

Summer 2019

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Rising to the Challenge: the Optimal Regulatory Board System (ORBS)



ORBS

Optimal Regulatory Board System

**Inside this Issue: Nurses from Across the Globe Gather in Singapore /
Nursing Regulation in Australia / Alabama Board of Nursing Receives
Regulatory Achievement Award**

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

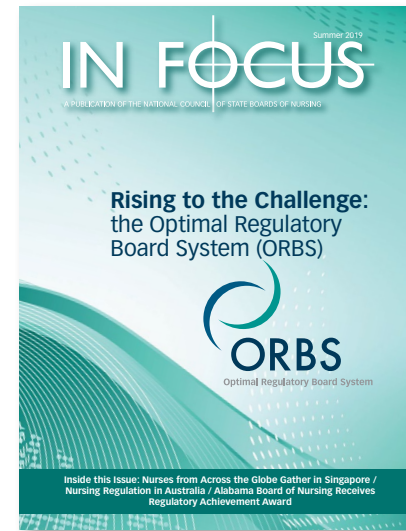
NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 25 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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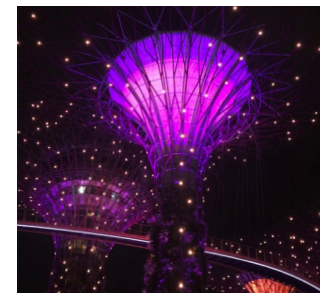
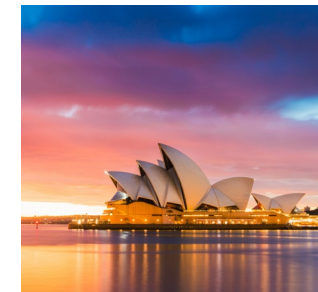
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TRANSITION TO PRACTICE®

ENGAGING • EXPERIENCING • EMPOWERING

from **NCSBN LEARNING EXTENSION**
Your resource for e-learning for the nursing community

TRANSITION TO PRACTICE® PROGRAM

The first year of employment for new graduate nurses can be challenging as they integrate into the new role as practicing nurses. The new Transition to Practice course series from NCSBN puts new nurses on the right track to effectively build vital on-the-job proficiencies:

- » Adopt proven communication strategies that reduce errors
- » Empower patients, families and significant others
- » Apply critical reasoning through evidence-based practice
- » Participate in processes that improve outcomes of care
- » Connect technology with caring
- » Interact with a preceptor to develop clinical decision making

Based on the results of a comprehensive research study, NCSBN Learning Extension has developed an exciting new e-learning offering - the Transition to Practice® (TTP) program. Consisting of a preceptor course and five courses for new nurses, the program is designed to help new nurses develop more confidence and become more competent nursing professionals.

Course 1: Communication & Teamwork

Provide safer and more effective care through situational awareness and positive workplace behaviors.

Course 2: Patient- & Family-centered Care

Understand how to empower your patients and include them as integral members of the health care team.

Course 3: Evidence-based Practice

Engage intellectual curiosity within the context of a health care team in order to achieve improved outcomes.

Course 4: Quality Improvement

Embrace change and participate in processes that continuously improve the outcomes of care.

Course 5: Informatics

Empower patients with new technologies that allow vital information to flow between the patient and health care team.

Course for Preceptors: Helping New Nurses Transition to Practice

Foster the growth of new graduate nurses by embracing the roles of teacher, coach, and protector.

ncsbn.org/ttppcourses

NCSBN Members Share Their Stories of Involvement

The NCSBN Leadership Succession Committee (LSC) hosts Leadership Succession Calls to provide members with opportunities to learn from influential NCSBN Leaders. Conducted in an interview format, the calls provide future, emerging and current leaders with an insider's look into the value of running for office and serving in an NCSBN leadership role. During the LSC's February and April calls, guest speakers shared their stories of involvement. Here are summaries of their accomplishments and advice on becoming a leader.



February 2019 Leadership Succession Call

Sue Petula, PhD, MSN, RN, NEA-BC, FRE, member board staff, Pennsylvania State Board of Nursing

Sue Petula is nursing education advisor to the Pennsylvania State Board of Nursing. She also serves as faculty in the Graduate Nursing Department of Cedar Crest College and Immaculata University in Scranton, Pa. At the national level, she serves on NCSBN's Institute of Regulatory Excellence Committee. Previously, she chaired the Leadership Succession Committee.

When Petula reflects on what she has gained professionally from her involvement in NCSBN, she cites two leadership practices: the enhancement of key principals and to be mission driven. Her advice would be to embrace change and learn to grow. "Everyone is a leader in and of themselves, especially nurses. When you get over the hard and scary part of it, such as running for office, you build confidence."



Cathy Borris-Hale, MHA, RN, member board staff, District of Columbia Board of Nursing

At SHW-Hadley Hospital, Cathy Borris-Hale rose in the ranks to become the second African American woman appointed CEO of a District of Columbia hospital. She was appointed chair of the

District of Columbia Board of Nursing and later became a staff member. Her involvement with NCSBN includes being the previous chair of the Resolutions Committee, previous member of NCSBN's Medical Marijuana Regulatory Guidelines Committee and a current director-at-large on the NCSBN Board of Directors.

Borris-Hale is learning something new every day. "It is fascinating work and I'm happy to be a part of something bigger than myself," she explained. Her work on the Marijuana Guidelines Committee was one of her most satisfying experiences. "If you're the smartest person in your group, you need to get a new group."



April 2019 Leadership Succession Call

Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission

Paula Meyer has served as the executive director of the Washington State Nursing Care Quality Assurance Commission since 1999. She served on the NCSBN Board of Directors and chaired the Executive Officer Leadership Council. Throughout the years, Meyer has contributed her expertise to many NCSBN committees including the Leadership Succession Committee.

Meyer started her executive officer position in the month of June, two months shy of the Executive Officers Meeting at the NCSBN Annual Meeting. She connected with her mentor, who provided information on NCSBN's services and encouraged her participation. "One of the keys to leadership is to get involved," she shared.



David E. Saucedo II, board member, Texas Board of Nursing

David E. Saucedo II is a consumer member and vice president of the Texas Board of Nursing. Day-to-day, he is an accountant and president of Saucedo Lock Company. Saucedo serves as

founding chair of Empire Builders, a business leadership program. He currently serves on the NCSBN Finance Committee.

Saucedo explains the importance of members having an awareness of their skill sets. "You're never really ready for an opportunity and your experience only gets you to the table," he shared. He offered advice for consumer members (non-nurses) who feel they may lack the necessary knowledge to contribute, saying, "There are times when all of my nurse colleagues are in agreement, but I don't agree from a business perspective. It's hard to read the label when you're inside the jar."

"Everyone is a leader in and of themselves, especially nurses. When you get over the hard and scary part of it, such as running for office, you build confidence."

– Sue Petula, PhD, MSN, RN, NEA-BC, FRE

To listen to full-length recordings of past Leadership Succession Calls, visit the [Leadership Succession Calls & Videos page](#) (members only, login required).

LEADERSHIP



Nursing and Midwifery Council of NEW SOUTH WALES, AUSTRALIA



By **Margaret
Cooke, PhD, RN,**
Executive Officer

About the Nursing and Midwifery Council

The Nursing and Midwifery Council of New South Wales (NSW) regulates approximately 110,000 registered nurses, enrolled nurses and midwives in the state, who provide health services to 7.9 million people -- 64% of whom live in the capital city, Sydney. The Council consists of up to 15 members appointed by the state governor. The staff who support the Council, including myself, work for the Health Professional Councils Authority.

Australia has recently implemented a new model for the registration and accreditation of health practitioners. The Health Practitioner Regulation National Law was established in 2010 and replaced more than 180 pieces of legislation across all Australian states and territories. The National Law aims to ensure that only practitioners with the qualifications to provide safe care are registered to practice. This model delivers many benefits, including national standards for registration and accreditation, annual professional development requirements (CPD) and an online register of practitioners where employers and the public can verify the status of a health professional's registration.

The National Law applies to all regulated health professions including nursing and midwifery. However, the law is implemented differently in our state. The state government amended the National Law when adopting it to allow for co-regulation. The reasons for this are multifaceted and complex, but largely pertain to the complaint handling process.

Our state has realised benefits from both the National Law and co-regulation; however, it does mean that we work within a more complex regulatory framework than other states and territories. This requires us to closely collaborate with a number of regulatory bodies to manage complaints. Our co-regulatory jurisdiction means that all notifications about registered health practitioners are dealt with by our 15 professional Councils (supported by the Health Professional Councils Authority (HPCA)) and by a separate entity, the Health Care Complaints Commission (HCCC).

After initial assessment and consultation with the HCCC, approximately 70% of cases about nurses and midwives are referred to our Council to manage in the health, performance and conduct pathways. About 5% of the most serious complaints are referred to the HCCC to conduct an investigation independent of the

Sydney Opera House

Council, and if necessary to prosecute before a public tribunal. The remainder are discontinued because they don't meet the regulatory threshold.

A national body, the Nursing and Midwifery Board of Australia (NMBA), establishes the professional standards, accredits courses, registers practitioners, and manages complaints in states other than NSW. They are supported by the Australian Health Practitioner Regulation Agency (AHPRA), who administer and maintain the national register.

Our Goals

Like other health regulators, our primary purpose is to protect the health and safety of the public in our state. We do this by:

- Minimising risks -- managing complaints about nurses, midwives and students to prevent recurrence;
- Promoting and upholding professional standards for safe practice; and
- Being an agent of influence for safe cultures within health services.

Managing Complaints

The number of notifications and complaints that we receive has steadily increased since 2010. This year, we received 840 notifications. The majority of complaints are about performance (46%) or conduct incidents (32%), followed by health impairments (22%) such as mental health or alcohol and other drug misuse.

We are continually looking to refine our processes and find efficiencies whilst maintaining effectiveness by acting in a timely fashion, particularly where complaints are identified as high risk. We operate within a protective jurisdiction. The focus is on minimising risks to public safety rather than punishing a practitioner.

Our Council decision makers assess the practitioner's current performance, conduct and health, taking into

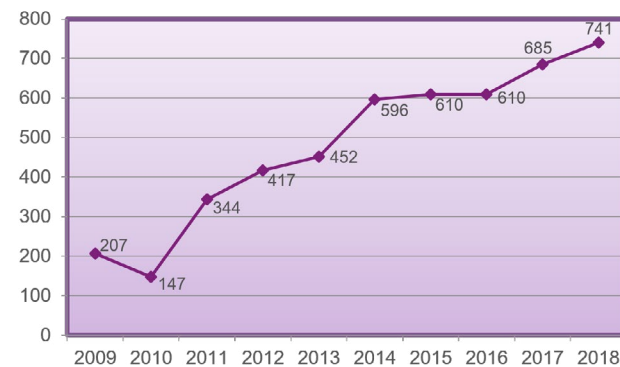


Sydney Harbour Bridge

account a range of variables which can influence the level of risk. These include: the complaint issues; assessments of the practitioner's practice; their work environment; their response to the incident; and other relevant risk factors, such as their health. Our assessments are future-focused, i.e., whether the

practitioner is currently able to work within acceptable safe standards and is fit to practise. Public interest is also taken into account.

Notifications Received by Year



To remediate complaint issues, we may encourage practitioner reflection and professional development, offer professional performance and counselling interviews, and conduct assessments of the practitioner's performance or health. If we find deficits, the practitioner could be referred to a panel which may impose conditions on the practitioner's registration. Conditions allow us to monitor the practitioner's health or performance for improvement. Although restrictions are applied in a proportionate manner, and often allow the practitioner to safely continue working, public safety is always the primary consideration and any practice conditions that we impose are published. When necessary, suspension of the practitioner's registration is used.

The above remedial pathways vary from the disciplinary process, which is conducted by our co-regulator the HCCC. The HCCC must prove the particulars of the complaint and demonstrate to a Tribunal that it meets the threshold for unsatisfactory professional conduct. A Tribunal may impose conditions on practice, reprimand practitioners and suspend or cancel registration.

Promoting Professional Standards and Safe Cultures

Although we act when necessary to minimise harm and prevent unsafe practice, we also recognise that patient safety is a shared responsibility. Outcomes are better for patients and for practitioners when safety and workplace culture issues are identified early.

We also believe that a greater awareness and understanding of the broader principles of the National Board's professional practice framework is essential. Adhering to these standards can help practitioners develop safe, just and resilient health services by setting clear expectations, raising concerns early, facilitating unit safety checks, evaluating and improving quality, planning continuing professional development, and managing performance. It's particularly important that practitioners follow the mandatory notification guidelines by reporting to the regulator any health concerns, reckless behaviour or pattern of behaviour that has the potential to cause patient harm or decrease trust in the profession.

We use a range of strategies to educate nurses and midwives across the state about their obligations under the law and their individual responsibility to uphold the professional standards. We aim to empower them to discuss and deal with safety concerns in the workplace. We inform them how they can navigate the regulation system, when they need to make a notification, and what happens to nurses and midwives who have a notification made about them.

Building Capability and Capacity

We also undertake continuous improvement initiatives to build capacity and capability, and to reinforce the public's trust in us. Staff and Council decision-makers are required to complete online learning about regulation early in their appointment. We also provide stakeholders with learning activities throughout the year on priority topics. Recently we worked with the

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to improve Council members' understanding of cultural safety for Australia's Indigenous peoples within health services. We have also introduced person-centred case management to improve our regulatory processes.

Research and quality improvement are essential for good regulatory practice. We recently completed original research about the regulatory process, looking at the risk-related variables and the impact they have on decision outcomes. Last year we collaborated with Professor Mary Chiarella AM to look at what a practitioner's level of insight about their professional performance can tell us about their future risk.

We would like to enhance our data collection, analysis, linkage and intelligence sharing with our regulation partners. Our organisation, HPCA, is developing new complaints management and business improvement systems to help with this and to improve interactions with all stakeholders. We hope in the future to conduct research which will allow us to better measure risk and evaluate the outcomes of the actions and interventions we use.

We are conscious of the limits of the Council's role and resources, nevertheless the Council aims to be progressive to ensure that we are as effective as possible. We strive to collaborate with our co-regulatory partners and to inform, influence, encourage and, where possible, magnify the work that they do to improve patient safety. The Council may identify trends, but many organisations including the Council may be involved in identifying the risks and solutions. Furthermore, risk can be better recognised through the linkage of information held by different organisations that are part of or support the health system

Our Impact

Only 0.5% of the nursing and midwifery workforce are involved in notifications each year. The vast majority of nurses and midwives are performing to very high standards of professional practice. We are proud of our role in upholding and supporting those standards, and maintaining the public's trust in these professions. We are privileged to work in a space that can make a real difference to the quality of life in our state, by protecting the public and supporting safe work cultures in health care.



Margaret Cooke, PhD, RN, is registered nurse and a midwife who has practised clinically in these professions in Australia and the U.K. for more than 15 years. She worked as an academic whilst undertaking her PhD, combining education with research (and some clinical) for 15 years after this. Research areas of interest were midwifery practice, smoking cessation, evaluating outcomes of change management, and translation of research into policy and practice. More recently, evaluation and research to inform evidence based regulation has been her priority. Toward the end of this period, she was fortunate to work with academic colleagues in Central Kalimantan (Borneo), Indonesia. During this time she co-authored a review of the Indonesian curriculum for nurses and introduced problem-based learning. Cooke has been the executive officer of the Nursing and Midwifery Council of New South Wales since it was established in July 2010. In 2013, she was awarded a Churchill Fellowship to undertake research which explored the management of health and conduct notifications by eight regulators in five countries (Australia, Canada, Ireland, New Zealand U.K. and U.S.).



2018 PN Practice Analysis Now Available

NCSBN is responsible to its members, the nursing regulatory bodies in the U.S. and its member board territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examinations. Because the health care industry is rapidly changing, practice analysis studies are traditionally conducted by NCSBN on a three-year cycle.

A number of steps are necessary to perform a practice analysis of newly licensed licensed practical nurse/vocational nurse (LPN/VN) practice.

- A panel of subject matter experts was assembled.
- A list of LPN/VN activities was created and incorporated into a survey that was sent to a randomly drawn sample of newly licensed LPN/VNs.
- Data was collected and analyzed.

The 2018 PN Practice Analysis used several methods to describe the practice of newly licensed LPN/VNs in the U.S.:

- Document reviews
- Daily logs of newly licensed LPN/VNs
- Subject matter experts' knowledge
- A large scale survey

The 2018 PN Practice Analysis is [now available](#) on the NCSBN website. The report contains an analysis of entry-level LPN/VN practice in the U.S. Respondents to the practice analysis found the activities listed in the survey to be representative of the work they performed in their practice settings. Overall, the findings reflect the continued congruency of entry-level nursing practice in the U.S. and support the use of the NCLEX for licensure/registration decisions in the U.S.

Nurse Licensure Compact Update



There are 33 states that have enacted the Nurse Licensure Compact (NLC). Soon, that number will grow to 34. With its growing success and increase in size, there is an increased demand for educational tools and resources — more NLC in-person presentations, more webinars, more informational handouts, more videos and more social media content.

To better meet the growing needs, an [NLC Toolkit webpage](#) was created to host a wealth of NLC fact sheets and resources. The goal is for the NLC toolkit to become recognized as a first stop to obtain any information about the compact.

In addition to the Toolkit page, new [NLC educational videos](#) were developed. Currently, there are three videos available and they address common questions received from students, employers, and the general public. It is anticipated that two additional brief educational videos for employers as well as nurses and the public will debut in the fall. Additionally, NLC Director Jim Puente, MS, MJ, CAE, hosts monthly live webinars for nurses and employers. You can [sign up for the free](#)

[webinars](#) to learn about latest NLC developments and get your pressing questions answered.

Finally, the NLC is excited to announce new “NLC Tip of the Week” emails. Anyone who would like to stay current on the latest NLC news and receive weekly facts can [subscribe to these tips online](#).

These are just a few of the newer NLC developments. Based on continued feedback and reported needs of members, stakeholder organizations, employers, students and nurses in general, additional resources will continue to be developed. They will all live on the [NLC Toolkit page](#), so stay tuned!

Kansas and Louisiana Implement NLC

On July 1, 2019, Kansas and Louisiana became the 30th and 31st states to implement the NLC.

Kansas State Board of Nursing (KSBN) Executive Administrator Carol Moreland, MSN, RN, said, “The KSBN is extremely excited to announce the [implementation of the NLC in Kansas](#).

The implementation of the NLC legislation, allows the citizens of Kansas to have increased access to care while maintaining public protection at the state level. KSBN is committed to remaining at the forefront of reducing the regulatory burden to our licensees, while creating better access to care for those we serve.”

Kansas State Board of Nursing staff preparing for the big day.





The Louisiana State Board of Nursing's implementation theme was "We're in the Compact ... what's your superpower?"



Louisiana State Board of Nursing Chief Executive Officer Karen C. Lyon, PhD, MBA, APRN, NEA, said, "The Louisiana State Board of Nursing enthusiastically joined 30 other states on July 1, 2019, as a member of the NLC. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses and nurses doing follow up care. Joining the NLC is one large step toward advancing professional nursing practice in Louisiana and surrounding states and we are pleased to be partnering in the effort."

For more information, contact Jim Puente, director, NLC, at nursecompact@ncsbn.org.

Kansas State Board of Nursing staff and guests from the Nebraska Department of Health and Human Services, the Alabama Board of Nursing, the Maryland Board of Nursing and the Louisiana State Board of Nursing received NLC training in Topeka in May.

NCSBN's Global Regulatory Atlas Charts the Nursing Regulatory Landscape

This comprehensive online compendium of nursing regulation worldwide was created with the assistance of health care regulators across the globe. The atlas currently holds information from more than 300 jurisdictions representing more than 20 million nurses, and new jurisdictions are continually being added.



**Global
Regulatory Atlas**
regulatoryatlas.com

Rising to the Challenge: the Optimal Regulatory Board System (ORBS)



Optimal Regulatory Board System

When nurse regulators communicate more effectively with one another, and make information more readily available to nurses and the public, they improve patient safety and public protection, a component of NCSBN's core mission.

We live in a time of rapid change. What was once inconceivable is now possible due to advances in technology that have enhanced the way we store and share information. These transformative advances are unmistakably evident in the arena of nursing regulation. Now more than ever, nurses have the ability to migrate to locations that offer the greatest need or job availability, providing patients with improved access to care, and increased patient safety during a disaster. With NCSBN's increasingly adopted Nursys® — the only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs), licensed practical nurses/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs) licensed in participating jurisdictions, comprised of data obtained directly from the licensure systems of U.S. nurse regulatory bodies (NRBs) — nurses and employers can instantly access secure and up-to-date license status information and verify licensure. Technology has changed the way we interact, reducing redundancies and providing lightning-fast efficiency.

When it comes to technology, staying ahead of the curve can be a challenge. In 2008, in response to membership requests to address licensure data technology needs, a study was commissioned that focused on identifying member needs for a licensure management system to improve efficiency, availability, security and provide for adequate disaster recovery. NCSBN strives to reduce burdens on government. Many members faced challenges due to a variety of factors, including limited staff resources and outdated or insufficient third-party licensing

management systems and databases.

"At the time, many NRBs were in a predicament," says NCSBN Chief Information Officer Nur Rajwany, MS. "They were having a tough time because their licensing system vendors had gone bankrupt on them, or they were no longer receiving updates or effective support from their vendors. These systems can form the operational heart and soul of an NRB. Without one, an NRB cannot operate efficiently. They didn't know what to do."

"These boards really stepped up and worked with us hand in hand, taking a chance with us on moving forward with implementation."

— NCSBN Chief Information Officer Nur Rajwany

In 2009, the NCSBN Board of Directors (BOD) directed the NCSBN Information Technology (IT) department to identify the level of effort needed to create a solution that addressed these challenges. "It was extremely important for the BOD to offer NCSBN members tools to help them embrace this rapid change," says Rajwany. "Otherwise, they wouldn't be able to fully focus on their mission of public protection, and would continue to get more and more bogged down with the effort of keeping their perfunctory operational processes running."

NCSBN's IT department produced a feasibility study offering three approaches — (1) partnering with a vendor, (2) purchasing code and developing a special version of it for NRBs, or (3) developing a program from scratch. The BOD would eventually give the approval to proceed with the third option -- a proposed licensure management system developed in-house. The seeds for the Optimal Regulatory Board System (ORBS) were planted. At that point, NCSBN's IT department began developing a system that would fit U.S. NRBs

like a glove, empowering them to be self-sufficient and efficient. "It was unheard of that a membership organization would take such a challenge, but the BOD had faith in the NCSBN's IT department staff to pull it off." Rajwany recalls.

ORBS is a turnkey solution for independent NCSBN members in the U.S. that can assist them with license management and discipline enforcement across the lifespan of a nurse. It provides modules for licensing, discipline and education program management functions. ORBS is a private and secure cloud-based system. NCSBN absorbs the cost for licensing, hosted infrastructure, professional services for deployment, maintenance, upgrades and ongoing support. Among its many advantages, ORBS digitizes paper processes, reduces the manual input of data, and provides comprehensive system disaster recovery implementation.

Unlike Nursys, which has its own brand, the ORBS "brand" is an internal one, only really known to NCSBN and NRBs. Visit the website of an NRB using ORBS and you will see that NRB's branding on the different modules.

ORBS integrates seamlessly with NCSBN systems

such as Nursys and NCLEX® administration, and can also integrate with other service providers like online payment processors and document management tools. It also offers improved end-to-end data integrity, meaning a member board's data in ORBS can match with member board data in Nursys.

ORBS also features enhanced communication channels. NRB staff can set up automatic notifications and reminders to nurses as well as reminders or alerts for board staff. Applicants and nurses can manage their initial and renewal application online, submit requests electronically, view their license status and see alerts and reminders. Supporting modules deliver user management, document management, scheduling, configuration, account reconciliation, reporting and automation of applicable current member board processes. Users of ORBS have the guarantee of a complete backup of all license, enforcement and management data.

After the initial charge from the BOD, in 2012 the ORBS team began visiting NCSBN members to gather requirements and documentation for product development. NCSBN initially partnered with three NRBs – West Virginia State Board of Examiners for Licensed

Practical Nurses (WVNP), the Idaho Board of Nursing (IBN) and the Louisiana State Board of Nursing (LSBN) – in a pilot endeavor to help with the product development. "This was a partnership," says Rajwany. "These boards really stepped up and worked with us hand in hand, taking a chance with us on moving forward with implementation."

The Arizona Board of Nursing (AZBN) implemented ORBS in 2018. AZBN Associate Director of IT & Fiscal Services, Robert Ellis, MBA, MPM, recalls, "The AZBN had been in discussions with NCSBN when the concept for ORBS first evolved, approximately 10 years ago. We had a database developed by AZBN in 1997 and the developer was no longer interested in supporting the software program. With a 20-year-old system that

could potentially fail anytime, and with no back-up system or plan, ORBS was viewed as highly desirable option."

In 2019 the Wyoming State Board of Nursing (WSBN) completed implementation of ORBS. WSBN Executive Director Cynthia LaBonde, MN, RN, explains, "In 2012 I accepted a position as the WSBN executive director and attended the annual new executive officer orientation at the NCSBN office in Chicago the following year. During the orientation, Nur provided information about ORBS," she says. "Knowing the power of a database built specifically to handle nursing licensure and disciplinary info, I was smitten, and immediately signed WSBN up. We limped along with our current licensure database for five-plus years, knowing the ORBS light was in our future, and here we are today."

"ORBS has dramatically reduced the volume of paper that we receive and process," says WSBN Licensing Supervisor Lisa Hastings. "It has also helped to decrease license processing time and cut down on postage costs. We send very few items through the mail now."

Wyoming received a timeline from the ORBS team and discussed each step of the process with the team. "This helped to lay out what needed to be done, and when," explains Hastings. "I believe we actively worked on this implementation for a good 10 months. WSBN is smaller board with limited staff,

[continued on page 20](#)

ORBS Implementation Timeline:

2015

- The ORBS team deploys the renewal module to West Virginia State Board of Examiners for Licensed Practical Nurses, the Idaho Board of Nursing and the Louisiana State Board of Nursing as a pilot program.

2016

- West Virginia PN and Idaho go live with an initial version of ORBS 1.x and Louisiana continues with the renewal module for their renewals.
- The ORBS team continues enhancing the system and worked on an ORBS 2.0 version.

2018

- The Nevada State Board of Nursing, the New Mexico Board of Nursing, Louisiana and the Arizona State Board of Nursing go live with ORBS 2.x versions.

2019

- The Wyoming State Board of Nursing, the West Virginia Board of Examiners for Registered Professional Nurses, the Arkansas State Board of Nursing and the Louisiana State Board of Practical Nurse Examiners go live with ORBS 2.x versions.

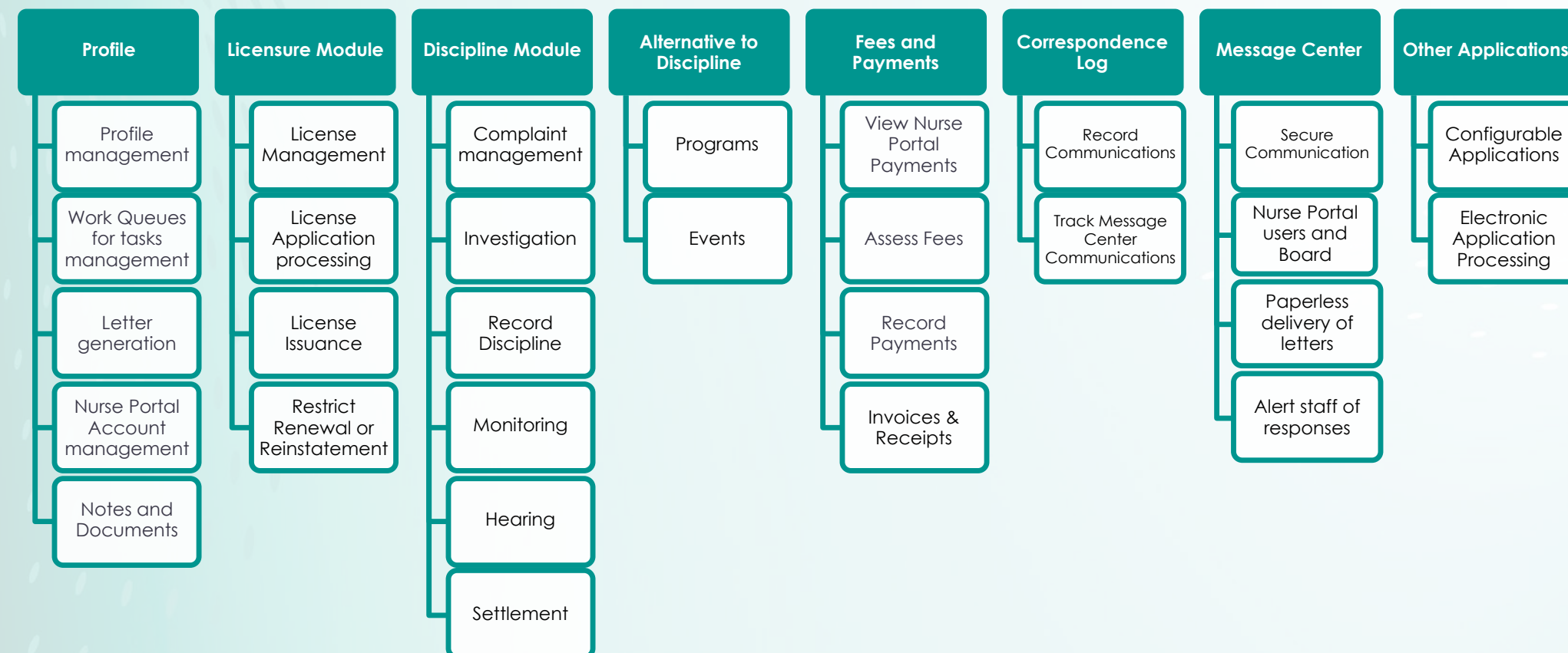
2020

- The Texas Board of Nursing is scheduled to go live with ORBS

2020–2021

- The ORBS team is working on ORBS 3.0 version and scheduled to upgrade all participating boards.

ORBS Back Office Features



so we used a third party vendor who created the current database to help with migration and data elements. The early part of the process was to get the mapping done between our current database and ORBS, and during this process we relied heavily on the vendor. Once the mapping was complete, most of the tasks were completed by the project manager and licensing supervisor with monthly updates to the whole staff."

Wyoming licensing specialists ran through test applications and provided feedback on what needed to be changed, added or deleted. "This started familiarizing them with the system and the process," says Hastings. "The licensing staff embraced the change and was ready

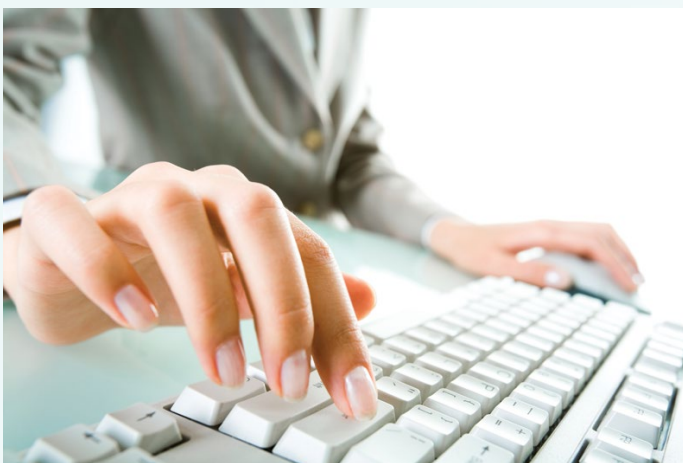
on implementation day. It was crucial to have the staff working hands-on with the system, so that on the day we went live they were able to process applications and answer questions."

"Implementation of ORBS might have been more challenging in the beginning, but now, any new NRB has the advantage of seeing the program in action," explains NCSBN ORBS Program Manager Narender Saraswati, MBA. "Staff can visit a board and see how ORBS works and ask questions. They can see the features in action and compare it to their current system and business processes."

When reflecting on her board's experience, Arkansas State Board of Nursing Executive Director Sue Tedford, MNSc, APRN, agrees. "We spent some time talking with other boards of nursing and I thought that was very

Knowing the power of a database built specifically to handle nursing licensure and disciplinary info, I was smitten, and immediately signed WSBN up. We limped along with our current licensure database for five-plus years, knowing the ORBS light was in our future, and here we are today.

— Wyoming State Board of Nursing Executive Director Cynthia LaBonde



helpful," she explains. "We discovered the lessons learned from different states and what their successes were. It was a very valuable experience."

Arkansas decided to implement ORBS for reasons similar to other NRBs. "Our license database was not meeting our needs," says Tedford. "The ORBS system fulfilled those needs that were not being met." For Arkansas the implementation process represented a considerable investment in time and energy. Tedford recalls putting together a core team that worked on the project for several years. "It was intense work -- three of us spent many, many hours, seven days a week, working on getting it set up, and working out processes and training. It was very

labor-intensive. Boards doing it need to realize it's not a walk in the park."

"Once an NRB has decided on implementation, it all depends on the staff and their openness to change," says Saraswati. "Some may want to see advanced features and functionality, while others may be used to a way of doing things. It's always a challenge for staff to move from the current system they know to a new system, but they find that they get more efficiency and ease of use with the system."

"Any board that's going to implement ORBS should assess their resources -- personnel and fiscal -- to make sure they have the resources they need," advises Tedford. "It's about more than the money, and you can't do this as a big-picture person. You have to have key people who are detail-oriented."

Although ORBS is free, it does require a considerable investment. NCSBN generally recommends (1) a project manager to manage and coordinate tasks and timelines; (2) a data migration specialist to migrate the data from the NRB's current system to ORBS; (3) a reports developer; (4) an ORBS administrator to manage application administration, who should be available when an NRB requires changes to the board-administrated configuration; (5) subject matter experts to work with the ORBS team to configure the ORBS application; (6) a trainer; and finally (7) customer service support.

Tedford explains how Arkansas recently went live. "Being new, we're still working through the transition — half is in paper and half is electronic — so that's a challenge, but as we move more and more paperless, the staff are really liking it. They say that it's so much faster, and that they can use it from anywhere. We had a mock disaster training yesterday and we remarked on how we no longer have to even come into a central location for that. We realized, if we wanted to, we could continue our functions from our living rooms. It was a lot of work getting to where we are, but I'd do it over in a heartbeat. Absolutely."

"Prepare staff for the biggest challenge, which is to 'unlearn' the rules that governed the prior software system, and to be open to experiencing a 'new normal' that will take months to adapt," says AZBN Executive Director Joey Ridenour, MN, RN, FAAN. "The old database was very familiar and the new database took

longer for staff to learn. Call volume increases were expected, but the reality of high call volumes continued for several months."

"I think the investment is worth it," says Hastings. "ORBS has helped streamline the licensing process, created standardized tasks, and delineated responsibility and accountability which in the end has better served our licensees."

With the crucial assistance and eager involvement of members, NCSBN has built a solution for license management and discipline

enforcement that supports the mission of public safety and protection and aligns with member NRB needs and best practices. In 2020, the NCSBN IT department anticipates completing its initial charge. What transpires beyond 2020 will require the same forward-thinking planning and willingness to adapt to change that helped conceive ORBS.

"Years ago, the NCSBN

BOD envisioned that we needed to provide these kinds of cutting edge services to our membership, in order to lessen their burden and help them be efficient in their operations," explains Rajwany. "Where we are now was unknown to them at the time. The fact that 10 years ago they were thinking about this is a credit not only to management, but also to staff's support and expertise — at NCSBN and at the NRBs. One influences the other. The BOD was very forward-thinking, but they could be because they had capable staff at all levels who empowered them to think big." 🌈

Being new, we're still working through the transition -- half is in paper and half is electronic -- so that's a challenge, but as we move more and more paperless, the staff are really liking it. ... It was a lot of work getting to where we are, but I'd do it over in a heartbeat. Absolutely.

— Arkansas State Board of Nursing Executive Director Sue Tedford

If you have questions or would like to learn more about the Optimal Regulatory Board System, contact the NCSBN ORBS team at orbs@ncsbn.org

The 2019 International Council of Nurses Congress Nurses from Across the Globe Gather in Singapore

Singapore, a modern metropolis of cultural diversity that is unique in Southeast Asia, served as the backdrop for International Council of Nurses (ICN) 2019 Congress “Beyond Health-care to Health” from June 27 – July 1.

ICN is a federation of more than 130 national nurses associations (NNAs), representing the over 20 million nurses worldwide. Celebrating its 120th anniversary this year, ICN was founded in 1899. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

Every two years, ICN brings together nurses from across the globe and the Singapore Nurses Association welcomed more than 5,000 delegates to this international gathering. A former British colony, the island-city-state Republic of Singapore has been independent since 1965. Singapore is a vibrant island with more than 5.6 million residents with diverse backgrounds and ethnicities of which more than 35 percent are foreign nationals. The city ranks highly on many world’s best lists and is also highly placed in key social indicators of health care, education, life expectancy and safety.

In this progressive and exciting setting, the Congress explored the many ways in which nurses work to achieve universal access

to health, not only providing health care but also addressing the social determinants of health, such as education, gender equality and poverty. Additionally, the Congress provided opportunities for nurses to build relationships and to disseminate nursing and health-related knowledge

NCSBN Board of Directors President-elect, Jim Cleg-horn, MA, executive director, Georgia Board of Nursing, commented, “The 2019 ICN Congress was an exciting and eye opening experience. I was impressed with the intense desire for knowledge and information that many of the attendees displayed. Each of the presenters and participants were excited to share their expertise with hopes of making improvements to our global health care system. The cultures, languages and backgrounds varied but all had a common goal of advancing nursing worldwide.”

The Congress provided a forum for a diverse group of speakers and presentations. Cindy McCain, American businesswoman, philanthropist, educator and humanitarian, (widow of Sen. John McCain) spoke on “Providing Compassionate Care to Victims and Survivors of Human Trafficking.” Former Prime Minister of Republic of Korea Kim Hwang-sik emphasized the importance of political leadership and health and how to influence strategic decision making. Kim Hwang-sik is currently chair of a multi-national committee that is nominating two Austrian nurses for the Nobel Peace Prize (see story on [page 28](#) for more details).

Development, innovation, advanced practice and leadership in nursing were some of the main themes addressed during panel discussions and keynote speeches.

“Attending the 2019 ICN Congress was a highlight of

my professional career. It was amazing to witness the universality of the nursing profession. The ICN Congress showcased the leaders in nursing and health care on a world stage. Attendees had the opportunity to hear from world leaders such as Elizabeth Iro, chief nurse of the World Health Organization (WHO) and Dr. Tedros Adhanom Ghebreyesus, director general of the WHO. He announced that the WHO has declared 2020 as the ‘Year of the Nurse’ which coincides with the 200th Anniversary of the birth of Florence Nightingale. I was impressed that nursing practice, regulation and education were represented throughout the congress. I was especially proud of the NCSBN staff who presented important regulatory research and a plenary session presented by NCSBN CEO, David Benton, a world leader in nursing regulation. I would encourage any nurse that has the opportunity to attend an ICN Congress to do so,” noted NCSBN Board of Directors Treasurer, Gloria Damgaard, MS, RN, FRE, executive director, South Dakota Board of Nursing.

WHO Director-General, Dr. Tedros Adhanom Ghebreyesus made a surprise visit to the Congress fresh from G20 Summit and received a “rock star” style welcome from attendees. He called on nurses to be a force in bringing about change in the world, asserting, “This is a force to be reckoned with and I can see the energy and vibe! That vibe or energy is very important to realize health for all. The role of nurses is very important, and that’s why I am saying ‘force, force,’ and more than 50% of the workforce is nurses and midwives. You have a huge contribution and impact and that’s why for any country to recognize nurses and midwives as key members of the health workforce that can help to realize the dream of any country in terms of better quality of scale is something that really you don’t need



South Dakota Board of Nursing Executive Director Gloria Damgaard, Cindy McCain and Tennessee State Board of Nursing Executive Director Elizabeth Lund

Photos courtesy of Dawn Kappel and Elizabeth Lund



NCSBN Chief Officer, Nursing Regulation, Maryann Alexander and Senior Research Scientist Brendan Martin with NCSBN Board President Julia George

NCSBN Presentations:

- Guidelines for Nursing Regulators: Complaints Involving a Licensee and Cannabis.
- Regulation 2030
- Quality Indicators, Warning Signs and Outcomes of Nursing Education Programs: A Delphi Study
- Using Predictive Analytics to Improve Nursing Education Programs
- The Global Regulatory Atlas of Nursing
- Diversity, Education, and Nursing Shortages: Results from the 2017 U.S. Nursing Workforce Survey
- Reducing Barriers to Adverse Event Reporting
- Strategies for Increasing Health Care Access in the U.S.
- Prelicensure Nursing Student Errors/Near Misses

Poster:

When and Why Nursing Errors Occur: A Review of Nursing Practice Error Cases in the U.S.

to debate. That's why I'm here. You are a force to reckon with and a force that can help in realizing universal health care and the honor is mine. I am so pleased to be here."

NCSBN served as one of the major sponsors and its special giveaway logo bags proved to be very popular and well utilized by attendees. NCSBN also offered an exhibit booth where attendees could explore the Global Regulatory Access website and learn more about regulatory activities in the U.S.

NCSBN's scholarly works and research were also well-represented at the conference with Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, and Brendan Martin, PhD, Research Scientist II, who gave nine presentations over the course of the Congress (see sidebar) that were enthusiastically received by their audiences.

NCSBN CEO David Benton, PhD, RGN, FFNF, FRCN, FAAN, made two presentations and served on an expert panel where he gave an overview of the state of nursing regulation and the need for evidence, he stated, "Health professions have not been particularly proactive in providing evidence, but the evidence is out there. When you ask the question, who has written the most: joint first is the legal profession and nursing, but if you look at the research base, nursing comes first and we should be proud of that!"

NCSBN Board of Directors President Julia George, MSN, RN, FRE, executive director, North Carolina Board of Nursing, noted, "This was the third ICN conference that I have attended.

Each one brings new experiences that enrich my understanding and appreciation of nursing regulation at the international level. I was especially proud that NCSBN had such a large number of presentations, which were all well received."

The 2021 Congress will be held in Abu Dhabi, hosted by the Emirates Nursing and Midwifery Council and supported by Abu Dhabi Convention Bureau. The 2023 Congress will be held in Montreal, Canada. NCSBN plans on continuing its strong support of the ICN Congress and to advance its global outreach and networking by its ongoing participation in future conferences.

NCSBN Board of Directors, Director-at-Large, Elizabeth J. Lund, MSN, RN, executive director, Tennessee State Board of Nursing, summed up ICN by concluding, "What an amazing experience it was to join 5300 ICN Congress participants from across the world to share knowledge that informs policy and bridges health care to health. Highlights include an opportunity to have a conversation with speaker Cindy McCain following her moving call to action for nurses to combat human trafficking in view of nurse-patient relationships that position nurses to identify and respond to victims seeking health care. I was heartened by the enthusiastic response to the NCSBN booth as thousands of eager attendees sought literature and conversation with NCSBN members and staff. Booth attendees particularly delighted in accessing their country's data on the large screen Global Regulatory Atlas. It was a joy to experience the unity of participants coming together to advance nursing knowledge and world health." 🌍

A Nursys e-Notify® Success Story in Missouri

By **Lori Scheidt**, MBA-HCM

Executive Director, Missouri State Board of Nursing

The Missouri State Board of Nursing recently exceeded our goal of having at least 85% of active licensees enrolled in Nursys e-Notify®, with 87% enrolled. This accomplishment took a number of steps over the course of several years, and we are very pleased with the results thus far.

First, a bit of background. Missouri licenses expire on a set date every two years; April 30th in odd-numbered years for registered nurses (RNs), and May 31st in even-numbered years for licensed practical nurses (LPNs). There is an uneven distribution of licensees with about 83% RNs and 17% LPNs. Missouri has supplied data to Nursys® since May 19, 1999.

When I chaired the NCSBN Fraud Detection Committee, one of the best practices the committee identified was the full use of Nursys. The committee arrived at this guidance because license cards can be subject to fraud, loss and theft. Although there is an assumption that a card carrier's license status is current, information could be up to two years old. Implementation of the Nurse Licensure Compact --whether a licensee has a multistate or single-state license -- added another dimension. Relying on a license card puts the public at risk and puts employers at risk for civil penalties and other sanctions. Missouri eliminated issuing license cards for license renewals Jan. 1, 2010 and for initial licenses on June 1, 2015.

One of the first steps we took was removing nursing licenses from Missouri's portal and redirecting users to Nursys to verify licenses. All license verifications to other nursing regulatory bodies and public license verification were completed using Nursys.

We initially focused on prompting employers in our state to create Nursys e-Notify institution accounts. We leveraged existing partnerships to get promote NCSBN-hosted webinars geared toward employers. Anytime a member of our team spoke at an event, we made sure to include a segment on Nursys. This has paid off, with the establishment of 1,205 institution accounts, representing 102,336 (79%) of Missouri's



nurses. In addition to this outreach to employers, we also updated our licensee communications to inform them to enroll in Nursys e-Notify.

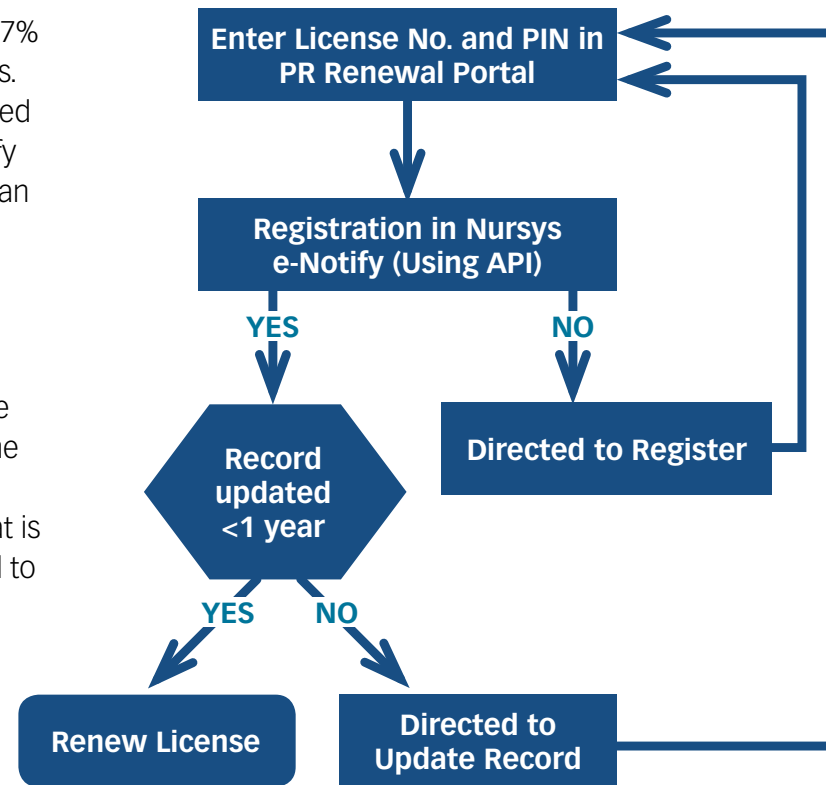
Until recently, Missouri did not have reliable data about practice characteristics of health professionals practicing in the state. We realized that having better information would allow the state and stakeholders to make better decisions that address the actual needs of Missourians and the health care professionals who treat them. Our licensure system didn't provide us with a mechanism to collect that information, so beginning in 2017 we started using the Nursys e-Notify portal to collect nursing workforce information.

Workforce questions that licensees could answer on self-enrollment were added to the portal. We revised our online renewal system to require our system to do a call-out to Nursys using their application program interface (API) to see if the nurse was self-enrolled in Nursys e-Notify. If the nurse was not, then we strongly encouraged self-enrollment. At the end of the 2018 LPN renewal period, 47% of nurses were self-enrolled. These results were not surprising, since enrollment was voluntary. As a next step, we then changed our official license renewal rule to require a nurse to provide information related to their practice and demographics. NCSBN's Information Technology and Customer Experience teams helped us bring the plan to action, hosting a webinar with our staff to demonstrate the new process. A loop was created as depicted in the graph below.

The results of our efforts have been fantastic. We mailed out renewal postcards in late January, and by Feb. 16, 64.9% had self-enrolled. By the time renewals concluded on May 1, 120,296 (88.7%) had self-enrolled.

Our customer satisfaction survey revealed a 95.7% satisfaction rate with the online renewal process. A third of the 4.2% who said they were unsatisfied cited the requirement to enroll in Nursys e-Notify as the reason. To put that in perspective, less than 2% of our 90,688 respondents were dissatisfied with the requirement.

We are hopeful that nurses will come to rely on the Nursys system. Many have already realized the value of enrollment as evidenced by positive feedback on email notifications. In addition to the value of fraud detection and prevention, Nursys increases our transparency because all data that is in our board system is automatically transferred to Nursys on a daily basis. 🌐



The Alabama Board of Nursing Receives NCSBN's 2019 Regulatory Achievement Award



Executive Officer Peggy Benson

On May 7, Alabama Gov. Kay Ivey filed a signed Nurse Licensure Compact bill with the Secretary of State's office, making Alabama the 32nd state to enact the interstate compact. While this was a big day for Alabama nurses and the [Alabama Board of Nursing \(ABN\)](#), it wasn't the only good news. It was also the day that the ABN learned they would receive the 2019 NCSBN Regulatory Achievement Award. "We were notified that we'd received the award on the same day ... I thought that was special," says ABN Executive Officer [Peggy Benson, MSN, MSHA, RN, NE-BC](#). "I couldn't wait to tell the board. I just wanted them to realize that we were making a difference, and that it was being recognized."

At the upcoming [NCSBN 2019 Annual Meeting](#) in Chicago, the ABN will accept the Regulatory Achievement Award at the annual NCSBN Awards Dinner. This distinction recognizes a member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

The NCSBN Awards Program recognizes and celebrates the outstanding achievements of members. Award recipients are selected through a blind review process based on the strength of the nomination with respect to the award criteria, a process overseen annually by the Awards Committee.

More than 100,000 people are licensed to practice nursing in Alabama, making nurses the largest group of professionals in the state who are regulated by a single licensing board. Under Benson's leadership, the ABN has endeavored to fulfill its mandate of protecting the public. "We were excited and honored by the recognition," says Benson. "We aspire to lead the nation in regulatory excellence and public protection, and felt strongly that that we achieved real progress over the past several years and that it warranted national recognition."

Award candidates must send the Awards Committee a narrative that highlights their accomplishments. One criteria for selection includes the nominee's active participation in NCSBN activities. In this area, Alabama has gone above and beyond in encouraging board members and staff to participate. Benson serves as a member of the NCSBN Model Act and Rules Committee and has worked to maintain a focus on patient safety and public protection. She and her staff also mentor colleagues around the country, with the understanding that public protection extends beyond state borders. ABN board officers and staff have served in a

To enhance Nursys e-Notify® use in your jurisdiction, consider the following:

- **Website** – Provide a www.nursys.com link and encourage nurses and employers to go there and find out more. Links work best when appearing on the board of nursing home page and the portion of the site where employers and nurses go to verify license status.
- **Newsletters** and other communication – feature articles on e-Notify in your newsletter and in social media.
- **Presentations** to large nurse employers and coordination with NCSBN – Many states include a brief presentation of e-Notify information during meetings with the local state nursing association and/or with hospital systems, as appropriate. They also mention that NCSBN can provide a webinar with a live demonstration of e-Notify in action.

If you would like samples or further information of any of the above areas, let us know. We have a consultant that can work one-on-one with you to increase e-Notify utilization in your jurisdiction. Contact communications@ncsbn.org for assistance.



variety of roles with NCSBN, including as members of several committees. Board staff have also delivered policy and communication-related presentations at NCSBN functions. "We are committed to engagement and participation with NCSBN at an unprecedented level for our state," notes Benson.

During its centennial year, the ABN examined its strategic initiatives and where it wanted to be. "We embraced a paradigm shift in regulatory protection and implemented a new direction in 2015, centered around collaboration, communication and engagement with licensees," explains Benson. "It included education and awareness, as well as increasing opportunities. As the new direction evolved, we examined how we reach out to our licensees and the public. I feel that this award honors our board in recognition of the tremendous strides we have made in the last four years."

The results of this new direction are evident across all areas of the ABN's focus, including its leadership in the development, implementation and maintenance of licensing and regulatory policies, another criteria for the Regulatory Achievement Award. The ABN led the effort to expand scope of practice and ease regulatory burdens for nursing and advanced practice nursing throughout the state, maximizing health care access for Alabama patients. "In recent years, we streamlined protocols for certified registered nurse practitioners (CRNPs) to align to the Consensus Model, to ensure that scope of practice for APRNs appropriately reflects education, certification, and population focus," says Benson. "We also developed a nursing resource center

"We embraced a paradigm shift in regulatory protection and implemented a new direction in 2015, centered around collaboration, communication and engagement with licensees ... I feel that this award honors our board in recognition of the tremendous strides we have made in the last four years."

– Alabama Executive Officer
Peggy Benson

excellence for patient safety and public protection. "We have proactively addressed each of the three facets of this mission with a collaborative spirit," says Benson. "The ABN has been a leader in Alabama's inaugural effort to develop tri-regulator collaboration with the boards of medicine and pharmacy. The three boards have developed close relationships, strengthened by communication and information-sharing. This has helped to expand both nursing practice and advanced practice, while continuing to advance patient safety and public protection."

The ABN also advances the shared missions of Alabama and NCSBN in the realm of nursing education, recognizing that patients benefit when nurses are informed about current trends in health care. To that end, the ABN is committed to ensuring that nurses have access to high-quality continuing education. The

that provides public education, as well as resources to licensees, within the state, nationally, and internationally. The ABN has become one of Alabama's most credible advocates for public policy among the various regulatory boards, and we are roundly regarded as a key contributor to the process and a vital resource for policymakers in state government." The ABN is also currently working to establish a Nursing Leadership Institute in order to develop and cultivate strong leaders who will have a positive impact on patient care settings to promote a thriving health care environment.

The ABN has also worked to advance the NCSBN mission to provide education, service and research through collaborative leadership to promote evidence-based regulatory

ABN also advocated for, designed, and implemented a Loan Repayment Program for Advanced Practice Nursing, which the Alabama Legislature enacted in 2016. This program offers up to \$15,000.00 per year in loans to CRNA, CRNP, and CNM students, repayable in-kind through a contractual commitment to working in a rural area of the state for no fewer than 18 months for each year of loans accepted.

At this year's Annual Meeting, NCSBN President Julia L. George, MSN, RN, FRE, will host the awards ceremony followed by dinner and entertainment. It will be a time for celebration, and it will no doubt be a highlight for Benson, who is clearly proud of what the ABN has achieved. "This board has done a lot to reduce regulatory barriers and advance practice within our statutory framework," she says. "I would not suggest we are perfect, but we have made tremendous progress, and I think my board and staff have a right to be proud of their hard work -- and of themselves." 🌈



Speed Round

Get to know NCSBN staff:

Jeff Kendall

Director, Customer Experience and Operations

What do you do?

I am responsible for the Customer Experience and Operations team in the Information Resources department. I ensure we deliver exceptional service to our members, employees, institutions, nurses and the public. Products we support include Learning Extension (Members and Public), ORBS, Nursys.org and Nursys.com (e-Notify, QuickConfirm, License Verification for Endorsement).

In addition to the support we offer, we also provide training for members and host a quarterly Information Technology – Operations Conference calls every odd-numbered year and an annual Information Technology – Operations Conference every even-numbered year.

What are the best and most challenging aspects of your job?

The best part of my job is the diversity of work and the people I work with. I enjoy working with so many talented people across the organization, on the Board of Directors and the members. Supporting multiple products and a large customer base makes the job interesting and challenging. Each day is a learning experience and an opportunity to solve a new problem.

The most challenging aspect of my job is ensuring we respond to our customer inquiries with accurate information in a timely manner.

If you weren't working at NCSBN, what would your dream job be?

As the former board chair for TPAN (www.tpan.com), my dream job would be the CEO of a nonprofit organization that provides lifesaving services to those in need. 🌈

Angels of Sorokdo

Korean Nurses Association Seeks to Honor Nurses Who Selflessly Served



Top left, Marianne and Margaritha on Sorok Island then and present day.

All photos courtesy of Marianne & Margaret Association.

The tranquil beauty of Sorokdo Island off the mainland of South Korea belies its tragic history. Established in 1916 as a “concentration camp” for those with Hansen’s disease (also known as leprosy, see sidebar) by the Japanese Imperial Government during its colonial rule of Korea from 1910 to 1945, Sorokdo was a place of enforced labor, isolation, and medical sterilization and experimentation. Unfortunately, even when Korea was liberated from Japan in 1945, the new Korean

government kept Japan’s harsh “leper law” (it remained in the books until 1991) and continued to banish patients there. For those exiled, the brutal conditions did not improve and in many ways worsened.

And yet into this place of darkness, despair and discrimination, came two of the most unlikely and unassuming heroes, Marianne Stöger and Margaritha Pissarek, Austrian nurses and Catholic nuns who devoted themselves to the care of the patients for more than 40 years. At the time of their arrival, there were almost 6,000 patients on the island, including 200 children who were isolated from their parents. Today, the island is home to only 539 remaining patients.

There is a new movement to recognize the revolutionary work of the “Angels of Sorokdo” by the Korean Nurses Association who, with the support of the South Korean government, has launched the [One Million Signatures Campaign](#) to nominate them for the Nobel Peace Prize.

This campaign is an acknowledgement of the four decades that Marianne and Margaritha tirelessly worked without pay to improve living conditions for patients on the island, providing them food, medication and financial support through personal funding initiatives in their native Austria. Over time they helped build facilities for the patients, including a physical therapy center, psychiatric ward and a daycare center for the children of the island.

Foreign to patients in looks and demeanor when they first arrived in the early 1960s, the way they cared for patients changed the manner by which treatment was provided. They restored the patients’ dignity and their style of care influenced the way that the other nurses and physicians treated patients from that point forward. They were beloved by patients and staff on the island. As Marianne noted recently, “There was not even a ray of hope on the island. What I had in mind is that we should give them hope and encourage them to live their lives with hope, faith and unconditional love.”



Left, Marianne is holding a baby of a Hansen’s disease patient in her arms.

Right, Margaritha is giving a cup of milk to a Hansen’s disease patient. It was Marianne and Margaritha’s daily morning routine to provide a cup of warm milk to each patient.

All photos courtesy of Marianne & Margaret Association.

Failing health caused the sisters to return to Austria in 2005, as they did not wish to be a burden to those for whom they had served. Now, Margaritha, 84, has Alzheimer’s disease and lives in a nursing home. Although her recent memories are faint and fading, memories of her time spent in Korea remain vivid, she recalls, “I miss them, I loved them all. We were happy and every day was full of joy.” Marianne, 85, who lives with family and has survived several bouts of cancer, was able to return to Korea on the 100th Anniversary of the Sorokdo National Hospital in 2016. At that time, she and Margaritha who was not able to attend the commemoration, were publicly thanked and praised for their many decades of work on the island.

A nomination for the Nobel Peace Prize honors their decades of sacrifice, dedication and advocacy. Additionally, it is important to note that in the Nobel Peace Prize’s 118 year history, no nurse has ever won. Recognition of these nurses at this level lifts the recognition of the nursing profession worldwide. Notable supporters of this campaign include the secretary general of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus, former South Korean Prime Minister Kim Hwang-sik, the International Council of Nurses, the Japanese Nurses Association and the Spanish General Council of Nursing. NCSBN is also lending its support to this effort.

The goal of the campaign is to submit the petition to the Norwegian Nobel Committee next year, on the 200th anniversary of the birth of Florence Nightingale. Currently, the number of signatures stands at 750,000 so the campaign is 75% of the way to its goal. [Add your name](#) in support of Marianne and Margaritha and the Korean Nurses Association’s effort to recognize their generosity to the people of Sorokdo Island. 🇰🇷

From the CDC

Hansen’s disease (also known as leprosy) is an infection caused by slow-growing bacteria called *Mycobacterium leprae*. It can affect the nerves, skin, eyes and lining of the nose (nasal mucosa). With early diagnosis and treatment, the disease can be cured. People with Hansen’s disease can continue to work and lead an active life during and after treatment.

Feared since biblical times as a highly contagious and devastating disease, it is now known that it doesn’t spread easily and treatment is very effective. In fact, more than 95% of people have natural immunity to the disease. If left untreated, however, the nerve damage can result in deformities of hands and feet, paralysis, and blindness.

Sharpnack Inducted as a Fellow in the American Academy of Nursing

Ohio Board of Nursing President Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, was selected to be inducted as a Fellow in the American Academy of Nursing in October 2019.

Sharpnack, Dean and Strawbridge Associate Professor of The Breen School of Nursing at Ursuline College, was inducted as a Fellow in the Academy of Nurse Educators in 2014. She serves as a board trustee for a university health system, on the board of directors for a medical center, as a nursing advisory board member of a large public university, and as a board member for a regional center for health affairs. She is a frequent consultant, presenter, publisher, researcher and award winner. Her awards include the International QSEN Linda Cronenwett Leadership Award and the MNRS Outstanding Academic-Practice Partnership Award.

A board member since 2014, Sharpnack currently serves as the board president and chair of the Advisory Group on Nursing Education. The Ohio Board of Nursing congratulates Sharpnack on being recognized for her outstanding leadership in nursing.



Texas Board of Nursing staff outside Austin's Long Center for Performing Arts

Texas Board of Nursing Celebrates 110 Years

On April 26, the Texas Board of Nursing celebrated 110 years of dedicated work and contributions made by nurses toward the protection of public health. Board members and staff gathered outside the Long Center for Performing Arts in downtown Austin to mark the occasion.

The first meeting of the Texas Board of Nursing took place on July 20, 1909, at the Driskill Hotel in Austin. The new board approved 222 nurse licenses that year. Today in Texas, there are more than 435,000 Texas nurses including: 106,568 licensed vocational nurses, 329,147 registered nurses, and 31,990 advanced practice registered nurses.

"This year we celebrate 110 years of regulatory excellence and reflect on our long history of excellence in nursing regulation," said Texas Board of Nursing Executive Director Kathy Thomas, MN, RN, FAAN. "In 2017, the Sunset Commission found that 'the Texas Board of Nursing is a shining example of a health licensing agency with experienced, capable staff that perform well'. In the coming decade, we are prepared for the changing public policy environment that will impact regulation and we will continue to embrace our commitment to public protection, testing innovations and collaborating with partners to further our mission."



Sharpnack



Klenke

Klenke Named Citizen of the Year

In February, Lisa Klenke, MBA, RN, board member and past president of the Ohio Board of Nursing, was named the Celina-Mercer County Chamber of Commerce 2018 Citizen of the Year.

The executive director of the chamber stated, "Lisa's commitment to quality nursing care is obvious but her unwavering dedication to local, quality health care is unmatched. It is Lisa's vision and efforts that have secured local, quality health care for future generations ... Lisa's career has been dedicated to the service of others and I feel you would be hard pressed to find someone in our community that has had more impact on more lives than Lisa Klenke."

Klenke has been the chief executive officer of the Mercer Health System since 2013. Prior to that, she was the vice president of Patient Care Services and chief nursing officer. She is serving her fourth term on the Ohio Board of Nursing. The board congratulates Lisa on being recognized for her exceptional contributions to nursing and health care.

George Receives Bermuda's 2019 Nurse of the Year Award

Janice George RN, MPH, chair of the Bermuda Nursing and Midwifery Council, received Bermuda's 2019 Nurse of the Year Award on May 5th.

George has been a registered nurse for 13 years and is currently employed by the Bermuda Hospitals Board as the clinical resource nurse for the recovery room. George is also a Bermuda Nurses Association board member. She is passionate about delivering quality nursing care. She is also an author and recently published *My Mama is a Nurse*, a children's book that promotes nursing as a key profession and captures some of the day-to-day activities of nurses from varied ethnic backgrounds.

George is also the founder and president of Vitals Foundation, a charity that promotes collaboration among health care workers and aids in building community health awareness and education.



George; Image credit Bernews



Nova Scotia College of Nursing Established as Official Regulatory Body for Nursing Professionals throughout the Province

June 4, 2019, was a historic day for Nova Scotians and the nursing community in the Canadian province, with the establishment of one new nursing regulator, the Nova Scotia College of Nursing (NSCN). In 2016, the Board of the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the Council of the College of Registered Nurses of Nova Scotia (CRNNS) voted to create one nursing regulator in the province. This landmark decision resulted in the dissolution of the two existing Colleges and cleared the path for one organization to oversee the regulation of licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia.

"We are so pleased to bring these two mature regulators together to make the Nova Scotia College of Nursing a reality in our province," said NSCN CEO and Registrar Sue Smith, RN, BN, MAOL. "This was really a matter of wanting to enhance the work we do on behalf of Nova Scotians by having one strong nursing presence and voice. By coming together and collaborating, we strengthen our commitment to supporting nurses to deliver safe, competent, ethical and compassionate care to the public, which is why we exist."



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