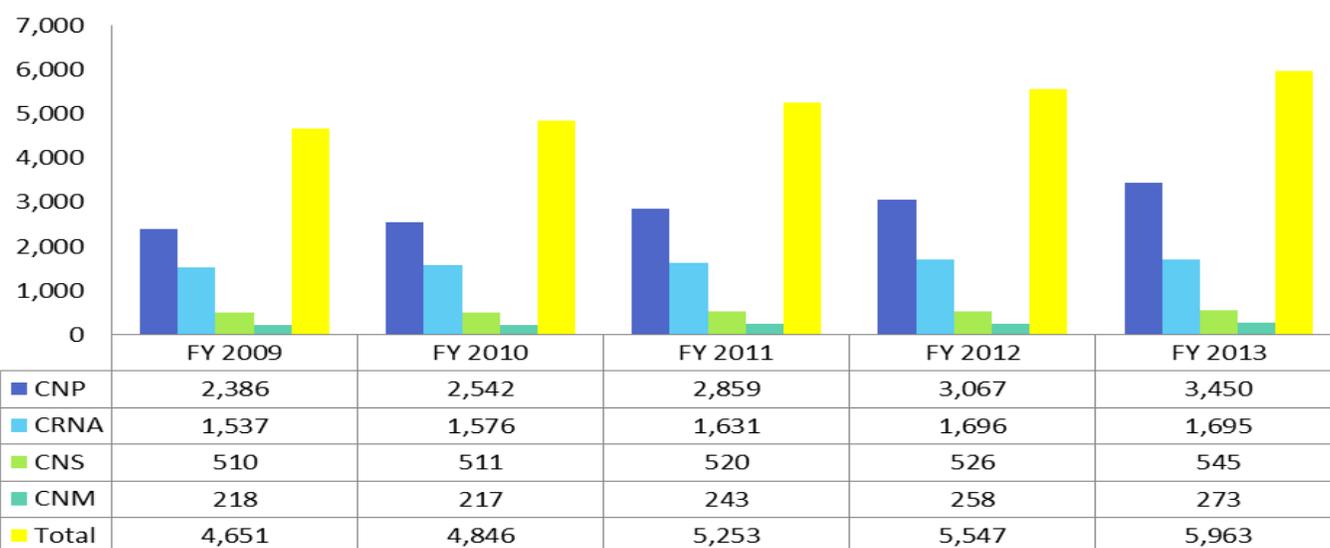
The mission of the Board of Nursing is to protect the public's health and safety. One way in which the Board protects the public is by regulating pre-licensure nursing education programs. Minnesota Statute section 148.191, subdivision 2 provides the Board the authority to establish curricula, standards, and courses through which persons are prepared for licensure. In Minnesota Rule Chapter 6301, the Board has identified the standards that programs must meet to establish and conduct a pre-licensure nursing education program and the processes through which ongoing approval occurs. No entity in the state may offer any pre-licensure nursing program unless it is approved by the Board of Nursing.

The nursing education standards set by the Board mirror national nursing education standards. These standards provide a framework for preparing safe and competent graduates for entry into nursing and they provide criteria for the development, evaluation, and improvement of new and established nursing education programs. These standards support development of candidates who are educationally prepared for licensure and recognition at the appropriate level.

In Minnesota, the Board provides oversight of all pre-licensure nursing programs and monitors each school to assure compliance with program approval requirements. Currently, there are 48 educational institutions offering nursing education, and a total of 67 nursing programs educating the next generation of nurses. These include 23 practical nursing programs and 44 professional nursing programs. These programs are operated by community and technical colleges, private colleges and universities, and by proprietary schools. Of the 44 professional nursing programs, 24 are associate nursing programs, 18 are baccalaureate nursing programs, and two are entry level master's degree in nursing. The master's entry level nursing degree programs offered are for students who already have a baccalaureate degree in another field and would be a second college degree. This is not an advanced practice degree, but, as with the other pre-licensure programs, prepares the student for entry level nursing practice.

In 2013, over 1700 practical nursing students and 3200 professional nursing students graduated from Minnesota-approved nursing programs. Of the 3200 professional nursing students, approximately 2000 graduated from associate degree programs, 1100 from baccalaureate programs, and 100 from the master's entry programs.

### Advanced Practice Registered Nurses FY 2009-2013





**Minnesota Board of Nursing**

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

**Minnesota Board of Nursing Members**

Board Member Name	Board Role
Cindy DeJarlais	LPN Member
Jeanine Gangeness	RN Member
Deborah Haagenson	RN, Board President
Marilyn Krasowski	RN Member
Deborah Meyer	LPN Member
Christine Norton	Public Member
Monica Parks	RN Member
Christine Renne	Public Member
Julie Riportella	LPN Member
Diane Scott	RN Member
Sue Sendelbach	RN Member, Board Secretary
Steven Strand	RN Member
Natya Stroud	RN Member
Stuart Williams	Public Member, Board Vice President
VACANT	Public Member
VACANT	LPN Member

**Current Nurse Licensure  
2009-2013**

