

Nevada State Board of NURSING



ANNUAL REPORT Fiscal Year 2018/2019

Nevada State Board of Nursing

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TABLE OF CONTENTS

ABOUT THE BOARD _____	4
Administration _____	4
Education, Licensure, and Certification _____	4
Investigation and Compliance _____	5
Our Mission _____	5
BOARD MEMBERS _____	6
MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR _____	7
ORGANIZATIONAL STRUCTURE _____	8
BOARD STAFF _____	9
Executive Director _____	9
Executive Staff _____	9
Investigation & Monitoring _____	9
Licensure & Certification _____	9
Support _____	9
Customer Service Representatives _____	9
OPERATIONS OF THE BOARD _____	10
Strategic Goals Set by the Board _____	10
State-wide Accomplishments _____	10
Professional and Collaborative Relationships _____	10
Nursing Education Programs _____	11
COMMITTEES _____	13
Advanced Practice Registered Nurse Committee _____	13
CNA & MA-C Advisory Committee _____	14
Disability Advisory Committee _____	15
Education Advisory Committee _____	16
Nursing Practice Advisory Committee _____	17
Licensed Practical Nurse Advisory Committee _____	19
ANNUAL REVIEW BY THE NUMBERS, FISCAL YEAR 2018/2019 STATISTICS _____	21
Advanced Practice Registered Nurses _____	22
Applications _____	26
Complaint Investigation & Discipline _____	29
Compliance & Monitoring _____	34
Continuing Education Audits _____	37
A BRIEF HISTORY OF THE NEVADA STATE BOARD OF NURSING _____	41

ABOUT THE BOARD

The Nevada State Board of Nursing was established in 1923 by the state legislature to regulate the practice of nursing. The seven-member Board appointed by the governor consists of four registered nurses, one practical nurse, one certified nursing assistant, and one consumer member. Currently, the Board appoints and receives recommendations from six standing advisory committees. The Board also appoints a Nevada licensed registered nurse to serve as the Executive Director.

The Board's regulatory responsibilities have evolved to keep pace with innovations in nursing practice, thereby enhancing public protection by ensuring licensees and certificate holders practice in a safe, competent, and ethical manner. The Board's functions include:

Administration

- Establishing and maintaining minimum practice standards.
- Developing and adopting regulations.
- Utilizing Board appointed-advisory committees to ensure stakeholder input.
- Conducting outreach and providing education through publications, presentations, and social media.
- Collaborating with consumers, individual groups, organizations, and other regulatory agencies.



Education, Licensure, and Certification

- Approving schools of nursing, nursing assistant, and medication-aide certified training programs.
- Adopting exams for licensure/certification.
- Licensing advanced practice registered nurses, registered nurses, and licensed practical nurses.
- Issuing certificates to nursing assistants and medication-aides certified.
- Certifying registered nurse anesthetists and emergency medical service registered nurses.
- Approving education/training providers for ongoing competency.

Investigation and Compliance

- Investigating complaints against licensees and certificate holders alleging violations of the Nurse Practice Act.
- Conducting disciplinary proceedings.
- Administering remediation and rehabilitation programs including:
 - Monitoring licensees and certificate holders who are on disciplinary probation.
 - Administering the Board's alternative program for nurses and CNAs recovering from substance use disorders.

Our Mission

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.



BOARD MEMBERS



Deena McKenzie, MSN, RN
President, RN Member



**Susan VanBeuge, DNP,
APRN, FNP-BC, CNE,
FAANP**
Vice President, RN Member



Jacob Watts, CNA
Secretary, CNA Member



**Rhigel "Jay" Tan, DNP,
APRN, RN, RN Member**



Richelle O'Driscoll
Consumer Member



Mary-Ann Brown, MSN, RN,
RN Member



Ovidia McGuinness, LPN,
LPN Member

As of October 2019

MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

The 2019 Legislative Session was in full swing this year. Although nearly 700 bills were passed through the legislature, only a few affect nursing regulation. Some notable bills include: AB 147 which now allows APRNs to authorize DMV handicap placards and other services; AB 239 serves as a clean-up bill to the previous session's AB 474, the opioid bill; AB 275 prohibits a licensing board from denying a license to an individual based on immigration or citizenship status; SB 315 now requires NSBN to encourage continuing education in the diagnosis of rare diseases and pediatric cancers; and SB 456 allows a hospital to admit an APRN to membership on the medical staff.

Unfortunately, the nursing compact did not pass as we were unable to secure a sponsor for a bill. Opposition to the nursing compact from the unions made it difficult to gain momentum to get it passed in Nevada. Louisiana and Kansas are the latest states to join the nursing compact, which now totals 34 states. With the support of Nevada nurses, we will pursue the compact in 2021.

This year will mark one full year since the implementation of our new online-based licensing system, ORBS. Like any new system, we found some bumps in the road, but this online system has provided NSBN with the ability to allow for complete automation of our processes and has eliminated the need for paper applications.

We continue our work on both a state and a national level to address barriers to occupational licensure. Nevada is one of 11 states participating in a Department of Labor grant to assess and review barriers to occupational licensure. We have had the privilege to work with the Council of State Governments, National Conference of State Legislatures, and the National Governors Association for Best Practices Center.

This year we also said goodbye to past president Dr. Rhigel “Jay” Tan. Dr. Tan served on the board for eight years and his term completed on October 31, 2019. As a clinician and nurse educator, Dr. Tan brought a definite level of expertise to nursing practice. He also served on the National Council of State Boards of Nursing (NCSBN) NCLEX Item Review Committee. We thank him for all the work he has done for the nurses and citizens of Nevada.

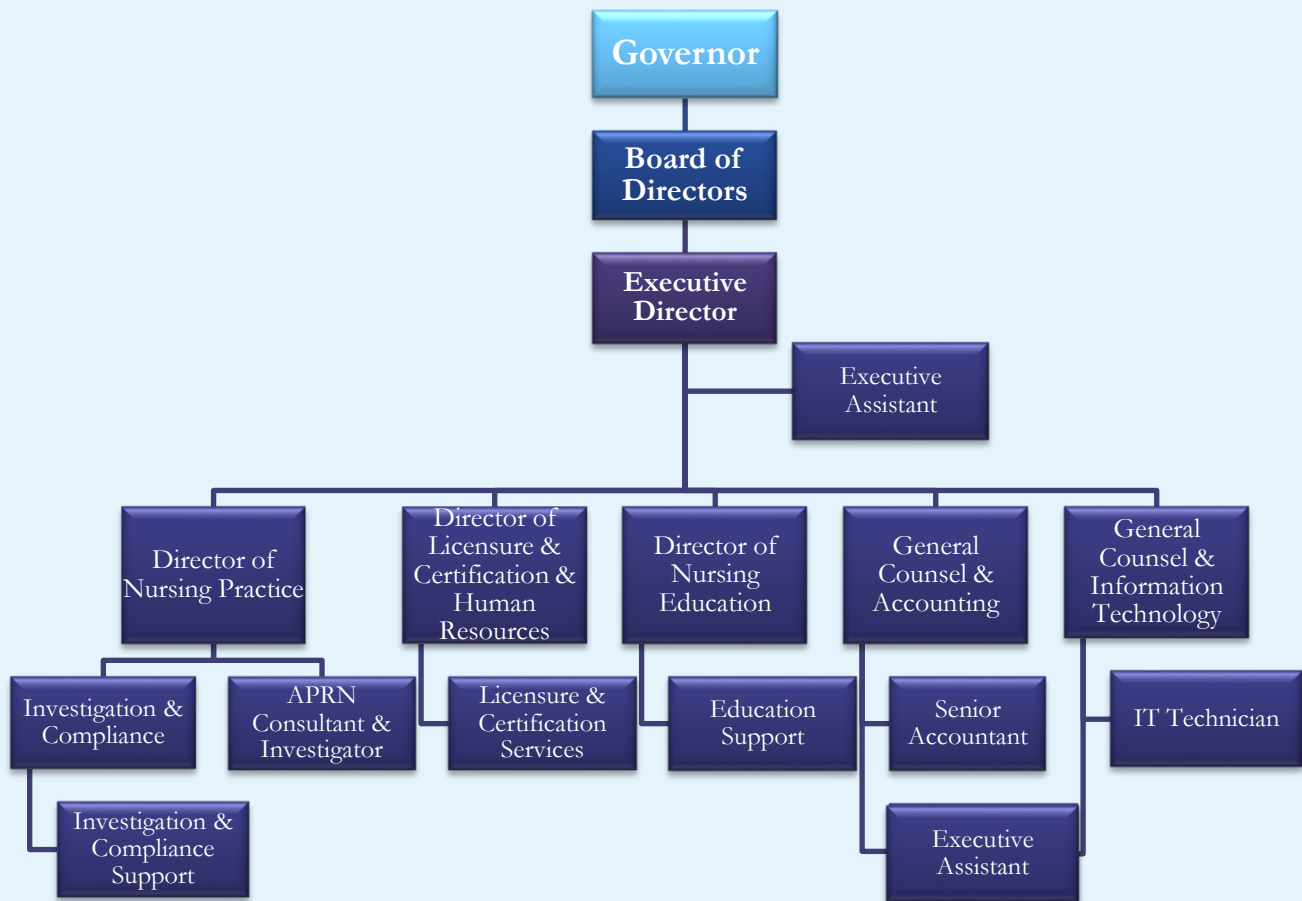
Deena McKenzie, MSN, RN

Board President

Cathy Dinauer, MSN, RN, FRE

Executive Director

ORGANIZATIONAL STRUCTURE



BOARD STAFF

Executive Director

Cathy Dinauer, MSN, RN, FRE

Executive Staff

Fred Olmstead, Esq.

General Counsel & Accounting

Kimberly A. Arguello, Esq.

General Counsel & Information Technology

Sam McCord, BSN, RN

Director of Nursing Practice

Abbie Purney, DNP, APRN, CCNS

Director of Nursing Education

Gail Trujillo, BS, CPM

Director of Licensure and Certification &

Human Resources

Sharon Vincello, JD

Executive Assistant

Investigation & Monitoring

Sally K. Miller, PhD, APRN, FAANP

APRN Consultant & Investigator

C. Ryan Mann, MSN, RN

Application Coordinator

Sherri Twedt, BSN, RN, LNC

Compliance Coordinator

Cindy Peterson, RN, CLNC, CHCQM

Nurse Investigator

Elaine Ralph, BSN, RN

Nurse Investigator

Ray Martinez

Investigator

Licensure & Certification

Patty Towler

Licensure & Certification Coordinator

Ariadna Ramos Zavala

Program Assistant

Sandy Webb

Program Assistant

Support

Vickey Alvarez

Senior Accountant

Christie Daliposon

Discipline Support Investigator

Courtney Baccei

Management Assistant

Marsalena Moore

Management Assistant

Stacy Shaw

Management Assistant

Cydnee Cernas

Management Assistant

Customer Service Representatives

Sydnee Chappell

Arlene Rojas-Guerrero

Corina Jimenez

Lashaun Thompson-Medrano

OPERATIONS OF THE BOARD

Strategic Goals Set by the Board

- ✓ Promote a culture of safety for consumers of health care
- ✓ Provide leadership in legislative processes related to health care and nursing
- ✓ Conduct consumer and nurse outreach
- ✓ Promote and collaborate in nursing education, practice and research for evidence-based regulation
- ✓ Emphasize transparency of communication and information
- ✓ Support effective utilization of information technology
- ✓ Participate in and promote state, national and global nursing regulatory initiatives

Protection of the public is at the forefront of all the Board's decision-making processes. The Board continues to remove unnecessary regulatory barriers to practice; and facilitates a robust nursing workforce in Nevada.

State-wide Accomplishments

Board staff provided over 30 presentations throughout the state regarding nursing regulation, substance use disorders, and the nursing compact. Stakeholders include new graduate nurses, APRN students, and nurses working in a variety of settings, including correctional facilities.

NSBN participated in the National Council of State Boards of Nursing (NCSBN) CORE Report (Commitment to Ongoing Regulatory Excellence), which tracks effectiveness and efficiency of nursing regulation at a national level to assist Boards of Nursing with program performance.

The board publishes the Nevada State Board of Nursing News magazine quarterly, at no cost to the board, with news and information about Board actions, regulations, and activities with hard copies mailed to all schools of nursing, hospitals, and health care facilities across the state. A digital copy of the current and past issues of the Nursing News magazine are also available on the board's website.

Professional and Collaborative Relationships

Board staff continues to participate in national and statewide committees, task groups, and meetings, including the National Occupational Licensing Consortium, the NCSBN NCLEX Item Review Committee, and the Standards of Care Committee.

Board staff work collaboratively with other state and national regulatory agencies and healthcare and nursing organizations including, the National Council of State Boards of Nursing, the Nevada Nurses Association, The Western Regional Advanced Practice Nurses Network, the Nevada Advanced Practice Nurses Association, the Nevada Organization of Nurse Leaders, the Nevada Action Coalition and the Nevada Hospital Association. The Board is committed to establishing and maintaining these valuable relationships that further public protection.

Nursing Education Programs

The Board of Nursing has jurisdiction over nursing education and CNA training programs that prepare students for initial nursing licensure or CNA certification. Every program application is reviewed by the Board in accordance with requirements established by Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) regulations. The Board maintains jurisdiction, oversight and conducts periodic reviews of existing programs. Board oversight and collaboration with these programs enhances the competencies of newly graduated nurses and nursing assistants caring for Nevada citizens.

Fiscal Year 18/19 Nursing Programs:

- ✓ 12 Fully approved nursing programs in Nevada
- ✓ 1 Approved to conduct only the clinical portion of the program in Nevada
- ✓ 1 Provisional or Conditional Approval*

** Schools that have provisional approval meet the initial requirements of Nevada laws and regulations to offer a program of nursing education in Nevada. To obtain full approval, they must gain national accreditation (which they cannot do until after their first class is graduated), and they must achieve a first- time pass rate of 80 percent or higher on the NCLEX (an annual average).*

**Graduates from a school that has provisional rather than full approval will be eligible for Nevada licensure; however, graduates will have to check with other states regarding their licensure requirements.*

**Schools that have conditional approval meet requirements for full approval but have not maintained a first- time pass rate of 80 percent or higher on the NCLEX for two consecutive years.*

Fiscal Year 18/19 Nursing Examination Pass Rates:

The Board annually adopts the National Council Licensure Exam (NCLEX) as determined by NCSBN as the official competency examination for registered nurse (RN) and practical nurse (LPN) licensure in the State of Nevada.

- Nevada NCLEX-RN average pass rate: 87.9%
 - National NCLEX average pass rate: 88.3%
- Nevada NCLEX-PN average pass rate: 82.5%
 - National NCLEX-PN average pass rate: 85.3%

Fiscal Year 18/19 Nursing Assistance Examination Pass Rates:

The Board has adopted the Headmaster, LLP examination as the official competency examination for nursing assistants certification (CNA) in Nevada. There are two components to the examination: (1) a written exam, and (2) a skills exam. Both components must be completed with a passing score to qualify for a CNA Certificate in Nevada.

- Written exam: Nevada pass rate:77%
- Skills exam: Nevada pass rate 70%

Total Number of Degrees, Diplomas, or Certificates Awarded from Nevada Nursing Programs:

Graduates from Nevada Nursing Programs	2016/2017	2017/2018	2018/2019
PhD - University of Nevada, Las Vegas	4	3	4
DNP - University of Nevada, Las Vegas	*	5	9
DNP - University of Nevada, Reno	16	10	13
Post MSN certificate - University of Nevada, Las Vegas	*	*	2
Post MSN certificate - University of Nevada, Reno	7	2	6
MSN - University of Nevada, Las Vegas	35	30	19
MSN - University of Nevada, Reno	32	25	32
RN to BSN - Great Basin College	23	11	35
RN to BSN - Nevada State College	40	58	206
RN to BSN - University of Nevada, Reno	22	23	176
BSN- Arizona College	*	3	214
BSN- Chamberlain University	15	91	136
BSN - Nevada State College	99	177	123
BSN - Roseman University	163	218	16
BSN - University of Nevada, Las Vegas	132	126	78
BSN - University of Nevada, Reno	126	125	24
AAS - Altierus Career College formerly Everest College	24	57	50
AAS - Carrington College, Reno	124	101	79
AAS - College of Southern Nevada	195	195	209
AAS - Great Basin College	26	26	26
AS - Truckee Meadows Community College	57	52	55
AAS - Western Nevada College	45	41	56
LPN - Brightwood College	63	49	51
LPN - College of Southern Nevada	13	21	0
Total	1,261	1,449	1,619

*no data available

COMMITTEES

Board Advisory Committees:

Committee meeting dates, agendas, and minutes are available for review on the Nevada State Board of Nursing website or by calling the Board to request a hard copy.

Advanced Practice Registered Nurse Committee

The purpose of the Advanced Practice Registered Nurse Committee is to advise the Nevada State Board of Nursing on matters or issues related to advanced nursing practice.

Committee Chair: Sally K. Miller, PhD, APRN, FAANP, APRN Consultant & Investigator

Members:

- Aaron Bellow Jr., PHD, APRN, FNP-BC - Henderson - November 2020
- Pamela Burgio, MSN, RN, APRN, PNP - Sparks - November 2020
- Rhone D'Errico, MSN, APRN-BC, FNP-C, PMHNP-BC - Las Vegas - March 2021
- Stephen Ingerson, MSN, APRN, CNS – Henderson-July 2022
- Cheryl A. Maes, PhD, MSN, APRN, FNP-BC - Las Vegas - July 2022
- Kelly Mecham, DNP, MSN, APRN, FNP-BC - Henderson - September 2021
- Jeanine Swygman, DNP, ACNP-BC, CCRN-CMC, PHN - Reno - November 2020
- Teresa Praus, MSN, APRN, FNP-BC - Las Vegas, - July 2022
- Patricia Strobehn, MSN, APRN, M FNP-BC - Las Vegas - July 2022
- Maileen Ulep-Reed, MSN, APRN, FNP-BC - Las Vegas - May 2020

Significant matters referred to the committee included:

- Revised Scope of Practice Decision Tree approved by the committee
- Reviewed SB456, authorizing admission of APRNs to hospital medical staff
- Review and approval of LPN Advisory Committee practice decision: LPN Scope of Practice regarding TB Mantoux Skin Testing
- Review of practice decision entitled Intrauterine Insemination by RNs and APRNs

CNA & MA-C Advisory Committee

The Advisory Committee on Nursing Assistants and Medication Aides is distinctive because its composition is defined by statute (NRS 632.072) and its duty is to advise the Board on matters relating to nursing assistants and medication aides-certified.

Committee Chair: Abbie Purney, DNP, APRN, CCNS, Director of Nursing Education

Members:

- M. Jeanne Hesterlee, RN (Bureau of Health Care Quality and Compliance) - Carson City - Indefinite
- Robert Kidd (Long Term Care) - Reno - September 2021
- Rhonda Meyer, RN, (Division of Healthcare Financing and Policy) - Elko - Indefinite
- Darren Morris, LPN (LPN Member) - Pahrump - November 2021
- Jennifer Williams-Woods (Division of Aging Services) - Reno - Indefinite
- Carole Wiseman, RN (AARP Member)– Reno – March 2020
- Carla Wright, MSNed, RN (RN member) - North Las Vegas - Indefinite

The Certified Nursing Assistant Committee is developed by statute (NRS.632.072). The CNA Advisory Committee consists of 11 members representing a specific area of expertise. Specifically, there is a member from the Bureau of Health Care Quality and Compliance, a member from Long-term Care, a certified nurse assistant, a representative of medical facilities which provide acute care, a representative of agencies to provide nursing care in the home, a representative from the Division of Aging Services and a representative of the American Association of Retired Persons (AARP). The focus of this Committee is to identify and discuss any issues related to CNA and MA-C practice in Nevada. The CNA Committee reviews the Headmaster year-to-date scores and discusses any areas that are performing less than the required 80% pass rate. This committee also reviews potential CNA programs wishing to be established in Nevada. Additionally, the committee makes recommendations for measures to improve performance within the CNA programs established in Nevada which includes instructor development and clarification of recommended education to meet current practice and evidence-based guidelines.

Accomplishments the committee included:

- Facilitated utilization of national best practices by CNA instructors
- Facilitated collaborative partnerships with the Headmaster Testing and CNA programs
- Reviewed trends in the Headmaster testing results requiring remediation and advises on methods to increase pass rates throughout the state

*Medication-aides certified were created by statute, NRS 632.291, in 2011. No MA-C's have been employed in Nevada and there are none currently certified in Nevada.

Disability Advisory Committee

The purpose of the Disability Advisory Committee is to advise and report to the Board regarding Nurses and CNAs with disabilities or practice issues which impact the delivery of safe and effective nursing.

Committee Chair: Sherri Twedt, BSN, RN, Compliance Coordinator

Members:

- Richard Angelastro, MSN, RN - Las Vegas - November 2020
- Peggy Cullum, BSN, RN - Las Vegas -November 2020
- Rebecca Gebhardt, DNP, APRN - Reno - March 2020
- Susan Hubbard, MS, BS, RN - Las Vegas - November 2020
- Beth Kiehn, APRN - Reno - March 2021
- Susan O'Day, MSEd, RN, CPAN - Reno -November 2020
- Toril Strand, BA, RN-C - Reno - November 2020

The Disability Advisory Committees is a committee appointed by the Board, consisting of at least six persons who are knowledgeable concerning any condition, diagnosis or addiction that may affect the safe practice of nursing, to advise and report to the Board on matters related to the protection of the public through the safe practice of nursing by any person who:

- (a) Has previously practiced nursing while, with or without good cause, the person's physical, mental or emotional condition has impaired his or her ability to act in a manner consistent with the established or customary standards of nursing; or
- (b) Is participating in the Alternative Program for Chemically Dependent Nurses established by the Board to serve as an alternative to disciplinary action for persons who are licensed or certified pursuant to the provisions of this chapter or chapter 632 of NRS and have a substance use disorder.

Activities of the committee included:

- Completed reviewing and revising the criteria used in monitoring nurses and CNAs in the Board's monitoring and probation programs.
- The committee's current project is to research and develop support strategies for nurses and CNAs in monitoring programs who have Substance Use Disorder, mental health disorders, and dual diagnosis.

Education Advisory Committee

The purpose of this committee is to advise and report to the Board on matters related to education and continuing education. The committee consists of representatives from nursing education, nursing associations, and employers.

Committee Chair: Abbie Purney, DNP, APRN, CCNS, Director of Nursing Education

Members:

- Kimberly Baxter, DNP, APRN, FNP-BC (UNR, Orvis School of Nursing) - Reno - May 2022
- Mary Chalfant, MS, RN (Sunrise Hospital & Medical Center) - Las Vegas - September 2020
- Irene Coons, PhD, RN, CNE (College of Southern Nevada) - Las Vegas - May 2022
- Judith Cordia, EdD, RN (Western Nevada College) - Carson City - July 2020
- Jody Covert, MSN, RN (Truckee Meadows Community College) - Reno - September 2019
- Nancy Hency Cywinski, RN, BSN, MS, NHA (CCDS) - Las Vegas - May 2022
- Amber Donnelly, PhD, RN, CNE (Great Basin College) - Elko - March 2020
- Patricia Gatlin, PhD, RN, CNE (University of Nevada, Las Vegas) - Las Vegas - January 2021
- Julia Millard, MSN, RN (Brightwood College) - Las Vegas - July 2020
- Branden Murphy, MSNed, RN, CPN, CCRN (Arizona College) - Las Vegas - May 2020
- Brian C. Oxhorn, PhD, RN (Roseman University) - Las Vegas - May 2021
- Kyle Salinas, Student, (Chamberlain University) - Las Vegas - May 2022
- Ruby Wertz, MSHA, BSN, RN (Nevada State College) - Las Vegas - May 2022

The Education Advisory Committee (EAC) is comprised of nursing educators and students throughout Nevada whose charge is to identify issues affecting nursing education in Nevada. The EAC reviews all year-to-date NCLEX scores, reviews and advises on applications for potential nursing programs in Nevada, and provides feedback and guidance on issues that Nevada nursing education is facing. The EAC members continue to work together to ensure Nevada nursing students are receiving high quality education so the graduates can meet the needs of Nevada residents.

Activities and accomplishments of the committee included:

- Continual advisement for national best practices by faculty
- Continual collaborative faculty/facility partnerships
- Approval of a new Licensed Practical Nurse (LPN) program
- On-going review of simulation in Nevada nursing programs

Nursing Practice Advisory Committee

The purpose of this committee is to advise and report to the Board on matters related to the establishment of a scope of practice for nursing in this state. The committee consists of at least 10 persons who are knowledgeable in all areas of nursing practice in Nevada and trends in national nursing practice.

Committee Chair: Sam McCord, BSN, RN, Director of Nursing Practice

Members:

- Mary Brann, MSN, RN - Henderson - March 2020
- Jessica Carlson, MSN, Ed., Phd ABD, RN-Henderson-July 2019
- Ginger Fidel, MSN, RN, OCN, CNL-Las Vegas- May 2022
- Mary Field, RN, BSN - Carson City - Indefinite
- Marilyn Jeanne Hesterlee, RN - Carson City – Indefinite
- Greg Highfill-Nursing Student-Minden-July 2019
- Laura Kennedy, BSN, RN, MBA-Sparks-January 2021
- Leanna Keith, MSN, RN - Gardnerville - March 2020
- Michelle McNary, LPN-RN-July 2021
- Chelsea Minto, BSN, RN, CNML - Reno - May 2022
- Nicole Sirotek, RN-Elko-May 2022
- Sierra West, RN-Las Vegas-May 2022

The NPAC met on all scheduled dates for fiscal year 2018/2019 except the February 4, 2019 meeting, which was canceled due to inclement weather. A quorum was met at every meeting. The committee added five new members that contributed the broad range of practice knowledge and clinical experience necessary to the committee's effectiveness. The membership to date stands at 12 and met the regulatory requirement mandating at least 10 members throughout fiscal year 2018/2019

Accomplishments of the committee included:

- Continued review, revision, and updates of long-standing practice decisions to ensure their relevance, accuracy, and relevance with accepted national standards of practice.
- Received reports from the committee chair regarding scope of practice questions received by board staff that are relevant to NPAC practice decisions.
- Reviewed and addressed revisions or updated the following practice decisions:
 - Role of the LPN with Nasogastric Tubes and RNs with Gastrostomy Tubes
 - Role of the RN with Intraosseous Catheter Placement and Infusion

- The Role of the CNA with Surgical Drains
- EMS RNs and Intubation
- Role of LPN with Nasogastric Tubes and RNs with Gastrostomy Tubes
- Role of RN with The Installation of Reversible Opioid Agonists Via Epidural Catheter by Registered Nurses
- Role of RN with Intraosseous Catheter Placement and Infusion
- NSBN Scope of Practice Decision Tree (with APRN Advisory Committee)
- The Role of the RN in Intrauterine Insemination
- The Role of the RN regarding removal of Small Bore Chest Tubes
- Solu–Cortef injections in School Nursing setting

Committee goals for fiscal year 2018/2019:

- Review, revise and update no less than two standing Practice Decisions per NPAC meeting to address a total of 12 by the end of fiscal year 2018/2019 (Goal met)
- Scope of practice statistics and trends were reported to the committee throughout the year. Two practice decisions were reviewed and/or initiated as a result of the review of the Scope of Practice trends. (Goal met)

Licensed Practical Nurse Advisory Committee

The LPN Advisory Committee (LPNAC) advises the Nevada State Board of Nursing on matters or issues related to the licensed practical nurses. The committee consists of individuals who are knowledgeable in areas concerning LPN practice.

Committee Chair: Sam McCord, BSN, RN, Director of Nursing Practice

Members:

- Cheri Crumley, LPN - Las Vegas - July 2021
- Daryl Lauffer, LPN - South Lake Tahoe - July 2021
- Kyle McComas, RN - Pahrump - July 2021
- Kathleen Mohn, RN - Las Vegas - July 2021
- Cynthia Morris, LPN - Las Vegas - July 2021
- Dr. Mary Jo Noble, RN - Las Vegas - July 2021

The LPNAC had its inaugural meeting on October 16, 2018. During fiscal year 2018/2019 the committee met no less than eight times in regular sub-committee meetings throughout the year. A quorum was met at every meeting. The committee started with the Board's approval of seven members, three LPNs, and four other RNs with experience in LPN education. The membership to date stands at seven and meets the regulatory requirement mandating at least six members.

Description & Accomplishments:

- Review, revision, and updates of long-standing practice decisions as related to LPN practice to ensure their relevance, accuracy, and relevance with accepted national standards of practice.
- Members drafted and submitted LPN and IV therapy educational article
- Ongoing review of Scope of Practice questions trends received by Board staff
- Addressed new and standing practice decisions and practice decision requests:
 - The Role of the LPN with Nasogastric Tubes
 - The Role of the LPN with TB skin testing
 - The Role of the LPN with Supra-Pubic catheterization
 - The LPN's Role in Phlebotomy
 - Discussed the LPNs scope regarding reconstitution of medications
 - Discussed the LPN's scope with case management duties
 - Reviewed and approved the updated NSBN Scope of Practice Decision Tree
 - Reviewed and discussed LPN's scope regarding PICC line removal (ongoing)

- Discussed and provided advisement to the Education Advisory Committee Chair regarding clinical site choices for Maternal/Child courses for the practical nurse student

Committee goals for fiscal year 2018/2019:

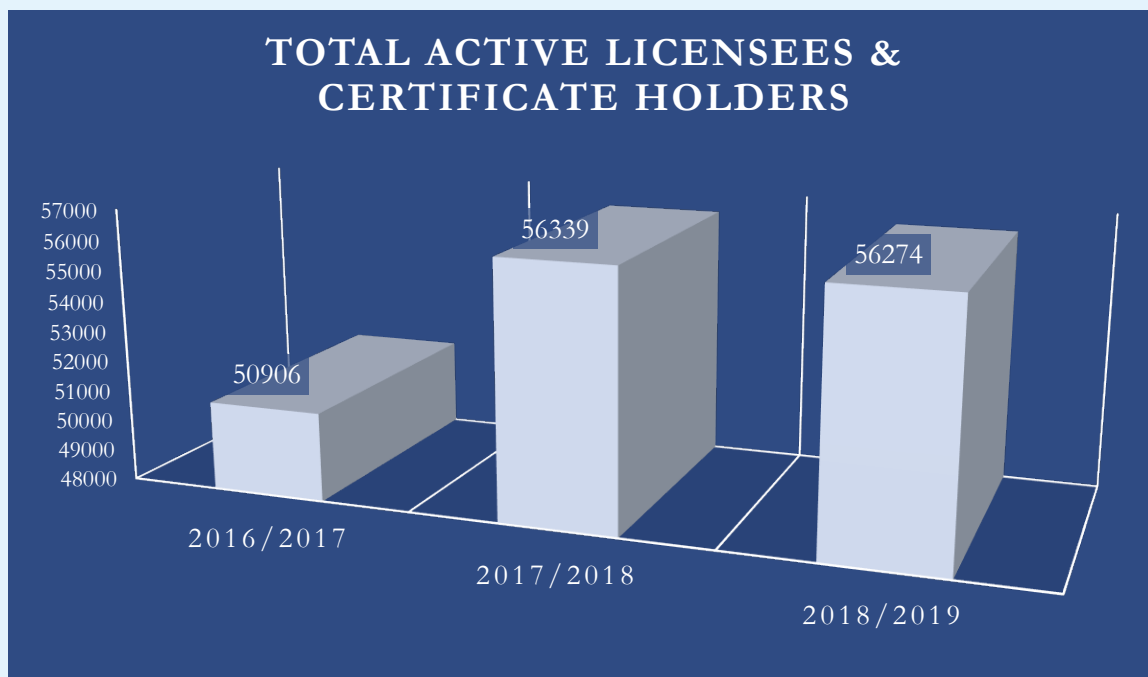
- Scope of practice statistics to be reported to the committee throughout the year to identify at least two areas of practice LPN's in the field need education or clarification of scope.

ANNUAL REVIEW BY THE NUMBERS, FISCAL YEAR 2018/2019 STATISTICS

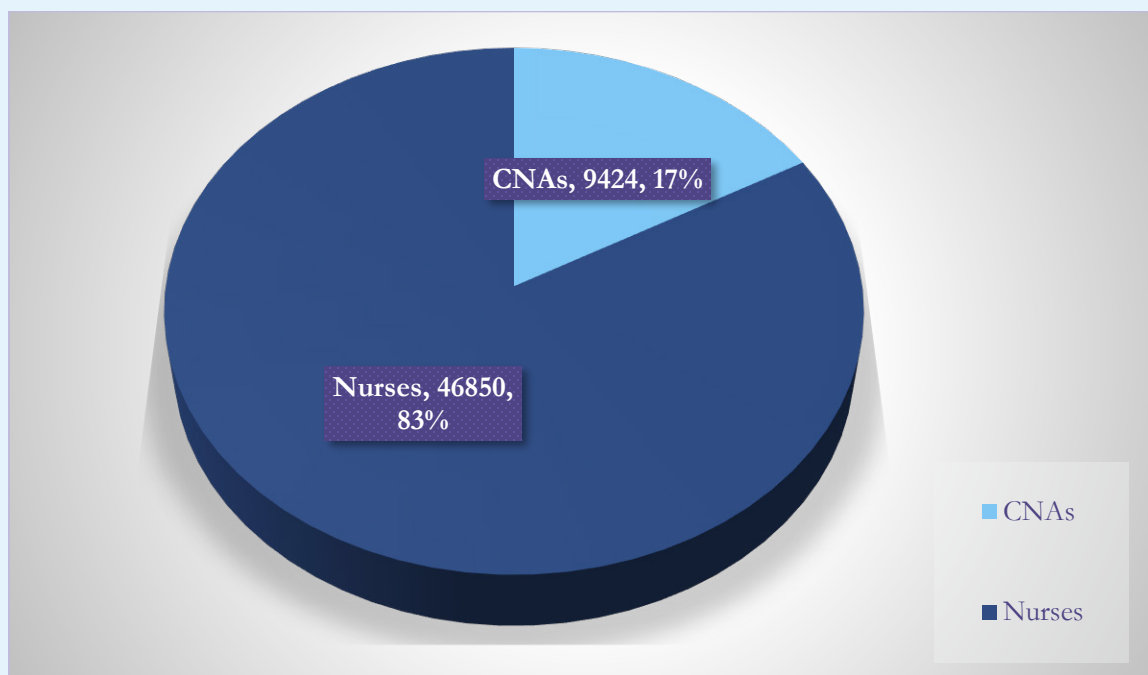
The Board reviews a minimum of three years of statistical data on an annual basis to identify trends in licensure, certification, investigation, discipline, continuing education, audits, and compliance. The data is collected contemporaneously throughout the fiscal year, which runs from July 1st through June 30th.

Licensure & Certification

Total number of Active Licensees and Certificate Holders:

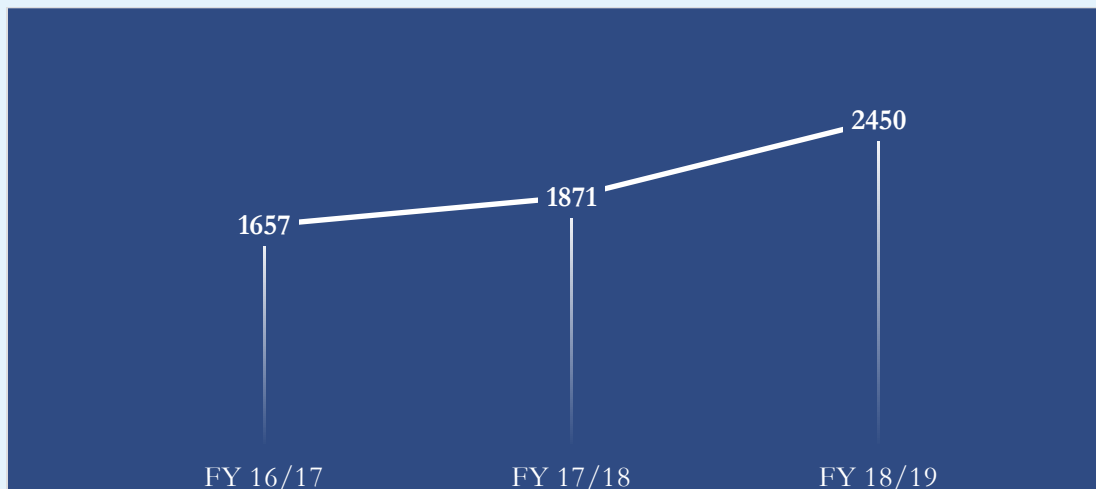


Total number of Licensees and Certificate Holders by license type for fiscal year 2018/2019:



Advanced Practice Registered Nurses

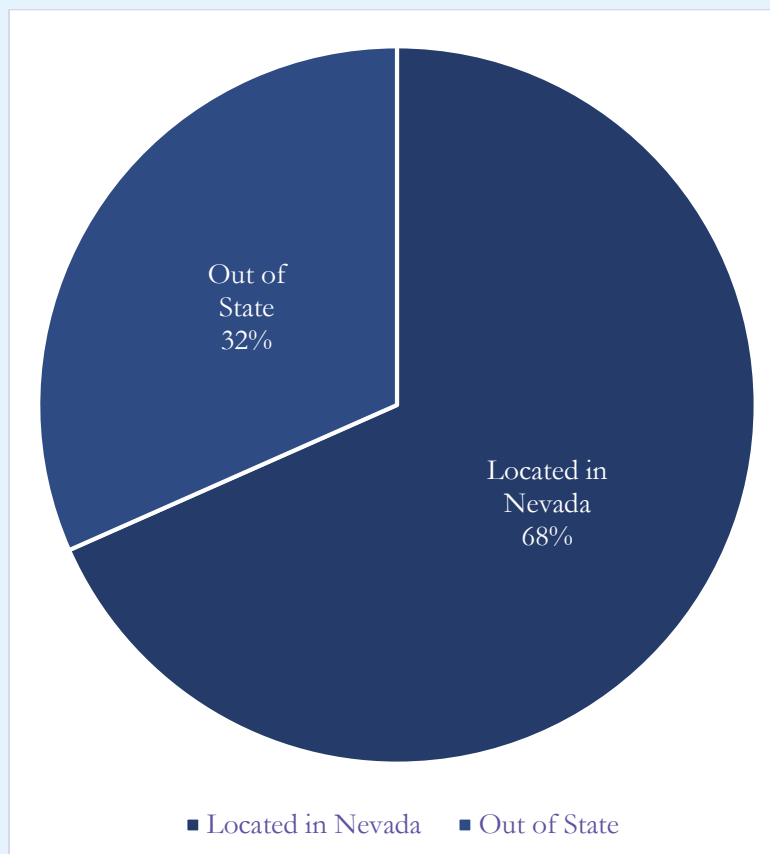
Number of APRNs with an Active License:



This data demonstrates a 31% increase in Active ARPNS in Fiscal Year 2018/2019

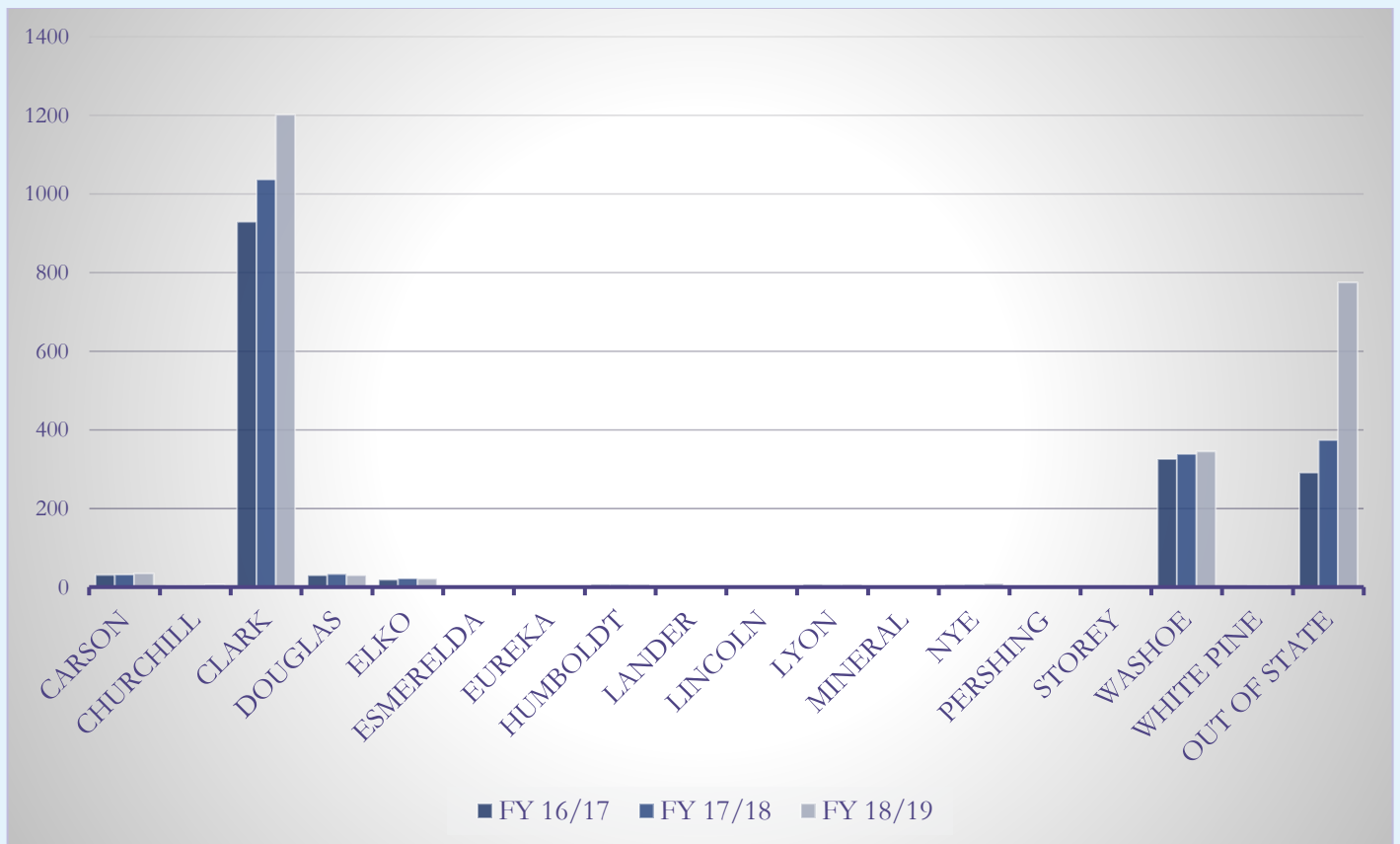
APRNs by Location:

Although NSBN does not keep statistical data regarding APRN practice locations, the address of record provided to the Board indicates a county of residence. This information is helpful in reviewing the locations of APRNs with active Nevada licensure.

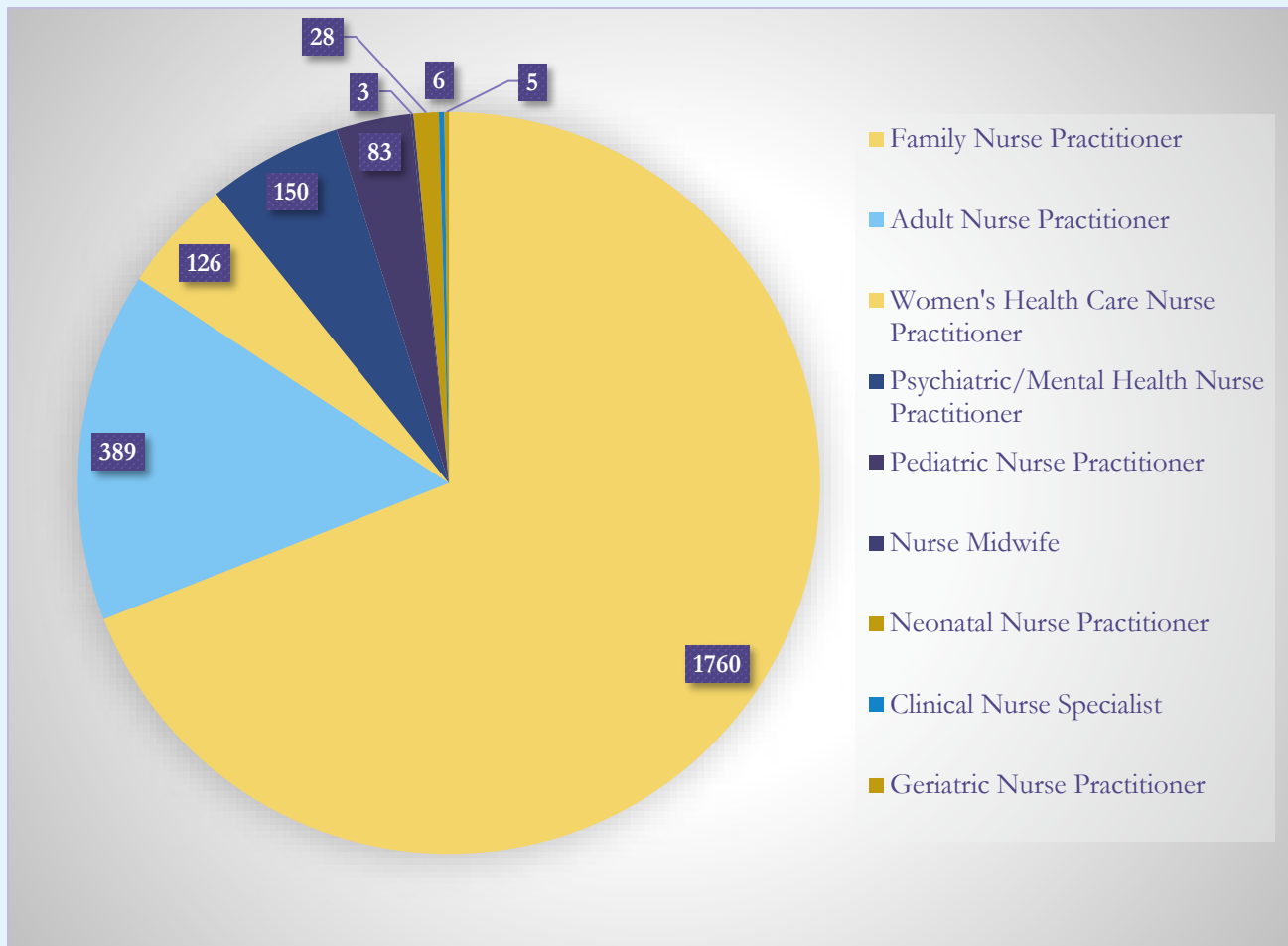


APRNs by County by fiscal year:

	2016/2017	2017/2018	2018/2019
Carson	31	32	35
Churchill	4	4	7
Clark	929	1037	1202
Douglas	30	33	30
Elko	19	22	21
Esmerelda	0	0	0
Eureka	0	2	2
Humboldt	6	6	7
Lander	2	3	1
Lincoln	1	1	1
Lyon	6	5	7
Mineral	0	0	0
Nye	5	6	9
Pershing	2	2	1
Storey	2	1	3
Washoe	326	339	345
White Pine	3	4	4
Out of State	291	374	775
Total	1657	1871	2450

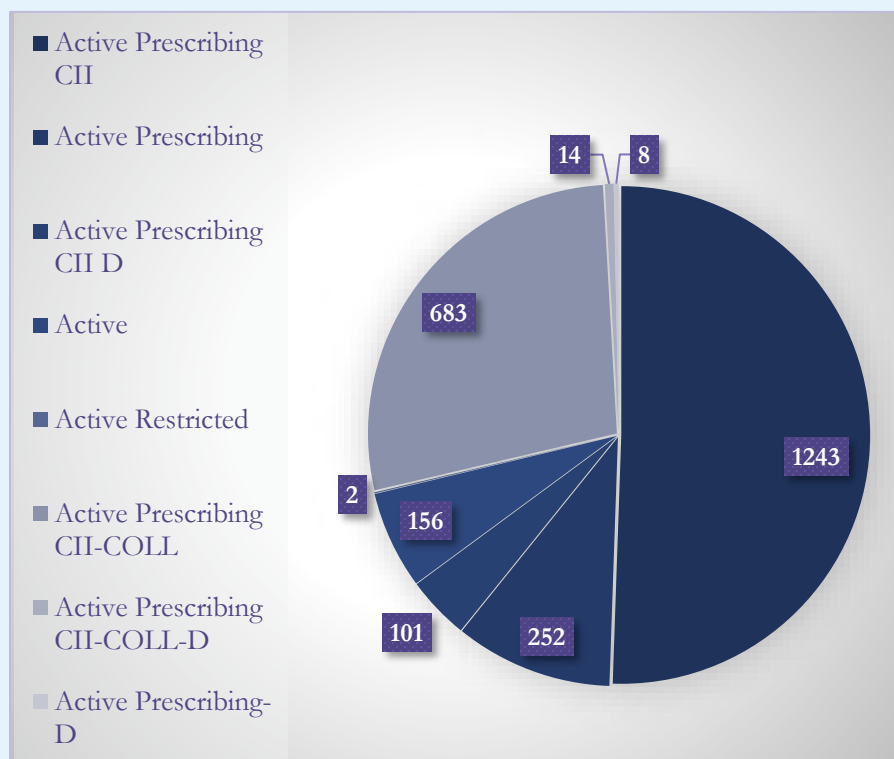


APRNs by Population Focus:



APRNs by Populations of Focus	Fiscal Year 2018/2019
Family Nurse Practitioner	1760
Adult Nurse Practitioner	389
Women's Health Care Nurse Practitioner	126
Psychiatric/Mental Health Nurse Practitioner	150
Pediatric Nurse Practitioner	83
Nurse Midwife	3
Neonatal Nurse Practitioner	28
Clinical Nurse Specialist	6
Geriatric Nurse Practitioner	5
Total (as of June 30, 2019)	2450

APRNs by Prescribing Privilege Status:



NSBN has collaborated with the Nevada State Board of Pharmacy to ensure APRNs meet legal requirements to prescribe medications and/or controlled substances, with or without a collaborative agreement with a physician, and if they qualify to dispense medications and/or controlled substances if they choose. All APRN licenses indicate prescribing status as follows:

- Active - an APRN qualified for licensure but has not met requirements or chooses not to prescribe medications;
- Active Restricted - an APRN qualified for licensure with a restricted license as a disciplinary measure;
- Active Prescribing - an APRN qualified for licensure and to prescribe controlled substances only in schedule III, IV, and V;
- Active Prescribing CII - an APRN qualified for licensure and to prescribe controlled substances in schedules II, III, IV, and V with or without a collaborative agreement with a physician;
- Active Prescribing CII D - an APRN qualified for licensure and to prescribe controlled substances in schedules II, III, IV, and V with or without a collaborative agreement with a physician, and to dispense those medications.

APRNs Prescribing Status	2017/2018	2018/2019
Active Prescribing CII	1494	1243
Active Prescribing	196	252
Active Prescribing CII D	90	101
Active	12	156
Active Restricted	3	2
Active Prescribing CII-COLL	*	683
Active Prescribing CII-COLL-D	*	14
Active Prescribing-D	*	8

Applications

Endorsement applicants are those holding an active license/certificate in another state or jurisdiction seeking licensure or certification in Nevada. Exam applicants are new graduates applying for a nursing license or certificate for the first time in any state.

Applications are valid for one year from the date received by the Board. Applications are sent for investigation when the applicant answers “yes” to one or more of the eligibility screening questions, if the criminal background check is positive, or any other evidence is discovered that indicates the application is potentially fraudulent. The Board may sanction an applicant in the form of denial of licensure, formal disciplinary action, or ordering the licensee/certificate holder be placed on a term of monitoring or probation.

Last year, it was noted that there was an increase of 18% in the number of active licensees and certificate holders over the previous three years. This year, the number has leveled out in that high range.

Over the past three years, exam applications remained consistent, endorsement applications increased by 23%, and renewal applications increased by 13%. The volume of applications being processed in both Board offices remains high. Staff productivity relative to processing applications at all levels remains very effective as evidenced by the number of those licensed/certified, and in the number of dispositions for those processed through investigations.

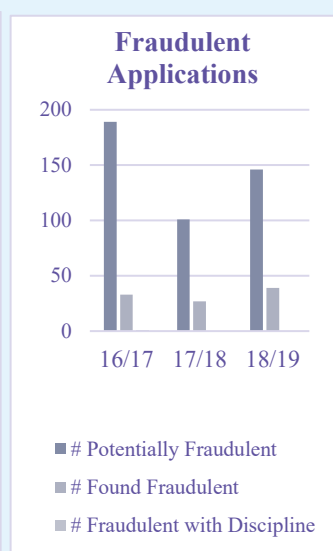
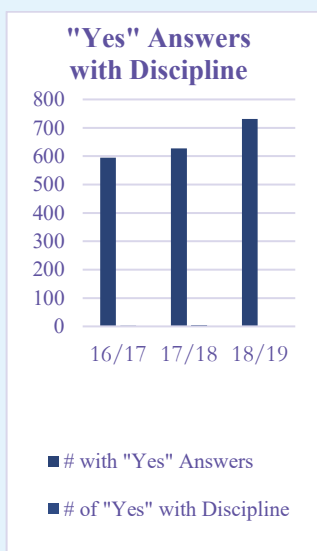
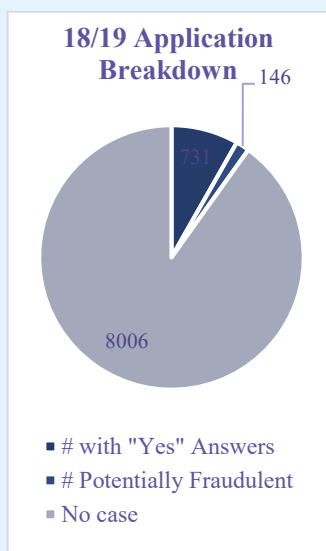
Total Initial Applications	2016/2017	2017/2018	2018/2019
Total active certificates/licenses	50906	56339	56274
Total of initial applications	9302	10256	10917
Total exam applications	3118	3426	3210
Total endorsement applications	5984	5939	7707
Total "Yes" answer applications	786	804	929
% of "Yes" answer applications	8.45%	7.84%	8.51%
Total "Yes" answer applications w/disc	7	8	5
Total potentially fraud app	300	203	255
% of potentially fraud apps	3.23%	1.98%	2.34%
Total number found fraudulent	64	67	71
% of apps investigated found fraudulent	21.33%	33.00%	27.84%

Nurse initial applications by type:

The total number of active licensees has increased by 10% over the past three years with an all-time high of 46850. Both exam and endorsement applications have increased during this period by a total of 20%. Consistently, 9% of initial nurse applicants require investigation regarding "Yes" answers and/or

fraudulent applications. "Yes" answer applications are processed more expediently since the implementation of ORBS, which accounts for the 55% decrease in pending investigations. When the investigation results in no violations found the applicant is cleared for processing. Pending applications remained in process on the last day of the fiscal year.

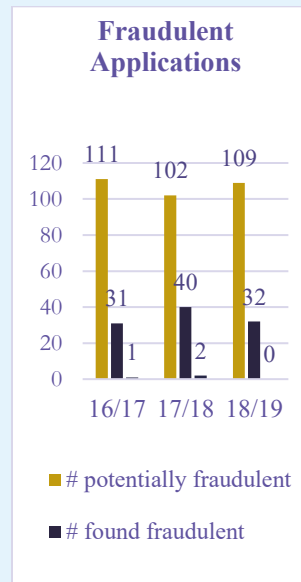
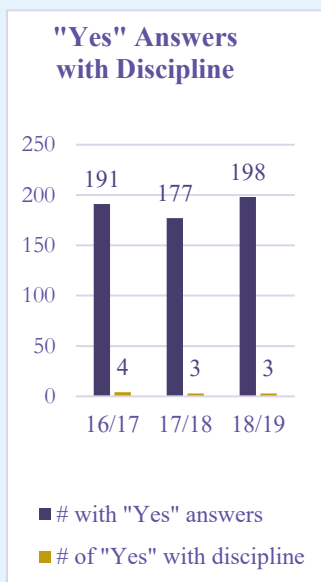
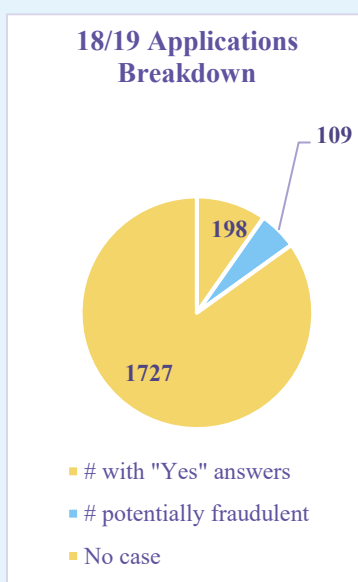
Total Initial Nurse Applications	2016/2017	2017/2018	2018/2019
Total number of active licenses	42154	44555	46850
# Nurse Initial Applications	7066	7238	8883
# by Exam	1773	1963	1906
# by Endorsement	5293	5275	6977
# with "Yes" Answers	595	627	731
% with "Yes" Answers	8.4%	8.7%	8.2%
# of "Yes" with Discipline	3	5	2
% "Yes" with Discipline	0.5%	0.8%	0.3%
# Potentially Fraudulent	189	101	146
% Potentially Fraudulent	2.7%	1.4%	1.6%
# Found Fraudulent	33	27	39
# Fraudulent with Discipline	1	0	0
No case	6282	6510	8006



Nursing Assistant initial applications by type:

The total number of certificate holders has increased by 7% over the past three years. CNA exam applications have decreased by 10%, while endorsement applications increased by 9%. Nearly 10% of CNA Initial applications include "Yes" answers. 15% of CNA applicants require investigation of "Yes" answer and fraudulent applications, which is slightly higher than past years. Staff members are more effective in contacting and obtaining documentation regarding "Yes" answers and fraudulent applications with the implementation of ORBS and other department strategies.

Total CNA Applications	2016/2017	2017/2018	2018/2019
Total number of CNAs	8752	9344	9424
# Initial CNA applications	2236	2127	2034
# by Exam	1345	1463	1304
# by Endorsement	691	664	730
# with "Yes" answers	191	177	198
% with "Yes" answers	8.5%	8.3%	9.7%
# of "Yes" with discipline	4	3	3
% "Yes" with discipline	2.1%	1.7%	1.5%
# potentially fraudulent	111	102	109
% potentially fraudulent	5.0%	4.8%	5.4%
# found fraudulent	31	40	32
# fraudulent with discipline	1	2	0
No case	1934	1848	1727



Summary of nurse and CNA renewal applications by outcome:

Total Nurse Renewal Applications	2016/2017	2017/2018	2018/2019
# Nurse Renewal Apps	16622	17862	19349
# with "Yes" Answers	72	91	95
% with "Yes" Answers	0.4%	0.5%	0.5%
# of "Yes" with Discipline	3	2	2
% "Yes" with Discipline	4.2%	2.2%	2.1%
# Potentially Fraudulent	28	22	31
% Potentially Fraudulent	0.2%	0.1%	0.2%
# Found Fraudulent	7	10	9
# Fraudulent with Discipline	0	1	1
No case	16522	17749	19223

Total CNA Renewal Applications	2016/2017	2017/2018	2018/2019
# CNA Renewal Applications	3523	3565	3890
# with "Yes" Answers	23	26	40
% with "Yes" Answers	0.7%	0.7%	1.0%
# of "Yes" with Discipline	2	1	0
% "Yes" with Discipline	8.7%	3.8%	0.0%
# Potentially Fraudulent	23	21	33
% Potentially Fraudulent	0.7%	0.6%	0.8%
# Found Fraudulent	4	6	14
# Fraudulent with Discipline	1	0	1
No case	3477	3518	3817

Complaint Investigation & Discipline

Investigation and discipline support public protection. Complaints submitted to the board are sent to investigation when there are allegations of alleged violations of the Nevada Nurse Practice Act. When an investigation is initiated, board staff ensure that nurses and nursing assistants (respondents) are given due process, which requires adequate notice and description of the charges, the right to hire an attorney at their own expense, and to have a hearing or the opportunity for a hearing. Respondents also have the right not to respond to allegations, not to participate in settlement negotiations, not to sign anything, the right to see the complaint, and the right to appeal any Board action.

At the conclusion of a thorough investigation the board may: close a complaint with no further action; offer remediation generally in the form of targeted education to address the practice breakdown; offer or order a non-disciplinary program such as practice monitoring; discipline the respondent via an application

denial, a reprimand, a fine, a term of probation, a term of suspension, revocation or voluntary surrender of license/certificate.

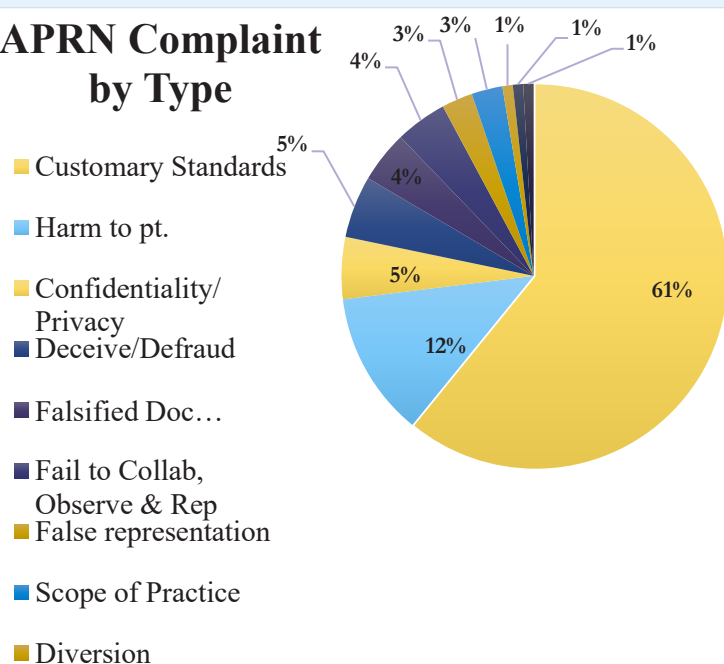
APRN Complaint Investigations & Discipline Statistics:

In fiscal year 2018/19 there was a significant increase (23%) in the number of APRN licensees, yet the total number of complaints opened remained constant. The percent of discipline to complaints increased marginally. The percentage of complaints to the total number of APRNs decreased from 4% to 3%.

Total Number of Active Licensees	2016/2017	2017/2018	2018/2019
Total licensed APRNs	1657	1871	2450
Percent increase from the previous year	14%	13%	23%
Complaints Received and Pending Cases	2016/2017	2017/2018	2018/2019
Number of complaints opened	81	79	79
Number of pending nurse cases as of 6/30/19	28	27	26
Percentage of complaints by total NV APRNs	5.00%	4.00%	3.00%
Discipline Outcome Statistics	2016/2017	2017/2018	2018/2019
Total number of discipline outcomes	2	5	6
Percent of licensees receiving discipline	0.12%	0.26%	0.24%
Percent of discipline to complaints	2.00%	6.30%	7.50%
Days to Open and Resolve Complaints	2016/2017	2017/2018	2018/2019
Average number of days to case resolution	94	91	84

When reviewing the source of complaints received data there were notable changes from the previous fiscal year's data. Complaints from government agencies more than doubled from nine to 23 and anonymous complaints doubled from three to seven. All other sources remained constant. Regarding the type of APRN complaints received, there were notable changes as well. The Customary Standards category increased from 45 to 70 and is used for allegations related to prescribing and assessment violations and often accompany other alleged violations noted in the data below. Complaints of Harm to Patient increased slightly from 12 to 14. Deceive/Defraud and Failure to Collaborate, Observe and Report violations accounted for only two allegations in fiscal year 2017/2018 but together accounted for 11 alleged violations in fiscal year 2018/2019. The time required to fully investigate case decreased slightly from fiscal year 2017/2018 at 84 days.

APRN Complaint by Type



Types of APRN Complaints

Customary Standards	70
Harm to patient	14
Confidentiality/Privacy	6
Deceive/Defraud	6
Falsified Documents	5
Fail to Collab, Observe & Rep	5
False representation	3
Scope of Practice	3
Diversion	1
Professional Boundaries	1
Delegation	1

Nurse Complaint Investigations & Discipline Statistics:

Over the past three years the number of license holders has consistently increased 5 to 7% per year.

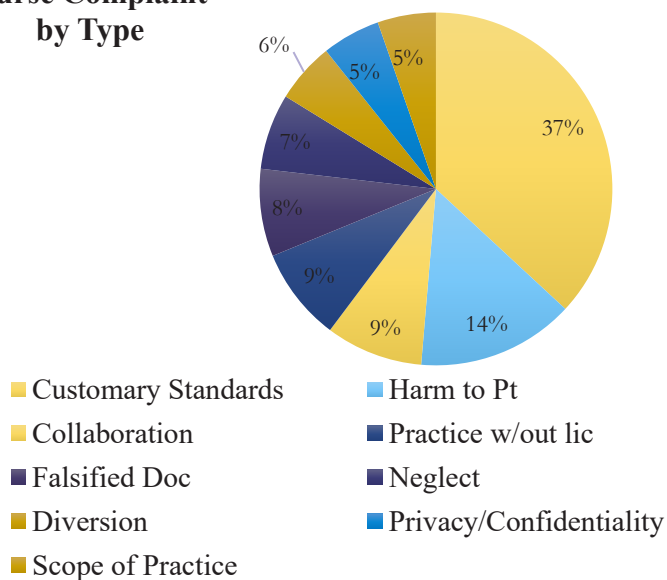
During the same period the percentage of complaints per licensed nurse has decreased slightly from 1.0% to 0.76%. The number of complaints decreased from what had been reported previously because 58% of complaints reported in fiscal year 2016/2017 through fiscal year 2017/2018 included Fraudulent Applications (CFA), and Continuing Education (CE) audits violations. The CFA and CE audit investigation statistics are now reported in the Applications and Continuing Education sections of this report. The time required to fully investigate cases increased from 94 to 103 business days.

Total Number of Active Licensees	2016/2017	2017/2018	2018/2019
Total licensed nurses (LPN, RN, CRNA, APRN)	42154	44555	46850
Percent increase from the previous year	7%	5%	5%
Complaints Received and Pending Cases	2016/2017	2017/2018	2018/2019
Number of complaints opened (LPN, RN, CRNA, APRN)	705	612	359
Number of pending cases as of 6/30/19	200	214	96
Percentage of complaints by total NV nurses	1.67%	1.00%	0.76%
Discipline Outcome Statistics	2016/2017	2017/2018	2018/2019
Number of discipline outcomes	93	97	103
Percent of licensees receiving discipline	0.22%	0.21%	0.21%
Percent of discipline to complaints	13.20%	15%	28%

Days to Open and Resolve Complaints	2016/2017	2017/2018	2018/2019
Average number of days to case resolution	70	94	103

The top nine most common sources of complaints did not change from those reported for fiscal year 2017/2018. There were notable changes within the specific categories as follows: Facility generated complaints increased from 94 to 119, Consumer complaints increased from 80 to 94 and Coworker complaints increased significantly from one to 21. There was an increase in the Anonymous category from seven to 34. Anonymous complaints are now a selection item in the complaint portal and has been selected at a higher frequency since the implementation of the complaint portal. Other states using similar complaint portal process have reported the same increase. The notable complaint allegation trends are as follows: Harm to patient increased from 39 to 81, Failure to Collaborate increased from 31 to 50, Failure to Observe and Report increased from 12 to 44 and Neglect allegations increased from 20 to 39.

Nurse Complaint by Type



Types of Nurse Complaints

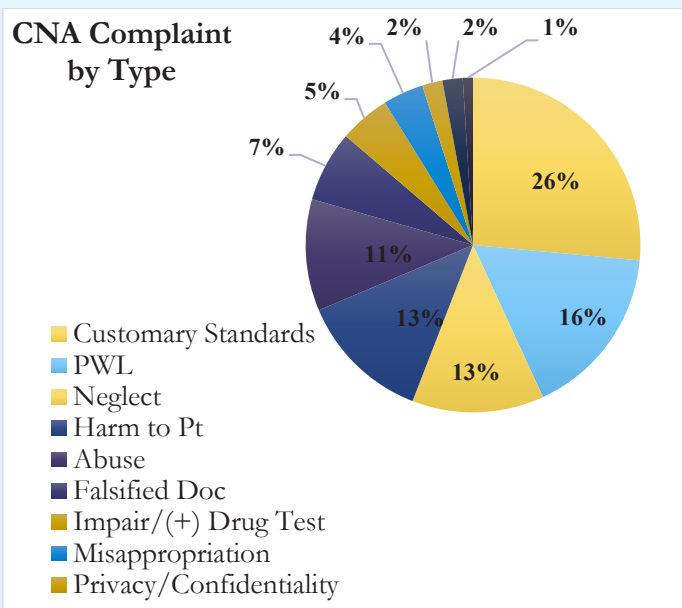
Types of Nurse Complaints	
Customary Standards	207
Harm to Patient	81
Collaboration	50
Practice without license	48
Falsified Doc	45
Neglect	39
Diversion	31
Privacy/Confidentiality	30
Scope of Practice	30
Document Narcotics	25

CNA Complaint Investigations & Discipline Statistics:

Over the past three years, the number of active certificate holders increased by 10%. In fiscal year 2018/2019 the total number of certificate holders increased by 1%, showing a slowing of growth in certificate holders as compared to the previous two years. The number of complaints opened (69) was significantly lower. This is due to the fact that fiscal year 2018/2019 reflects only complaints sent directly to the Discipline Department. The data reported in fiscal year 2016/2017 and fiscal year 2017/2018 included Fraudulent Applications (CFA); and Continuing Education (CE) audits violation, which are now reported in the Applications and Continuing Education sections of this report. The origin of complaints did not vary notably from fiscal year 2017/2018 with facility driven complaints most common (56% of all

received). There was an increase in the "Other" and "Anonymous" categories, which are new to ORBS complaint portal. Changes in the type of complaints received were a decrease in abuse complaints 14 to 11 (12% decrease) an increase in Neglect (47% increase), Harm (47% increase), and Confidentiality/Privacy allegations (47% increase). Also, of note is Misappropriation allegations in complaints increased (33% increase). The time required to fully investigate cases remained below 100 days at 93 business days.

Total Number of Active Certificate Holders	2016/2017	2017/2018	2018/2019
Total certificated CNAs	8752	9344	9424
Percent increase from the previous year	3.40%	6.76%	0.95%
Complaints Received and Pending Cases	2016/2017	2017/2018	2018/2019
Number of CNA complaints opened	312	323	69
Number of pending CNA cases as of 6/30/19	110	86	23
Percentage of complaints by total NV CNAs	3.56%	3.20%	0.80%
Discipline Outcome Statistics	2016/2017	2017/2018	2018/2019
Number of discipline outcomes	50	42	29
Percent of certificate holders receiving discipline	0.57%	0.44%	0.31%
Percent of discipline to complaints	16%	13.80%	42.02%
Days to Open and Resolve Complaints	2016/2017	2017/2018	2018/2019
Average number of days to case resolution.	80	94	93



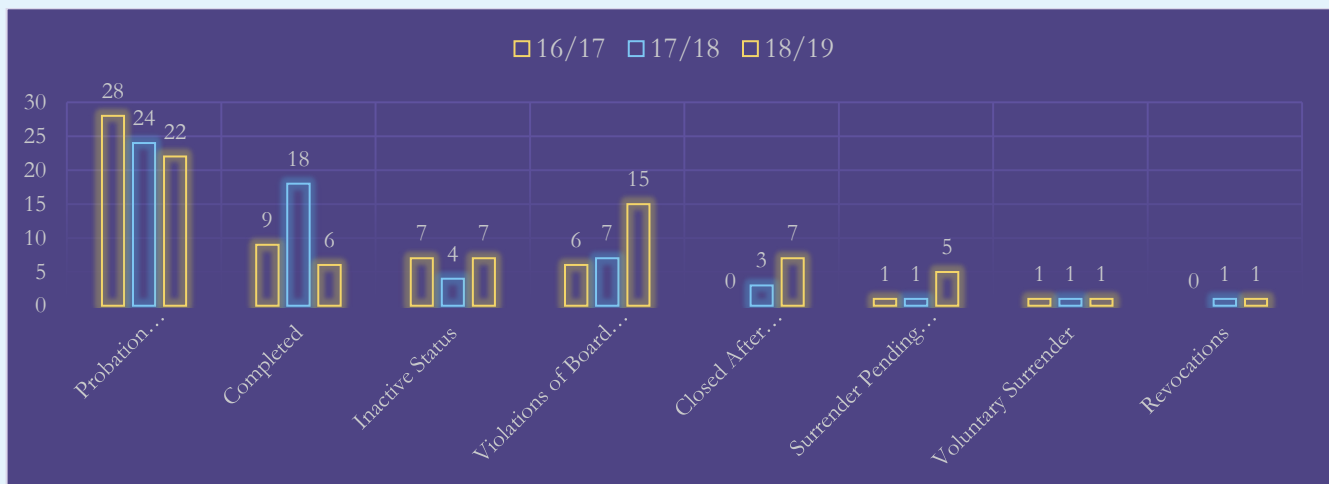
Types of CNA Complaints	
Customary Standards	27
PWL	17
Neglect	13
Harm to Pt	13
Abuse	11
Falsified Doc	7
Impair/(+) Drug Test	5
Misappropriation	4
Privacy/Confidentiality	2
Abandonment	2
Boundaries	1

Compliance & Monitoring

The Board may place an individual on disciplinary probation or non-disciplinary monitoring with limitations or restrictions on practice to remediate and improve practice, to enhance public safety, and/or if qualified, to re-enter nursing practice when a substance use disorder has been identified.

Probation may be one to five years in length and may require substance use disorder stipulations, practice stipulations or a combination of both depending on the nature of the violation. The ebb and flow of program completion by participants relates to the length of the order/agreement and violations leading to surrender or revocation of certificate/license.

Total number of participants on probation by fiscal year:



Seven (7) nursing assistants and fifty (50) nurses are on Probation by Agreement or by Board Order.

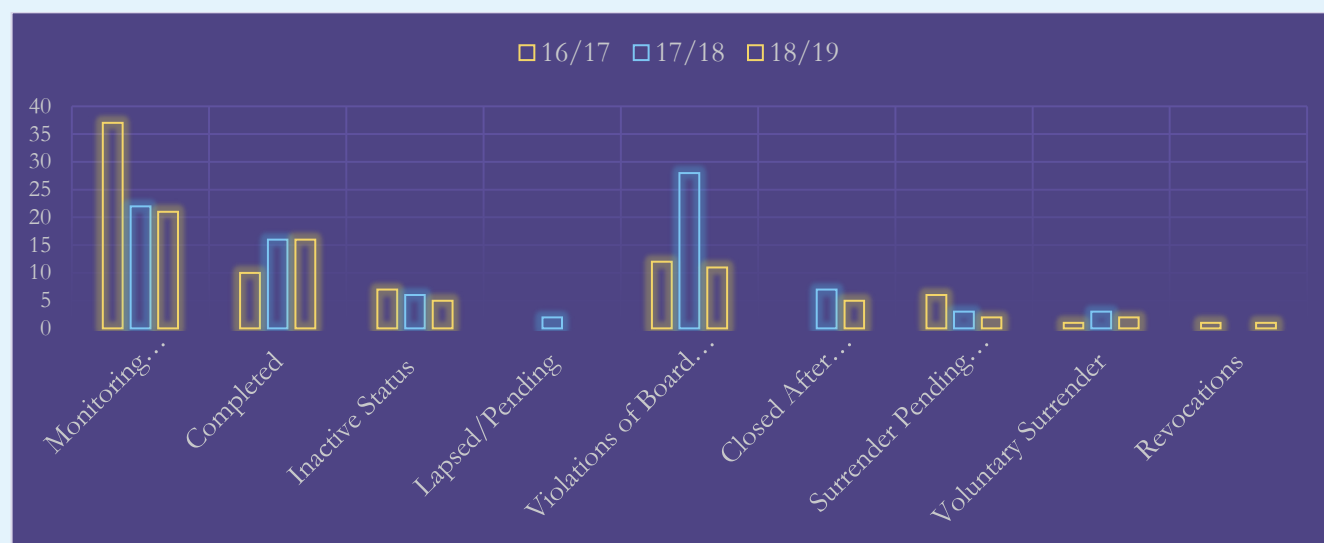
Probation Status	2016/2017	2017/2018	2018/2019
Probation Agreement/Order	28	24	22
Completed	9	18	6
Inactive Status	7	4	7
Violations of Board Orders	6	7	15
Closed After Investigation ***	0	3	7
Surrender Pending Hearing	1	1	5
Voluntary Surrender	1	1	1
Revocations	0	1	1
Total Participants on Probation	59	62	57

**An investigation of an order violation is closed after the violation has been resolved. Examples include failing to submit reports or failing to attend ordered meetings. The investigation is closed after the nurse complies with the stipulation.

Total number of participants on monitoring by fiscal year:

Monitoring may be one to five years in length and may include some or all substance use disorder stipulations.

Three (3) nursing assistants and seventy-six (76) nurses are currently active in the Monitoring Program.



Monitoring Status	2016/2017	2017/2018	2018/2019
Monitoring Agreement/Order	37	22	21
Completed	10	16	16
Inactive Status	7	6	5
Lapsed/Pending	0	2	0
Violations of Board Orders *	12	28	11
Closed After Investigation **	0	7	5
Surrender Pending Hearing	6	3	2
Voluntary Surrender	1	3	2
Revocations	1	0	1
Total Participants on Monitoring	84	82	79

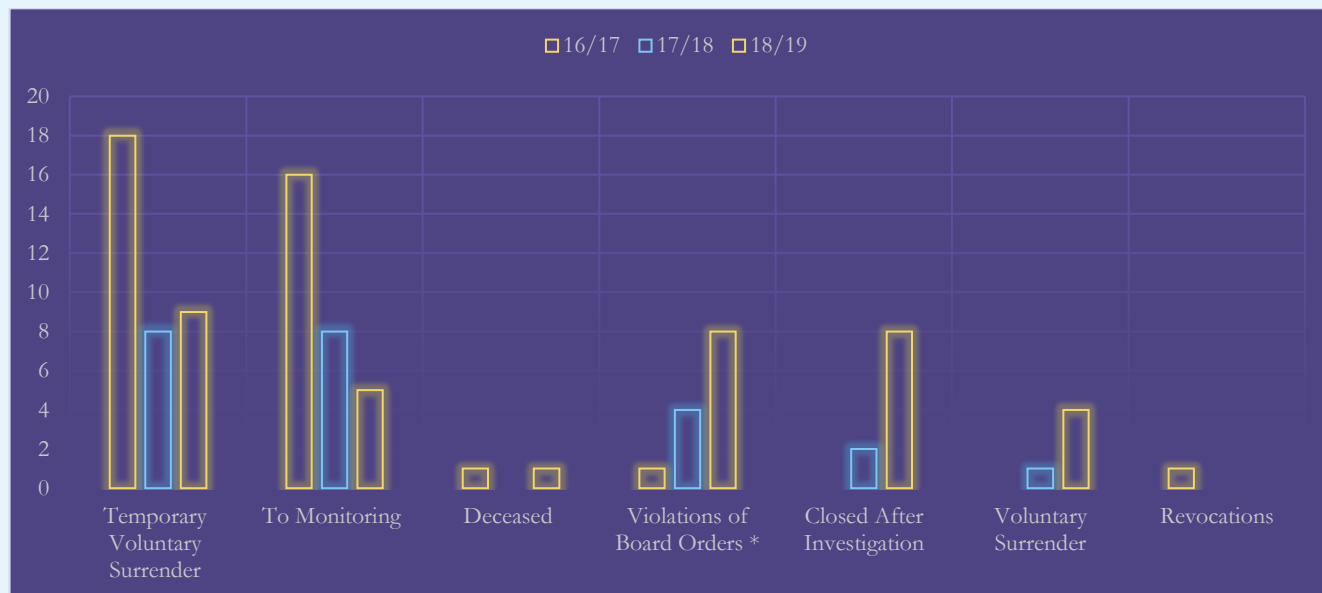
*The primary violations of Board Orders included positive drug tests, failing to submit quarterly reports and failing to attend meetings. Our current system allows us to identify violations earlier and allows the participant to address the violation promptly reducing the need to open a complaint.

**An investigation of an order violation is closed after the violation has been resolved. Examples include failing to submit reports or failing to attend ordered meetings. The investigation is closed after the nurse complies with the stipulation.

Temporary Voluntary Surrender statistics by fiscal year:

The Alternative Program requires the nurse or CNA to sign a Temporary Voluntary Surrender of license to practice, completion of a Board approved treatment program, attendance at ninety (90) AA/NA meetings for ninety (90) days in a row, abstinence and drug testing, submission of monthly self, counselor, and sponsor reports. After completion of treatment, the nurse or CNA may request to return to practice. Once they have completed all requirements and have submitted a fitness for duty report from their provider, indicating they are safe to return to practice, they are placed on a five (5) year period of monitoring with stipulations that include abstinence and drug testing, counseling, attendance at AA/NA

and nurse support group meetings, and sponsorship. The nurse or CNA must submit counselor, sponsor, supervisor, and self-reports to the Board on a monthly or quarterly basis.



Zero (0) nursing assistants and nine (9) nurses are currently active in the Alternative Program.

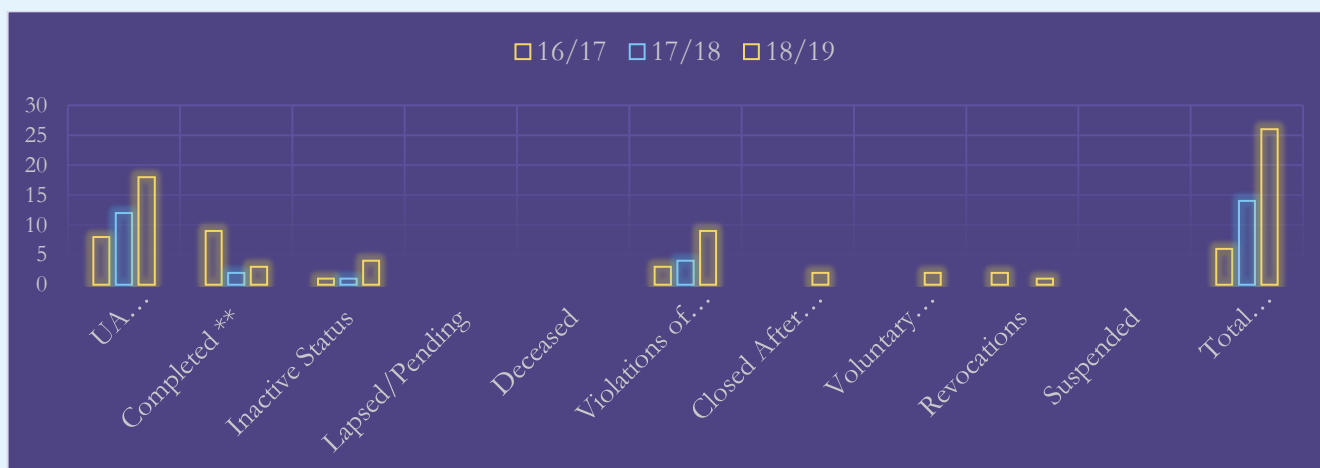
A decrease in the transition from Temporary Voluntary Surrender to Monitoring is related to violations resulting in the voluntary surrender of license or probation of license and to the increased amount of time nurses are allowing themselves to return to practice

Temporary Voluntary Surrender Status	2016/2017	2017/2018	2018/2019
Temporary Voluntary Surrender	18	8	9
To Monitoring	16	8	5
Deceased	1	0	1
Violations of Board Orders *	1	4	8
Closed After Investigation	0	2	8
Voluntary Surrender	0	1	4
Revocations	1	0	0
Current Temporary Voluntary Surrenders	13	10	9

*Violations of the Temporary Voluntary Surrender are related to positive drug tests or self-report of relapse.

Monitoring Urine Analysis Statistics:

Monitoring UAs require abstinence and drug screens only. Seven (7) nursing assistants and nineteen (19) nurses are being monitored for abstinence and UAs only.



Monitoring UA Status	2016/2017	2017/2018	2018/2019
UA Agreement/Order *	8	12	18
Completed **	9	2	3
Inactive Status	1	1	4
Lapsed/Pending	0	0	0
Deceased	0	0	0
Violations of Board Orders	3	4	9
Closed After Investigation	0	0	2
Voluntary Surrender	0	0	2
Revocations	2	0	1
Suspended	0	0	0
Total Participants in UA Agreements	6	14	26

*There has been an increase in offering this type of agreement related to the triage process in the application department and the case review process.

**A decrease in the number of completed UA agreements is related to increasing the length of time of the agreements from one (1) year to up to three (3) years.

Continuing Education Audits

Nurse Continuing Education Audits and Outcomes:

To be eligible for license renewal, RNs and LPNs must complete 30 continuing education (CE) credits within the previous twenty-four months in addition to having completed a one-time board approved four (4) CE bioterrorism course in addition to meeting all other renewal requirements. APRNs must complete 45 CEs directly related to his/her role or population focus, and Certified Registered Nurse Anesthetists (CRNAs) must complete 45 CEs related to practice as a nurse anesthetist in addition to meeting all other renewal requirements. The Board audits a minimum of 10% of all nurse renewal applicants each month to ensure compliance with continuing education/competency requirements as attested to on each renewal application.

Nurse Audits			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
Total Audits Completed *	1981	1879	667
Total Successfully Completed Requirements	1797	1710	548
Total Complaints Opened for Failing to Comply	171	169	119

*Fiscal Year 2018/2019 During the transition to ORBS the number of audits has decreased.

Board staff is currently working with the ORBS team to address the decreases discovered.

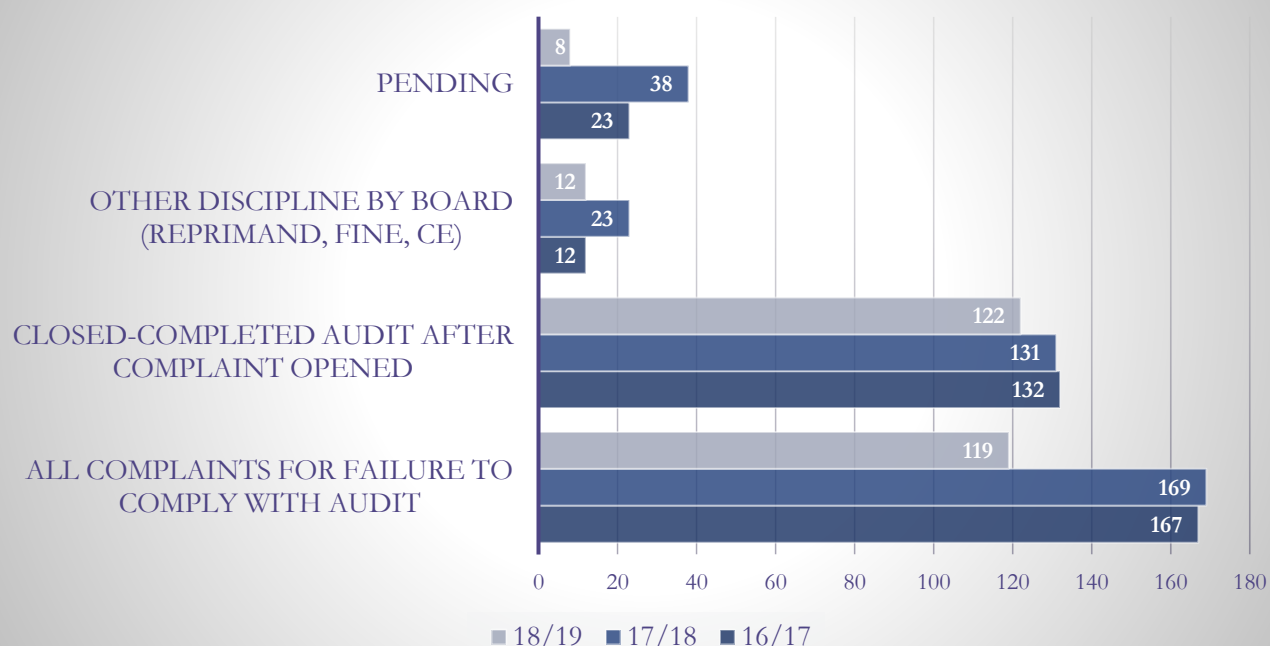
Outcomes-Complaints Based on Failure to Meet Audit Requirements			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
All complaints for failure to comply with audit	167	169	119
Closed-completed audit after complaint opened	132	131	122
Other discipline by Board (Reprimand, fine, CE)	12	23	12
Pending	23	38	8

Percentage of All Renewal Applicants			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
Nurses Audited	11.9%	10.0%	3.4%
Completed without Investigation	90.7%	91.0%	82.2%

Percentage of Nurse Audit Complaints			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
Leading to investigation	8.6%	9.0%	17.8%
Closed after complaint opened *	79.0%	77.5%	102.5%
Other discipline by Board	7.2%	13.6%	10.1%

*Fiscal year 2018/2019 Due to the number of pending complaints at the end of last fiscal year more complaints were closed than were opened.

Outcomes - Nurse Audits



CNA Continuing Education and Employment Audits and Outcomes:

To be eligible for renewal of a certificate CNAs must successfully complete 24 CE credits or training within the previous twenty-four months in addition to being employed for a minimum of 40 hours as a CNA. The Board audits a minimum of 10% of all CNA renewal applicants each month to ensure compliance with continuing education/employment requirements as attested to on each renewal application.

CNA Audits			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
Total Audits Completed *	441	358	97
Total Successfully Completed Requirements	345	224	55
Total Complaints Opened for Failing to Comply	96	119	42

Outcomes-Complaints Based on Failure to Meet Audit Requirements			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
All complaints for failure to comply with audit	90	119	42
Closed-completed audit after complaint opened	49	76	46
Renewal application denied by Board	22	22	9
Other discipline by Board (Reprimand, fine, CE)	7	8	11
Pending	25	38	3

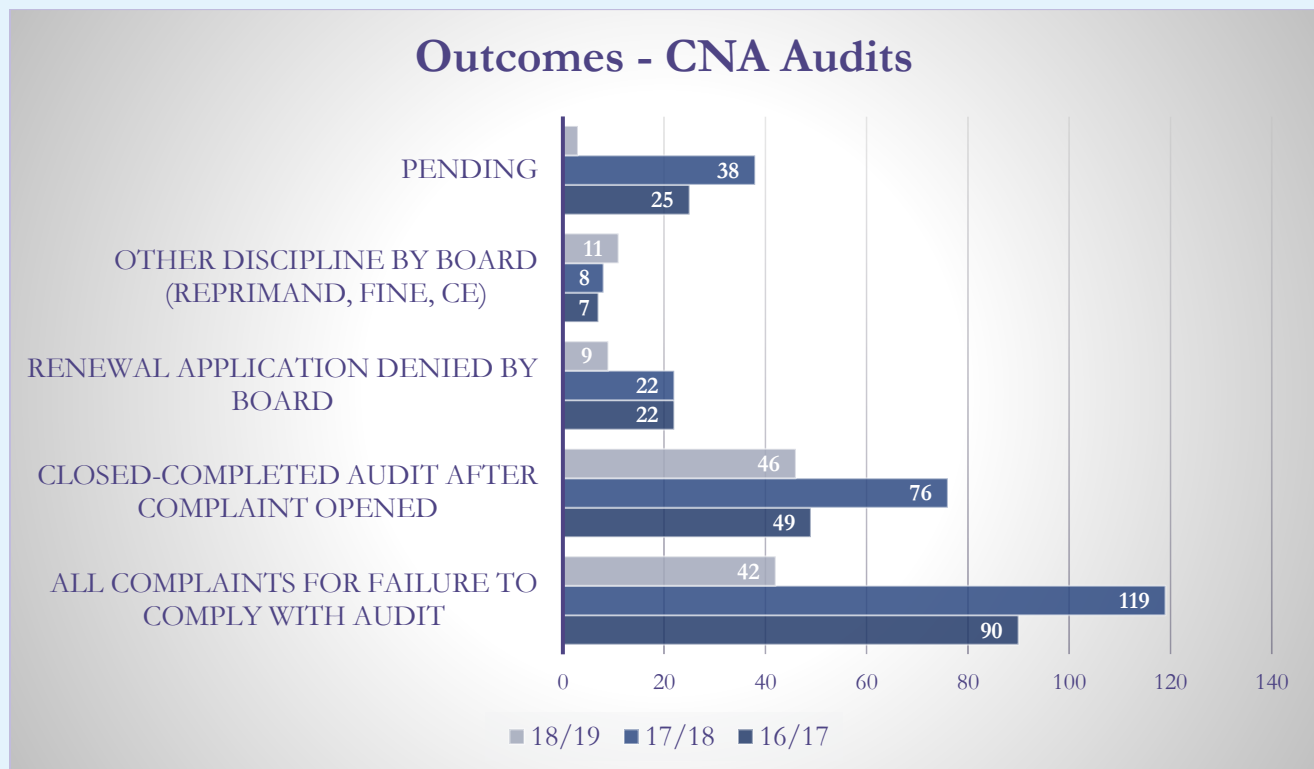
*Fiscal year 2018/2019 During the transition to ORBS the number of audits has decreased.

Board staff is currently working with the ORBS team to address the decreases discovered.

Percentage of All Renewal Applicants			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
CNAs Audited	12.5%	10.0%	2.5%
Completed without Investigation	78.2%	62.6%	56.7%

Percentage of CNA Audit Complaints			
Timeline-Fiscal Year	2016/2017	2017/2018	2018/2019
Leading to investigation	21.8%	33.2%	43.3%
Closed after complaint opened *	54.4%	63.9%	109.5%
Other discipline by Board	7.8%	6.7%	26.2%

*Fiscal year 2018/2019 Due to the number of pending complaints at the end of last FY more complaints were closed than were opened.



A BRIEF HISTORY OF THE NEVADA STATE BOARD OF NURSING

1915

First of four attempts to legislate nurse registration in Nevada.

1919

Sadie Hurst, assemblywoman from Washoe County, introduced nurse exam and licensure legislation which passed but was vetoed by the Governor. "The greatest opposition to the bill came from nurses who had attended training schools but did not receive diplomas."

1922

Last class graduated from St. Mary's Hospital Training Program. "The decision to close the school was Prompted by the failure of the Nevada legislature to pass a Nurse Registration Act and, without the law, nurses could not obtain reciprocal registration with other states..."

1923

Nevada legislature established Board of Nurse Examiners, Mary Evans, the first president, was issued Nevada license #1. Between 1923 and 1931, there were 196 Licenses issued.

1947

The Board of Nurse Examiners is given authority to accredit nursing of Board members was increased to five RNs.

1949

Professional Nurse Practice Act amended to reinforce mandatory registration and violations. Legislation passed to regulate practice of practical nursing.

1949

The Board of Nurse Examiners given authority to regulate practical nurses.

1963

Two LPN members added to the Board. LPN Board members restricted to deciding matters pertaining to practical nursing.

1963

Amendment to the Nurse Practice Act directing the governor to solicit names for the Board of Nurse Examiners from the Nurses Association.

1973

One consumer member added to the Board. All Board members now have the same decision authority as the RN members.

1977

Number of Board members by one RN. Board now consisted of four RNs, two LPNs and one member of the general public.

1979

The Nevada State Board of Nursing (NSBN) is given authority to regulate advanced practitioners of nursing.

1982

30 hours of continuing education became mandatory for re-licensure in nursing.

1989

NSBN given the authority to regulate certified nursing assistants.

1994

NBSN begins fingerprinting all initial applicants for licensure and certification.

1995

One CNA member added Board, replacing one LPN. The Board now consisted of four RNs, one LPN, one CNA and one member of the general public.

2003

Nevada legislature passed Assembly Bill 250 requiring nurses to take four hours of continuing education relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

2010

NSBN joins National Council of State Boards of Nursing's Nursys Database. NSBN begins fingerprinting applicants on renewal.

2012

NSBN given authority to regulate medication-aides certified.

2013

AB 170 passed allowing full practice authority for Nevada APRNs. NSBN celebrated 90 years of service to the residents of Nevada.

2016

AB 105 passed, revises continuing education prevention and awareness. AB 474 passed in response to the opioid epidemic, provides specific guidelines for APRN SB 227 passed allowing qualified APRNs to sign, endorse certain documents

2019

AB147 Authorizes an Advanced practice Registered Nurse to perform certain services. AB275 prohibits a licensing board from denying a license to an individual based on immigration or citizenship status. SB134 allows APRNs to practice to the fullest extent of their scope of practice.

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