

Summer 2021

IN FOCUS

A PUBLICATION OF  NCSBN

Our Saving Grace

**How ORBS® Helped
Nurse Regulators
During COVID-19**

Inside this Issue:

[APRN Consensus Model and APRN Compact](#)

[Update from the NCLEX® Examinations Department](#)

[Pennsylvania Passes the Nurse Licensure Compact](#)

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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 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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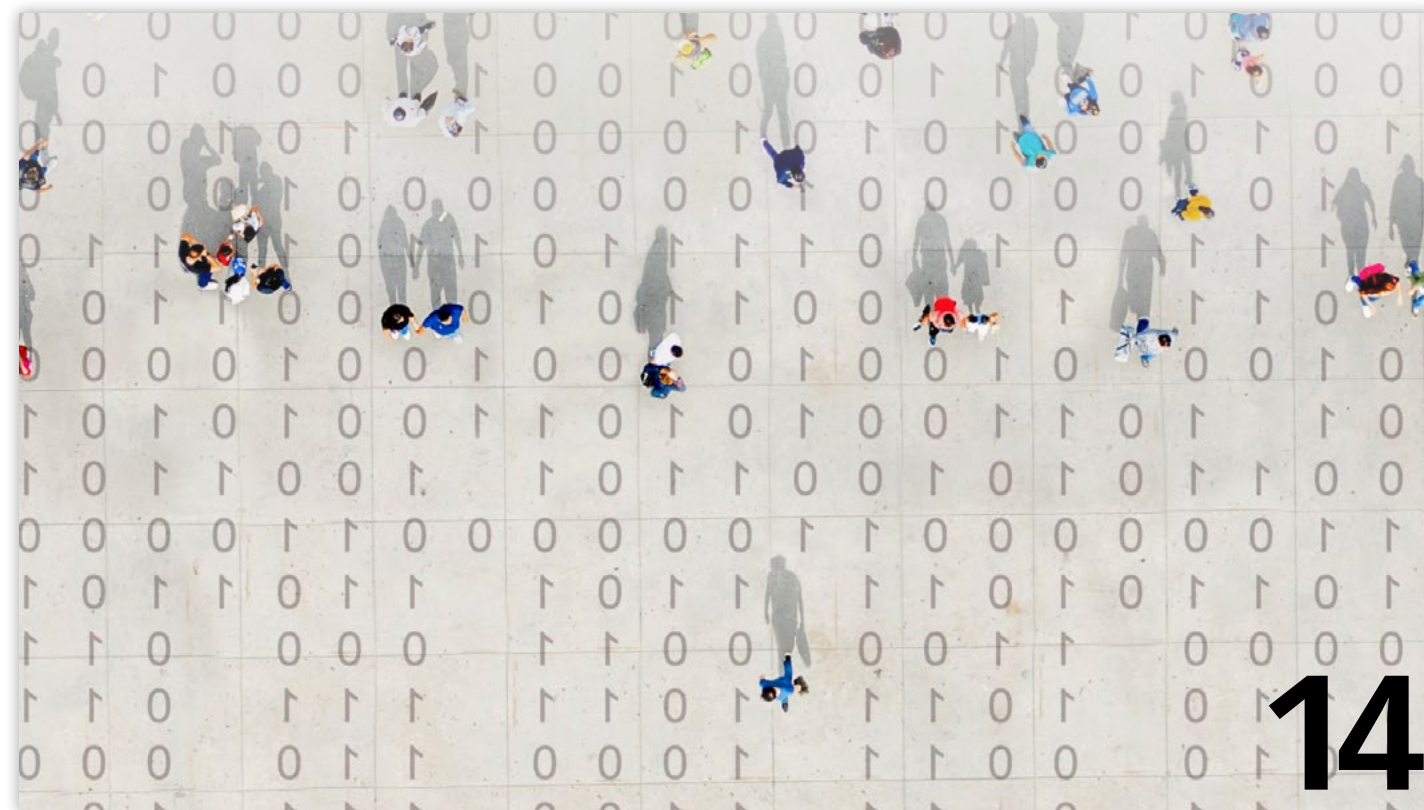
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In This Issue

| | |
|---------------------------------------------------------------|-----------|
| Creating Improved Choice, Access and Equity | 4 |
| <i>APRN Consensus Model and APRN Compact</i> | |
| Update from the NCSBN Examinations Department | 12 |
| Our Saving Grace | 14 |
| <i>How ORBS Helped Nurse Regulators During COVID-19</i> | |
| Impact in Action: Nurses Share their NLC Stories | 26 |
| <i>Pennsylvania Passes the Nurse Licensure Compact</i> | |
| News & Notes | 30 |
| Speed Round | 13 |





CREATING IMPROVED CHOICE, ACCESS AND EQUITY

APRN Consensus Model and APRN Compact

At almost half a million strong, advanced practice registered nurses (APRNs) represent a powerful and vital force in the health care system. In times of global emergency like the COVID-19 pandemic, they are on the front lines treating patients in hospitals while others care for vulnerable populations in the community.

Nurse practitioners left their own practices to manage acutely ill patients in ICUs. Others managed at-risk individuals in outpatient settings. Certified registered nurse anesthetists used their particular skills and expertise in ventilator management, intubation, airway management and critical care.

When hospitals became overwhelmed by critically ill patients, certified nurse midwives quelled the fears of patients who were concerned about the risk of COVID-19 exposure and the limited support persons they could have, by safely delivering babies in a supportive environment regardless of whether the parents chose a hospital or home birth.

Clinical nurse specialists developed COVID-19 plans of care, standards and evidence-based interventions for nurses, patients and the community. They led and supported diverse teams addressing the needs of not only COVID-19 positive patients but also others needing care as well (Pate, et al., 2021).

Even when not in the shadow of a looming crisis, APRNs are invaluable professionals contributing to the health and welfare of the nation.

We all know that the COVID-19 pandemic brought to the forefront deficiencies in the health care system, but can you imagine how health equity and access would be improved not only during a pandemic but everyday if APRNs had increased mobility to easily provide care where it is needed?

The [APRN Consensus Model](#) and the [APRN Compact](#) provide a solution that solves the deficits and uplifts the entire health care system.

More than forty years of research has demonstrated the ability of APRNs to provide safe, cost-effective, high-quality care. One of the first studies looking at outcomes of patients treated by nurse practitioners published in *The Journal of the American Medical Association (JAMA)* found that “In an ambulatory care situation in which patients were randomly assigned to either nurse practitioners or physicians, and where nurse practitioners had the same authority, responsibilities, productivity and administrative requirements, and patient population as primary care physicians, patients’ outcomes were comparable” (Mundinger, et al., 2000). Subsequently, a 2013 review of data from 37 of 27,993 articles published from 1990-2009 were summarized into 11 aggregated outcomes and found that “Outcomes for nurse practitioners (NPs) compared to medical doctors (or teams without NPs) are comparable or better for all 11 outcomes reviewed.” (Stanik-Hutt, et al., 2013)

The recent consensus study by the National Academies of Sciences, Engineering and Medicine, *The Future of Nursing, 2020-2030: Charting a Path to Achieve Health Equity*, recommends removing barriers to [APRN full practice authority](#).

Full practice authority and expanded mobility greatly benefit patients by providing increased access to high-quality care with the assurance that their practitioner has met rigorous uniform standards no matter where that care is provided.

With public safety as its foundation, NCSBN has taken the lead in both advocating for full practice authority by spearheading the



“ The absence of an APRN Compact during the pandemic created more barriers to an already extremely difficult situation. ”

— Michelle Buck, MS, APRN, CNS

Consensus Model for APRN Regulation and championing greater national mobility and accessibility by developing the APRN Compact.

The Consensus Model for APRN Regulation was created in 2008 through a collaborative process with participation of regulators, APRN certifiers, national nursing program accreditors and representatives of many APRN professional organizations. It has been endorsed by 48 professional nursing organizations.

“This was really a landmark moment,” comments NCSBN APRN Senior Policy Advisor Michelle Buck, MS, APRN, CNS. “This was the first time that there was a national model for the uniform regulation of all APRNs. Prior to the Consensus

Model, there was no national framework for individual states to follow; as a result each state determined the requirements for APRN education, licensure, national certification and scope of practice independently.”

The Consensus Model for APRN Regulation positively impacts patient safety by ensuring that all APRNs meet the same qualifications for practice. Under the Consensus Model, APRNs must complete graduate level education from an accredited program and pass a national certification examination.

When states enact the standards of the APRN Consensus Model, consumers can trust that they are receiving care from a highly qualified



What is an Advanced Practice Registered Nurse (APRN)?

APRNs are registered nurses educated at Masters or post-Masters level, and in a specific role and patient population. APRNs are prepared by education and certification to assess, diagnose, and manage patient problems, order tests and prescribe medications. They practice in a variety of settings, such as hospitals, clinics and private offices.

APRNs include certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists and certified nurse practitioners. APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health.

Certified Nurse Practitioner (CNP)

CNPs are educated and practice at an advanced level to provide care, independently, in a range of settings and in one of six described patient populations. CNPs are responsible and accountable for health promotion, disease prevention, health education and counseling as well as the diagnosis and management of acute and chronic diseases. They provide initial, ongoing and comprehensive care to patients in family practice, pediatrics, internal medicine, geriatrics and women's health. CNPs may choose a primary or acute care adult-gerontology or pediatric population focus areas.

Clinical Nurse Specialist (CNS)

The CNS is educated at an advanced level to care for patients in one of the six described populations and across the continuum of care. The role of the CNS encompasses the patient, the nurse and nursing practice, as well as the health care organization and system. The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups and communities.

Certified Registered Nurse Anesthetist (CRNA)

The CRNA is prepared to provide the full spectrum of patients' anesthesia care and anesthesia-related care for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury. This care is provided in diverse settings, including hospital surgical suites and outpatient facilities and offices.

Certified Nurse-Midwife (CNM)

The CNM provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth and care of the newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. This care is provided in diverse settings, which may include home, hospital, birth center and a variety of ambulatory care settings including private offices and community and public health clinics.

health care provider who is licensed and regulated by a nursing regulatory body, thereby assuring patient safety and public protection.

Thus far, 18 jurisdictions have adopted each of the key elements of the Consensus Model for all four APRN roles (National Council of State Boards of Nursing, 2021). The remaining states are at different stages of implementation; for example, some states have yet to adopt the APRN title while others have restrictions to independent practice or prescribing (Buck, 2021).

While it has been known for decades that rural and underserved areas in this country suffer from lack of access to health care, the COVID-19 pandemic exposed weaknesses and shone a blinding spotlight on the need for more providers in these areas.

The need for health care providers was so great, governors across the country called for retired and currently APRNs in other jurisdictions to come to regions where the health care systems were overwhelmed. While emergency orders and legislative changes enabled APRNs to respond, the changes are only temporary. The pandemic may wane, but the need will remain as many of these same areas experience practitioner shortages and low resource levels which existed prior to this health crisis and may be exacerbated by the economic impact of the pandemic.

Nicole Livanos, JD, MPP, NCSBN associate director, State Advocacy & Legislative Affairs, asserts, "We do know that once states remove barriers to APRN practice and move toward alignment with the Consensus Model, evidence shows that APRNs go to underserved areas and rural areas at greater rates."

As noted in the *The Future of Nursing, 2020-2030: Charting a Path to Achieve Health Equity*, study "Allowing APRNs to practice to the full extent of their education and training would help remediate inequities in access to health care and enable more people to enjoy the benefits of care provided by NPs and other APRNs." (National Academies of Science, 2021). If fully implemented in a jurisdiction, the Consensus Model allows APRNs to practice to the full extent of their education and expertise. The variability in the way states currently regulate APRNs limits the ability of these essential providers to move across borders thus reducing access to the services they offer.

Another important initiative that increases mobility, access and health care equity is the APRN Compact. This compact allows APRNs to practice freely among member states while still allowing each state to retain autonomy and the authority to enforce its nurse practice act. The compact eliminates redundant, duplicative regulatory processes and unnecessary fees while increasing access to care.

Adopted in August 2020, this compact allows an APRN to hold one multistate license with a privilege to practice in other compact states. The APRN Compact will be implemented when seven states have enacted the legislation. Two states have already enacted APRN Compact legislation this year, North Dakota and Delaware.

Livanos notes, "During the height of COVID-19 there was a patchwork regulatory structure created by executive orders and emergency legislation and rulemaking. APRNs in some states could work and cross the state border as long as they were licensed in good standing in any state. Other states waived collaborative

agreements, but may have issued these orders for a set period of time with no guarantee of renewal. It was just all over the place. The time for the APRN Compact really is not now, but yesterday.”

Other benefits include:


- Improved access to care during times of disaster or crisis when health care providers are needed urgently across state borders.
- Provides the opportunity for military spouses who are licensed APRNs to begin working quickly after relocation to another jurisdiction.
- Ensures public protection through facilitated interstate information sharing and investigations by participating nursing regulatory bodies.

Buck remarks, “The absence of an APRN Compact during the pandemic created more barriers to an already extremely difficult situation.”

The APRN Compact also helps to facilitate telehealth, which is another way to bring much needed care to underserved areas of the country. In the management of chronic and acute conditions, accessibility to health care services is critical. This puts immunocompromised individuals reluctant to leave their homes for fear of exposure to COVID-19 at risk because their conditions are not being monitored on a regular basis. APRN telehealth visits can help to bridge that gap.

As long as regulatory requirements differ from state-to-state, each border represents an obstacle to license portability — potentially preventing access to APRN professionals

and the high-quality care they provide. Both the APRN Consensus Model and the APRN Compact offer patients choice, access and equity, ultimately doing what is at the core of why APRNs became APRNs – saving lives.

For more information about the Consensus Model visit ncsbn.org/aprn-consensus.htm. To learn more about the APRN Compact check out aprncompact.com/index.htm. 

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2021 Virtual REx-PN[®] Conference

Tuesday, Nov. 9, 2021

NCSBN is pleased to present the Regulatory Exam - Practical Nurse (REx-PN[®]) Conference; a one-day, virtual educational conference that provides educators with an overview of the REx-PN. A variety of topics will be covered from the candidate registration process, to how items are developed, to how the passing standard is set. The 2021 REx-PN Conference will also provide the opportunity to ask questions about the REx-PN.

[Register Today](#)



2021 Virtual NCLEX[®] Conference

Thursday, Sept. 30, 2021

This one-day, educational conference provides educators with Next Generation NCLEX (NGN) NCSBN Clinical Judgment Measurement Model (NCJMM) updates and techniques for applying the NCJMM in the classroom. Live question and answer sessions will be available after each session. The conference will also feature a variety of video resources about the NCLEX.

[Register Today](#)

Update from the NCLEX® EXAMINATIONS Department



New Canadian PN Exam Approaches January 2022 Launch

NCSBN began working with the [College of Nurses of Ontario \(CNO\)](#) and the [British Columbia College of Nurses and Midwives \(BCCNM\)](#) in 2018 on a brand new examination for candidates seeking practical nurse licensure in Ontario or British Columbia. Known as [REx-PN®](#) (short for Regulatory Exam-Practical Nurse), the exam will launch on Jan. 4, 2022. The REx-PN will use computerized adaptive testing (CAT) and be delivered in Pearson Professional Centers. Exam content will focus on the knowledge, skills, and abilities required for safe and effective nursing practice by entry-level practical nurses in Ontario and British Columbia evidenced by the [2019 REx-PN Practice Analysis](#). In addition to building the new exam, Examinations staff have also hosted webinars to ensure educators and other stakeholders have access to current and accurate information about this important new exam.

Next Generation NCLEX® (NGN) Newsletter | Summer 2021

The [Summer 2021](#) edition of the NGN Newsletter has just been published to the [NGN Resources](#) page of the NCSBN website. As always, the document is available in English and French. The topic for our summer 2021 issue is scoring, with a special focus on the three partial credit scoring models proposed for NGN. For each of the models, an explanation is provided along with examples that show how the model would be applied to different item types and sample candidate responses. For educators or other stakeholders interested in understanding the scoring changes coming to the Next Generation NCLEX, this newsletter provides an excellent resource.

2021 NCLEX® Conference Going Virtual ... Again!

Following on the success of last year's virtual event, the NCSBN Examinations department is excited to announce that the [2021 NCLEX® Conference](#) will also take place online. The conference will occur on Thursday, Sept. 30 from 10 am to 2:30 pm CST.

With the launch of the Next Generation NCLEX® (NGN) now less than two years away, the conference will focus almost exclusively on the NGN, with the agenda covering case studies, clinical judgment “standalone” items, NGN item types, scoring and test design. Finally, for attendees seeking additional information about the current exam, a series of videos will be made available for streaming. Registration is now [open](#).

2020 NCLEX® Exams Stats

The [2020 NCLEX Examination® Statistics](#) are now available. This annual publication provides data on candidate performance on the NCLEX-RN and NCLEX-PN Examinations and also includes data on the candidates who have been able to take the NCLEX-RN for purposes of licensure/ registration in Canada since Jan. 5, 2015. This publication provides a brief overview of how CAT works, how the passing standard is set, and how the pass/fail decision is made at the beginning. The main part of the publication is a detailed breakdown of candidate performance for 2020 and includes the pass rates by candidate type, degree type and country. In addition, the publication contains NCLEX historical data (e.g., pass rates, passing standards and volume) since CAT administration started in 1994. 🌍



Speed Round Get to know NCSBN staff:

Jason Schwartz, MS
Director of Outreach,
Marketing & Advocacy,
NCSBN

What do you do at NCSBN?

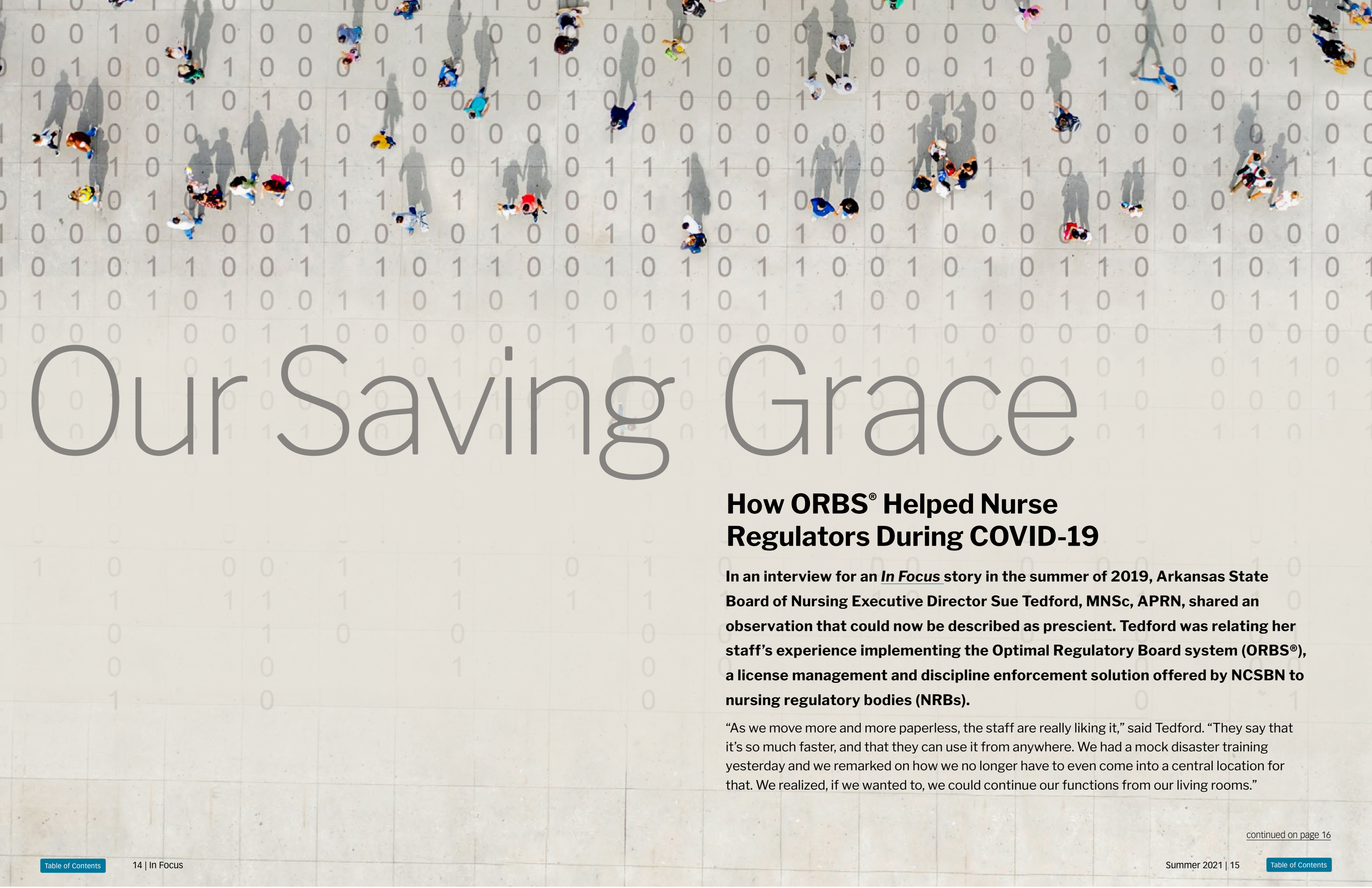
My position, Director of Outreach, in our Marketing & Advocacy department is a new one here at NCSBN. One of the most important aspects of the job is to represent our mission, products, services and capabilities to our stakeholders—regulators, educators, employers and the public at large. This can take the form of presenting information on our exams such as the Next Generation NCLEX® to large audiences, increasing adoption and user satisfaction for our Nursys e-Notify® offering, and even working with countries beyond the U.S. and Canada on possible exam-based licensure frameworks.

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

The answer to both questions is the variety of the job. I am loving the number of different things that cross my desk, but I'll also admit each new thing that comes my way requires a fair amount of learning and patience. Joining the Marketing & Advocacy group after nearly 25 years in Test Development, I am not used to being the “new person” or spending significant time in learner mode. That said, change and challenge are the two great engines of growth, so I'm definitely a believer that the new opportunities in front of me will not only develop me professionally but open new doors for our organization.

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

It's hard not to answer “first baseman for the Los Angeles Dodgers” whenever anyone asks this, but at 51 years old it may finally be time to give up on the dream! I do think once I retire (not soon!) I'd like to volunteer for the Dodgers in community relations, mainly focusing on academic and arts-based enrichment programs for underserved youth. Failing that, I imagine I'll just paddle my kayak all around the Monterey Bay looking for otters, whales and dolphins! 🌊



Our Saving Grace

How ORBS® Helped Nurse Regulators During COVID-19

In an interview for an *In Focus* story in the summer of 2019, Arkansas State Board of Nursing Executive Director Sue Tedford, MNSc, APRN, shared an observation that could now be described as prescient. Tedford was relating her staff’s experience implementing the Optimal Regulatory Board system (ORBS®), a license management and discipline enforcement solution offered by NCSBN to nursing regulatory bodies (NRBs).

“As we move more and more paperless, the staff are really liking it,” said Tedford. “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.”

[continued on page 16](#)

Arkansas had just implemented ORBS. The SARS-CoV-2 virus had not yet been identified and sequenced. Four million lives had not been lost. Eight months would pass before the World Health Organization declared COVID-19 a global pandemic.

Nursing regulatory bodies (NRBs) prepare for disasters. Some even train for health disasters like pandemics. Texas Board of Nursing Director of Operations Mark Majek, MA, PHR, SHRM-CP, says, “In our business continuity plan, we’re big on disasters; hurricanes and things like that. We actually had a scenario for a pandemic. But our pandemic was always if there’s a flu outbreak and we shut down for a month. Never did we think that this would have happened.”

Tedford’s observation that staff could continue their essential duties from their homes became an immediate new normal when COVID-19 shut the world down. What seemed novel at the time quickly became not only possible but necessary. And for NRBs, the stakes were high.

Arkansas



Tedford

“Everything we do is in ORBS,” says Tedford. “We would not have been able to carry out many of our day-to-day tasks during COVID if we had not been in ORBS. We had already adapted to paperless, so it was just a matter of getting everybody a laptop and the ability to access the internet from home.”

“ORBS was able to support the NRBs during a volatile time,” says NCSBN Chief Information Officer Nur Rajwany, MS. “Much of that really goes back to seven or eight years ago and the due diligence followed in designing the system. We had NRBs tell us, ‘my governor has said all licenses that were supposed to expire need to stay active,’ or, ‘we need to waive licensure requirements.’ Because ORBS is customizable, it allowed our team to work with each NRB to make the necessary changes. Having an advanced licensing system with modular options built in meant that our team could make needed customizations – even for the short term, with the ability to reverse them back – expeditiously, to move things forward.”

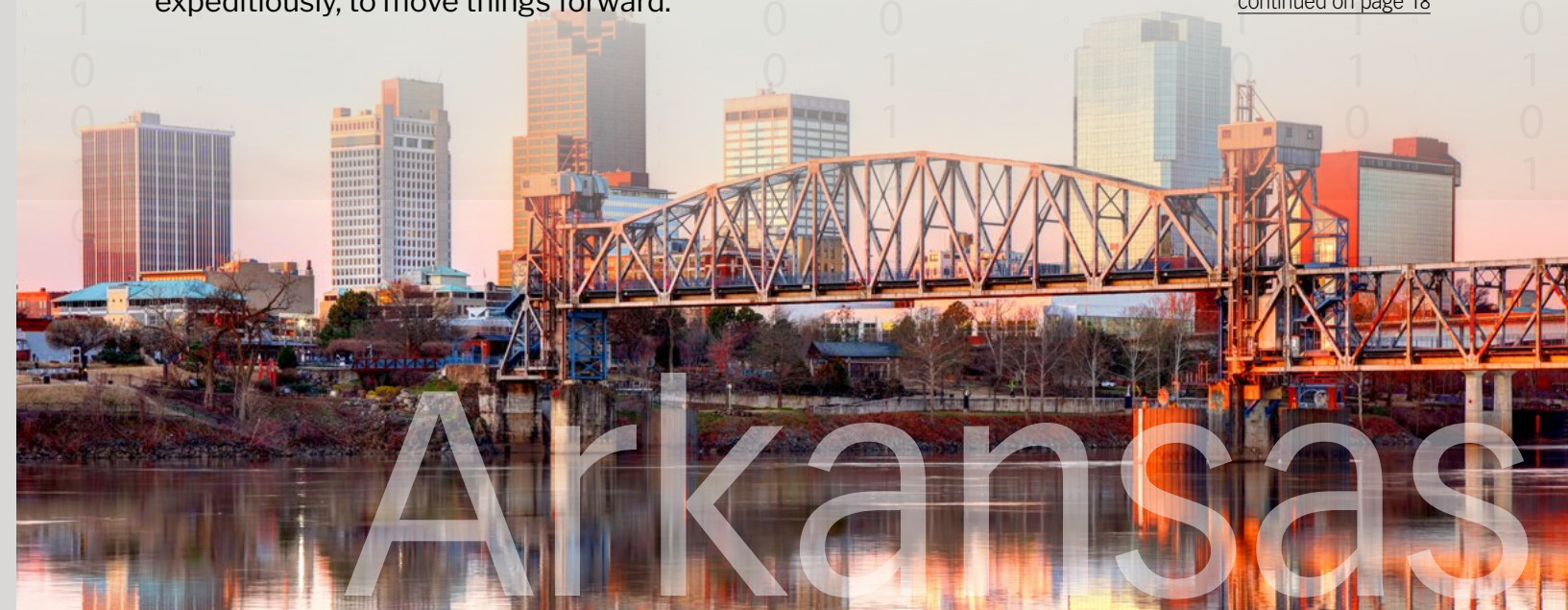
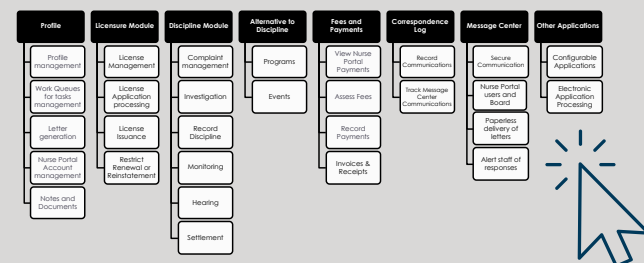
Tedford estimates that ASBN saves roughly \$80,000 a year on expenses that would have gone to using and maintaining their previous licensure database. But efficiencies that are harder to quantify are equally if not more important. “When an APRN sends in a collaborative practice agreement, we have to review it and approve it before they can work in that role,” she says. The process used to take one or two weeks. “With ORBS, I approve the agreement, do a template letter and send it through the Message Center. We cut that process down to the same day it is approved. The nurse has the official letter in their message center that they can take to their employer as soon as they receive it. They can go into practice much faster, which makes them and the employers happier. If I need to send something to a nurse, I may send it only through the Message Center. If she doesn’t read it in a day or two, then I may send it certified mail, which costs \$6 to \$7 a letter. But the Message Center indicates if they have read it and I have that as proof that they’ve received the information.”

continued on page 18

What is ORBS ?

- A private, secure, cloud-based solution for nursing regulatory bodies, currently made available to NCSBN U.S. Members.
- Provides modules for licensing, discipline and education program management functions.
- Digitizes paper processes, reduces manual data input, and provides comprehensive system disaster recovery implementation.
- Integrates seamlessly with NCSBN systems such as Nursys® and NCLEX® administration, and other service providers like online payment processors and document management tools.
- Offers improved end-to-end data integrity, meaning a member board’s data in their ORBS system matches with approved member board data in Nursys.
- Features enhanced communication channels like automatic notifications and reminders to nurses and reminders or alerts for 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.

Want to learn more about the ORBS Back Office Features?



Texas



Majek

According to Majek, ORBS has saved the Texas Board of Nursing (TXBON) millions of dollars -- \$2.5 million alone in what would have been a one-time acquisition of new licensing software and other annual savings approaching \$700,000. But like Tedford, he also touches on some of the efficiencies that are harder to quantify. "About 90 to 95% of our applications for renewal are automatic. That's huge," he says. "For endorsements we were still receiving paper, having to type it all in, create the file, then file the paper and eventually archive for records retention. All of that is gone."

ORBS has enabled TXBON to improve the way it allocates resources. "States are usually resource-poor in staffing and outside help," Majek explains. "We were able to redeploy staffing to different areas. Address changes and name changes were previously done manually. All of that is gone. We were able to move two people into other licensing components. We have witnessed faster endorsement, faster reactivation and faster processing of students to take the NCLEX®. It

used to take 15 to 20 days. We're now down to three to five business days."

This has led to the creation of what Majek calls SWAT teams. "SWAT teams are trained now in all areas. We can just bring a group of people at a specific time on specific areas that have volume, and get it done quicker."

TXBON was scheduled to implement ORBS in April 2020. Then COVID hit and implementation was moved to June. "ORBS was our saving grace actually," says Majek. "In hindsight, I wish we'd have started on April 15th and done it, but we were such in shock from COVID -- all of us were. We were trying to get everybody working from home and we had to delay. But if you think about it, how you could launch a major licensing system at the beginning of COVID and be successful, that in itself tells you something about staffing, about NCSBN, about all of us putting our heads together, asking, 'How are we going to do this?' We had to make quick decisions, huge decisions. We needed a paperless system. It was perfect timing because that's exactly what we needed during COVID."

Texas



West Virginia



Painter

The West Virginia Board of Examiners for Registered Professional Nurses (WVRN) implemented ORBS in 2018. "Our licensing system had been developed by the WV Office of Technology in 2004, and while it was great, the support for the product had ended," recalls Executive Director Sue Ann Painter, DNP, RN. "Having worked for a huge data company and an EMR (electronic medical records) company, I was having panic attacks our system would crash. Our board avoided over a million-dollar expenditure to purchase a new system and we are grateful for this support provided my NCSBN."

Painter's background in the hospital setting included implementing several EMR systems. "The ORBS implementation went beautifully. Implementations can be a nightmare, but we had little if any issues" Painter attributes this to staff preparation and to the responsiveness of the ORBS NCSBN team.

"They were on-site at the drop of a hat. At any time, I could reach out to them and get help for whatever was needed, always. In fact, they kind of spoiled us. Since we have gone live, we have never waited any unreasonable length of time to make changes we need."

When WVRN implemented ORBS, Painter called on her experience in process improvement. "I did not want to duplicate what we were doing pencil and paper and build it into the system just because that's the way we always did it," she says. "Transcripts are a good example. We receive the majority of them electronically. In the past, we had a folder with the paper documents and the file moved from person to person for processing. Now, the person who reviews the transcript simply logs into ORBS, reviews the transcript and designates approval with a click. Now, if the education director is on vacation, I can take over that function with ease."

Another helpful function is the ORBS reporting module. “It is fabulous,” Painter says. “In our homegrown system it was very hard to extract data and perform data analytics. With ORBS and the reports that are built for us, it’s just phenomenal to have that at your fingertips. I don’t have to ask my IT specialist to print it for me. I just can go the reports and get what I need. I can look at what stages the discipline cases are in. That’s a huge efficiency.”

Painter says, “Without ORBS during the pandemic, our board of nursing would have been paralyzed. We went from everybody being in the building to everybody out of the building overnight, just like everyone else. But because it’s web-based, we did not miss a beat. Staff have told me, ‘Thank goodness we had this when COVID hit.’”

Rajwani explains that many of the systems NRBs were using before ORBS could not have accommodated remote work. “You’d have to have people come into the office because the systems were designed for use locally. I believe that is why we have heard from some NRBs how crucial ORBS was.”

NCSBN IT Program Manager Narender Saraswati, MBA, adds, “Executive officers and staff indicated that they would have been functionless without ORBS. When we do initial implementation, it is common to have staff that are hesitant or resistant, but during the pandemic staff realized they could work from anywhere and do their duty.”

Thank You to Participating ORBS Members

In Spring 2021, many ORBS NRB members helped lay the groundwork for this article by completing survey questions for NCSBN. Although *In Focus* was unable to interview all participating NRBs for this article, their thoughtful and informative contributions to the survey were instrumental, and we thank them for taking the time to contribute:

- Arizona State Board of Nursing
- Arkansas State Board of Nursing
- Idaho Board of Nursing
- Louisiana State Board of Nursing
- Louisiana State Board of Practical Nurse Examiners
- Nevada State Board of Nursing
- New Mexico Board of Nursing
- Oklahoma Board of Nursing
- Texas Board of Nursing
- West Virginia Board of Examiners for Registered Professional Nurses
- West Virginia State Board of Examiners for Licenses Practical Nurses
- Wyoming State Board of Nursing

New Mexico



Poole

The New Mexico Board of Nursing implemented ORBS in June 2018. According to Executive Director Sasha N. Poole, PhD, RN, ORBS features like the Message Center and the Licensure, Discipline and Profile modules have eliminated points of human error and streamlined communication. “The space between the fax machine/mailroom to the appropriate person’s desk is the weakest link in the process,” she says. “The ability to receive many of the documents required for licensure and during the licensure and investigative processes has freed up staff time from digitizing documents that normally arrived in paper form.”

This directly benefits nurses. “You don’t have to wait until your renewal period to update your address, or notify us of a change in employer,” Poole explains. “You can do that as it happens. The affidavit of graduation portal allows schools to say, ‘yes, this person is good to go,’ and that shaves off two weeks of wait time for each New Mexico-educated graduate nurse seeking licensure.”

Built-in features also provide added safeguards. “We have had nurse imposters or people trying to get licensure under fraudulent names,” says Poole. “The ORBS process has a way to control that, because it gets the licensing staff to stop and evaluate because they have a box to check off. It’s a huge public protection issue.”

continued on page 22

New Mexico



Louisiana



Brown

The Louisiana State Board of Nursing (LSBN) was one of three pilot NRBS that first deployed the ORBS Renewal module in 2015. At the time, LSBN was already processing paperless renewals, so this involved a data migration. But most other processes were completed using paper applications. Since the initial pilot, LSBN Chief Administrative Officer Isonel Brown, MS, MBA, says ORBS has transformed their business. “Endorsements, student clinicals, exam applications and all of our other applications for licensure were paper. Money orders had to go to the bank. The applications and supporting documentation had to be routed by hand and paper prior to ORBS. Now, all of those processes are 100% paperless. Payments are online via credit card.”

In addition to these efficiencies, ORBS contains features that are not available elsewhere. “Just the relationship with NCSBN, and having access to Pearson VUE, Nursys® and the National Practitioner Data Bank — that is something that’s very unique that no other vendor would be able to offer,” says Brown.

When asked how ORBS helped LSBN during COVID-19, Brown says, “it’s almost as if ORBS became the saving grace. It facilitated staff being able to work from home, to still be able to be productive and gainfully employed. At some point our staff did not want to come back in the office because they proved for the last year that they could work from home. If we didn’t have ORBS, and didn’t have all of that information available to us electronically, that would have been a nightmare – a nightmare.”

As this article is being written, the COVID Delta variant is sweeping across the country, particularly in southern and sunbelt states. Many are feeling the same sense of trepidation they felt in the Spring of 2020. We are not through this. Louisiana has been hit particularly hard, with hospitals there reporting record-breaking numbers of patients. The crisis is driving holdouts and skeptics to finally get vaccinated.

With all this fear and uncertainty, NRBS using ORBS still report that they are well-positioned to do their essential work. “Our board approved an IT capital expenditure to purchase everyone a notebook computer and monitors, from the student worker on up,” says Brown. “Now that we’re on the same VPN, everyone can safely access our network. We removed all desktop computers. Continuity and emergency planning are more seamless, which is why our Executive Director, Karen C. Lyon, PhD, RN, ACNS, NEA, did not hesitate recently to return employees to a remote state when the COVID numbers began to spike again, because we have ORBS.”

Tedford says she feels the ASBN is well-prepared. “The pandemic has made us do a lot of different things, but I think we’re ready. As long as there is electricity and the internet.”

And according to Poole in New Mexico, “our compliance division was particularly reticent to use ORBS for document storage. I think the pandemic helped push us over into that. I think that the pandemic definitely made it easier to take that leap.”

According to Rajwany, the ORBS team at NCSBN has also adapted during the pandemic. “COVID accelerated the use of IT technologies. In our wildest dreams, the ORBS team would not have foreseen doing everything as a go-live remotely,” he says. “The team felt that we had to be on-site. During the pandemic, the team was able to successfully deploy Texas and Oklahoma, almost entirely remote. Based on the procedures and processes that were developed, this is how we will do most of them in the future.”

Majek in Texas, an NCSBN Board Member, feels that ORBS is a realization of one of NCSBN’s core principles of lessening the burden of state government. “The majority of funding for NCSBN is through students, through the NCLEX exam,” he explains. “We’re returning that investment -- not only on the best exam, but on ways to help them at the boards of nursing. We have an agency in Texas, similar to ours in size, that licenses multiple groups, and they’re asking for funding. The ask this year was \$2 million. That is similar to what we would have had to ask to get a licensing system that was off-the-shelf and then pay people to manipulate the system. I want us, the boards, to know how much ORBS has saved our constituents, both financially and in license processing time. We did not have to go to our legislature saying, ‘I need \$2 million for a licensing system.’ There would have to be a licensing fee increase to cover that. This is the perfect example of how NCSBN helps boards of nursing.”

Louisiana



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The Nurse Licensure Compact (NLC) is becoming ever more vital to nurses and those who employ them. The NLC helps remove barriers or unnecessary burdens to borderless practice and increases access to care. It also helps address and reduce workforce shortages and enhances disaster preparedness.

NCSBN has been sharing compelling [NLC Stories](#) to show how the compact can positively impact nurses and their patients. When the COVID-19 pandemic hit, the ability of nurses to move quickly where they are needed became more important than ever. The common thread running throughout these stories is that these individuals have experienced firsthand the value of the NLC, and its impact on patient care.

IMPACT IN ACTION: Nurses Share their NLC Stories



Pennsylvania Passes the Nurse Licensure Compact

Pennsylvania Sen. [Lisa Boscola](#) first heard about the [Nurse Licensure Compact \(NLC\)](#) and other compacts at a 2017 legislative symposium hosted by the National Conference of State Legislatures. “I just remember this ‘wow’ moment, like, *these just make so much sense*,” she says. “I remember calling my staffer as soon as the presentation was done and said, ‘get bills introduced ASAP.’”

Representing Pennsylvania’s 18th Senate district, Boscola has been a proponent of the NLC and the greater mobility, public protection and access to care it provides. She serves on the Senate’s Consumer Protection and Professional Licensure Committee and was the primary sponsor of the original Senate bill that passed in May.

Her work has paid off. On July 1, Pennsylvania became the 37th jurisdiction to enact the NLC, joining a number of nearby states including Delaware, Maryland, New Jersey, Virginia and Ohio.

“By not being a part of the nurse compact, Pennsylvania has frankly been at a disadvantage,” said Sen. Lisa Boscola. “We are a state with over 12.5 million people — and the proportion of our population over the age of 60 is one of the highest in the country. That number is only going to climb as the baby boomer generation continues to age and need more advanced medical care. Joining the compact is going to benefit Pennsylvania nurses, hospitals and health systems, physicians, nursing homes, home health care services and — above all — patients.”

Pennsylvania boasts more than 75 baccalaureate and associate degree nursing programs. Boscola is proud of the high number of graduates, and she wants to keep them. Graduates preparing to take the NCLEX® Exam and deciding where to live and practice have until now faced a decision — whether to live in Pennsylvania, where they would be licensed



Lehigh Valley, Pennsylvania



“Joining the compact is going to benefit Pennsylvania nurses, hospitals and health systems, physicians, nursing homes, home health care services and — above all — patients.”

— Pennsylvania State Sen. Lisa Boscola

to practice in one state, or live in nearby states where they can practice with the benefit of a multistate license. “With us having such a high number of nursing programs and high enrollments, this also puts Pennsylvania into an advantage to remain a competitive state for retaining more of these new graduate nurses,” she says.

While there was opposition to the legislation, “there was a lot of support from the state nurses association, hospitals and health systems, nursing homes and home health services,” Boscola explains.

The [Pennsylvania State Nurses Association \(PSNA\)](#), which represents the interests of more than 200,000 registered nurses (RNs), was previously opposed to the NLC due to issues like lost licensure revenue, uncertainty over licensure requirements and public safety concerns. PSNA [reversed its position](#) in 2020, due in part to

2015 enhancements made to the NLC, including mandatory background checks, fingerprinting and uniformity of licensure requirements. Most importantly, the PSNA listened to nurses.

“At the end of the day, this decision came directly from our nurses,” says Noah Logan, government relations specialist at PSNA. “Our members were very passionate about this issue, and this is something that they absolutely wanted to get done. Many of the neighboring states are in the compact, and having those licenses is really a burden, it is a stress and it is redundant.”

PSNA regularly surveys nurses about the issues most important to them. The compact was one of the top concerns. “Our members are excited about this. I cannot get on the phone with our members without them asking me how long it is going to be until they get a multistate license — that is genuine, everyone has asked me about it.”

[continued on page 28](#)



Kunze

Nurses like Suzanne Kunze, RN, CCM, MBA, are indeed enthusiastic about Pennsylvania's entry into the NLC. "I live in the eastern part of Pennsylvania, close to Delaware, close to New Jersey, close to Ohio," she says. "I know

there is a lot of cross-pollination of nurses that go between the different states, and they are required to have two to three licenses to do that."

Kunze has an extensive background in care management and served as a past president of the Mid Atlantic chapter of the Case Management Society of America. "Even in my early days before I got into management, I had to get additional licenses to manage my patients," she recalls. "It was a necessary part of the job, but it could have easily been eliminated if all of the states recognized each other."

When Kunze worked in care management, one of her biggest concerns was having the right staff with appropriate licensure. "They were managing cross-state members, so, it would not be uncommon for me to have nurses who managed members in multiple jurisdictions and were required to hold four or five different licenses, just so they could advance their caseload," she says. "This was a huge expense, and it was very time consuming. It delayed me in having my case managers work with those members until they got the right licensure."

Kunze, Boscola and Logan all concur that when the COVID-19 pandemic hit, everything changed. "There has been a huge movement to telehealth because of the pandemic," says Kunze. "There were so many trials to do telemedicine for years, and it was never really successful until the first

month of the pandemic. All a sudden, telemedicine was the hottest thing since sliced bread, and people could actually get in to see their providers. It is the same thing for the case managers. There was such a tremendous amount of need."

In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond. The compact reduces complexity, decreases cost and provides an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet them.

"I have said it numerous times this year and last year — the pandemic has only shown us more proof as to why we need these compacts in the medical field," says Boscola. "As the country several times saw geographic swells with positive COVID cases and surges, the nurses and doctors nationally were able to respond to this. If the Northeast was struggling and the Midwest was not, then thousands and thousands of doctors and nurses came to the Northeast to help in the response. And when that changed in the other direction, we were able to send physicians and nurses to the areas of greater impact. In our state, because we were not in the nurse compact, the governor had to issue emergency waivers to permit out-of-state licensed nurses and doctors to come in and help with the surges. Early in 2020 when we were dealing with the first surge here, we had to bring in over 1,600 nurses to help. If we had not had those emergency powers — there is no telling how badly it could have been as far as a medical response to the most critical of patients. So, for me, the pandemic really brought attention to the need of why these compacts are not only beneficial, but crucial."

"COVID definitely had a huge impact on us," says Logan. "We needed to be able to move nurses around quickly. All the things that were going through the nurses' minds in March, April and May

last year; those were rough months. Having to deal with the hassle of licensing, especially during that time, was an unneeded stressor."

Logan says the PSNA also heard from nurse educators whose employers were requiring faculty to hold licensure in the multiple states where their students resided because they had transitioned to online instruction. "That would not have been necessary if we were in the compact," he says.

While the news of Pennsylvania joining the NLC is cause for celebration, there is still work to do. With the continued adoption of telehealth and the likelihood of future crises and natural disasters, leaders and stakeholders in noncompact states must decide if now is the time to join with the majority of states that have moved to a care delivery model driven by patient needs.

"God forbid we go through another pandemic or there's another issue," says Kunze. "It is going to be an ongoing need. There are a lot of nurses out there and there are a lot of things you can do with your nursing license if it is recognized. It is horrible to have a qualified person who, just because of a piece of paper, cannot go and provide that service. It is something we have been trained for, and that is in our DNA — to go out and help out. If we are held back, it limits our ability to do what we were put on earth to do." 🌍

For more information about the Nurse Licensure Compact, contact nursecompact@ncsbn.org or visit www.nlc.gov.



Questions about Nurse Licensure?

NCSBN's Nurse Licensure Guidance tool provides resources and direction on becoming a licensed nurse in the U.S.

There are several steps in the process of obtaining registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) licensure in the U.S. Our Nurse Licensure Guidance tool helps international nurses and domestic nurses learn more about state-specific licensure requirements based on their selections of where they want to live and practice in the U.S.

Try out the Nurse Licensure Guidance tool today!



News & Notes



Montgomery Selected as One of 50 Leading Mississippi Business Women

Shan Montgomery, MBA, MPA, director of operations and chief

financial officer, Mississippi Board of Nursing, was selected by the Mississippi Business Journal as one of the 50 Leading Mississippi Business Women for 2021. She was honored at a luncheon on Thursday, Aug. 19, 2021.

With dual roles, Montgomery has an active job leading, training, and coordinating, and she ensures that the board maintains a strong financial position. Montgomery received her Master's in Business Administration from Delta State University and a Master's of Public Policy from Belhaven University. She joined the Mississippi Board of Nursing (MSBON) in 2008. Over the last twelve years, she has worked with a deep commitment to the Board of Nursing's mission. The Mississippi Board of Nursing congratulates Montgomery on this outstanding achievement.



Pfenning Receives NCSBN Member Scholarship

Stacey Pfenning, DNP, APRN, FNP, FAANP, executive director of the North Dakota Board of Nursing, has received a full NCSBN Member Scholarship

upon being admitted to the George Washington University School of Nursing's Graduate Certificate in Health Policy and Media Engagement Program. The program is geared toward nurses interested in incorporating evidence-based practice, organizational interdisciplinary concepts, policy and research into clinical practice and leadership.



Mississippi Board of Nursing Chosen as Finalist in Best Places to Work Program

The Mississippi Board of Nursing was selected as a finalist in the *Mississippi Business Journal* 2021

Best Places to Work in Mississippi awards program. The program surveys employees of all nominated and participating companies and organizations, and identifies, recognizes, and honors employers raising the bar of excellence in Mississippi's business climate. Mississippi Board of Nursing Executive Officer Phyllis Polk Johnson, MSN, RN, FNP-BC, said, "The Mississippi Board of Nursing is honored to be recognized as a great place to work. We wholeheartedly believe that it is the people we work with who make us great!"



Sharpnack Awarded for Outstanding Teaching or Leadership in Nursing Education

Ohio Board member and past president Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF,

FAAN, has been unanimously selected to receive the National League for Nursing (NLN) Mary Adelaide Nutting Award for Outstanding Teaching or Leadership in Nursing Education. She will receive the award during the NLN Education Summit in Washington, D.C.

Sharpnack is Dean and Strawbridge Professor of The Breen School of Nursing and Health Professions, Ursuline College. A board member since 2014, Dr. Sharpnack currently serves as the supervising member for disciplinary matters and chair of the Advisory Group on Nursing Education. The Ohio Board of Nursing congratulates Sharpnack and the Ursuline education program on being recognized for this outstanding recognition and achievement.

College of Registered Nurses of Manitoba Moves to a Fully Appointed Governing Council



College of Registered Nurses of Manitoba

The College of Registered Nurses of Manitoba has officially moved to a fully appointed governing council, following a vote by registrants at the 2021 Annual General Meeting to confirm the changes. Previously, registered nurse members of council were elected by their peers. This

change comes after more than a year of consultations, and is the culmination of a governance reform process that began in 2015. The 11-member composition of the council also changed by increasing the number of public representatives from four to five, and by decreasing the number of RN members of council from seven to six. Together, these changes bring the College's governance model in line with current best practices and trends in the governance of professional regulatory bodies, not only across Canada, but also around the world. The first round of appointments under the new process will take place in 2022, and will continue to be guided by ongoing engagement with registrants and stakeholders.



In Memoriam: Mary Louise Waddill

Mary Louise Waddill, PhD, RN, former executive director of the Texas Board of Nursing (TXBON), passed away on June 11, 2021. Waddill served the TXBON as education secretary from 1973-1987 and as executive director from 1987-1995. She retired in 1995.

While she was with the TXBON, Waddill was active with NCSBN. She served on the Examination Committee from 1982-1988 and the Job Analysis Monitoring Committee (1991), an ad hoc committee of the Board of Directors (BOD). In 1992-1993, Waddill was appointed Chair of the Foreign Educated Nurse Credentialing Committee, which reported to the BOD on the agencies capable of providing evaluation services, a central repository for documents and a center for information related to international nurse education programs. Waddill served on the CGFNS International Board of Trustees as a representative of NCSBN from 1992-1995. During the development of computerized adaptive testing (CAT), she served on an expert panel that developed the readiness criteria to implement CAT. These criteria were approved by the Delegate Assembly in 1993.

During her tenure as executive director, NCSBN awarded TXBON the Member Board Award in 1990. Before her roles on the TXBON, Waddill's career included faculty positions, pediatric staff nursing practice and director of professional schools of nursing. She received her PhD in Nursing from the University of Texas School of Nursing in 1979. Waddill will be dearly remembered by her former colleagues at TXBON. She was a wise leader, a skilled administrator and a kind boss. 🌈



News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

Have news to share? Send your *News & Notes* submissions via [email](#).



Rising to the Challenge

Administering a Crucial Exam During the Pandemic

When the COVID-19 pandemic caused the abrupt shutdown of NCLEX testing centers across the U.S. and Canada, NCSBN was aware of the drastic impact this could have on the influx of new nurses into the health care system.

NCSBN worked around the clock to respond to the crisis, employing a variety of strategies. Drawing on more than a decade of research, the NCSBN Measurement team was able to reduce the length of the exam without impacting validity, thereby

reducing necessary testing time. NCSBN also worked with Pearson VUE to ensure testing centers were safely reopened following CDC guidelines. Finally, new high-capacity temporary testing centers were opened and testing center hours were extended to increase capacity.

Throughout the peak testing season, our efforts ensured that testing centers could accommodate candidates safely and efficiently. These efforts were unprecedented in getting more nurses into the workforce when they were needed most.