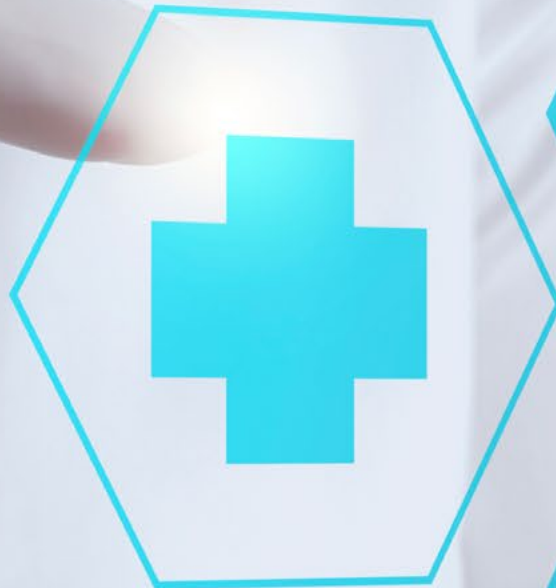


Winter 2015

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Primary Care
Doctor
Hospital
Pharmacist
Nurse
Dentist
First Aid
Surgeon
Emergency



Telehealth: The Future ^{is} NOW?

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs 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 also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

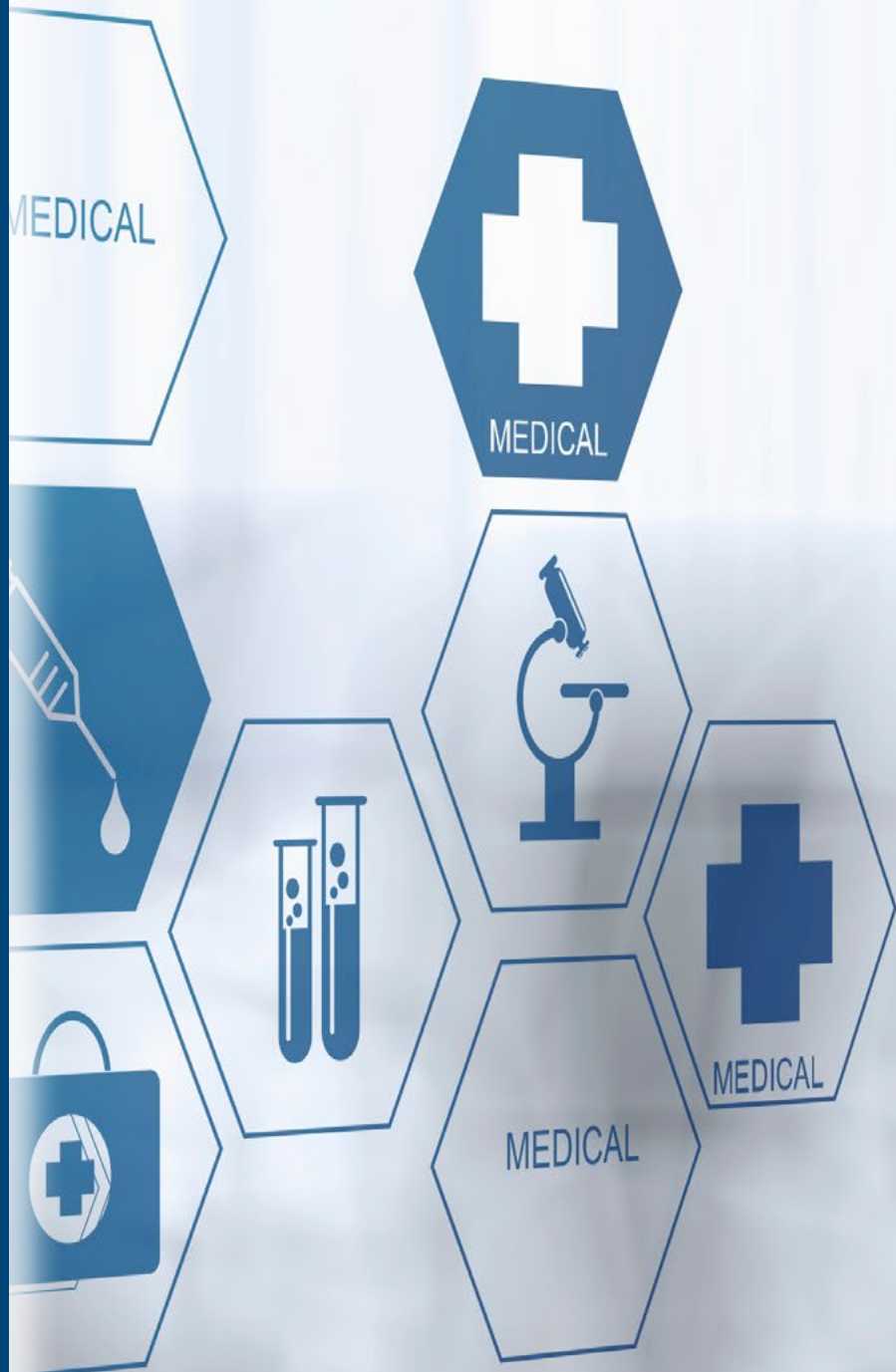
NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

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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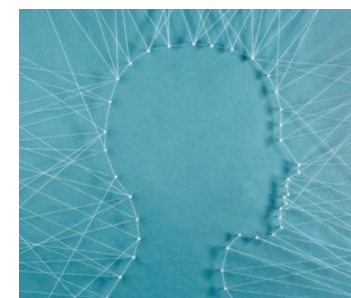


IN FOCUS

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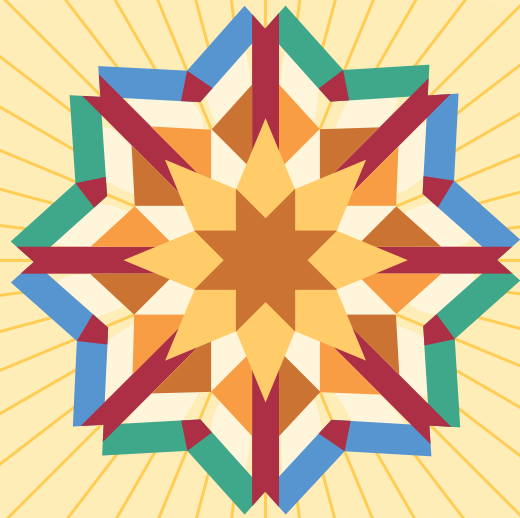


A United Mission

For Regulatory Excellence

Register Today! Deadline: Feb. 27

NCSBN Midyear Meeting • Louisville, Kentucky • March 16 – 18, 2015



NCSBN's 101 Course Updated

NCSBN's course for members, NCSBN 101 is updated for 2015 and now available for registration.

This course is designed for board of nursing staff and board members and NCSBN new staff who require a comprehensive overview and understanding of NCSBN. It can be utilized as a reference document and a resource/learning tool in understanding the history, structure, and purpose of the organization. NCSBN 101 can also assist, support, and facilitate employee orientation efforts and programs and provide employees with a global overview of the organization.

This course is free for members. Members will be awarded 4.8 Contact Hours upon successful completion of the course

Register today.



Yearly NCSBN Environmental Scan Released

Nurses make up the largest number of health care professionals and play an integral role in population health, primary care and the redesign of the U.S. health care system. As the U.S. health care system continues to meet new and ongoing challenges, nurses are on the front line.

Boards of nursing (BONs) need current and critical information about regulatory, workforce, political, economic and social issues that affect nursing, and the environment in which nurses operate.

Each year NCSBN releases an environmental scan in an effort to provide current, critical information for BONs in order to protect the public, respond to emerging issues and challenges, and strategically plan for the future. The 2015 Environmental Scan was published in a special January 2015 edition of the *Journal of Nursing Regulation* and is available to members as a [free download](#).

A variety of sources were used to develop this report, including research and scholarly articles, news articles, websites, databases, peer-reviewed journals, direct communication/presentations, annual BON reports and NCSBN surveys of BONs. Certain consistent sources of data and graphs are used from year-to-year to help formulate comparisons and identify trends. New issues, problems and data on the horizon for 2015 are also included. An abundance of information was reviewed and analyzed in order to provide a report that can be used to assess the regulatory environment and guide strategic planning.

Key Findings of the Report

- The number of APRNs continues to rise, and educators are struggling to find appropriate clinical placements for their postlicensure students.
- Transition to practice for APRNs is increasingly being discussed at the local, state and federal levels.
- There is a potential faculty shortage looming, as many near the age of retirement.
- Distance education issues continue to arise as more programs proliferate. It is important that these programs be held to the same regulatory and education standards as other programs.
- Access to care remains a key issue in the U.S. It increases the need for telehealth and for APRNs with full practice authority. It has led to discussions about the role of unlicensed personnel and staff from other professions taking on traditional nursing roles.
- Federal legislation impacting state-based licensure and the regulation of nursing is an issue calling for close monitoring and communication with members of Congress and BONs working together to provide feasible solutions.

[NCSBN members can access a free download](#) of the 2015 Environmental Scan.

Center for Regulatory Excellence (CRE) Awards Grants Totaling more than \$1.2 Million

The NCSBN [Center for Regulatory Excellence Grant Program](#) recently awarded grants totaling more than \$1.2 million to four U.S. organizations and one international organization. Since the grant program began in 2007, it has awarded more than \$11 million in grant funding.

The CRE program funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. The CRE's research priorities include: national and international regulatory issues; patient safety; practice (licensed practical/vocational nurses, registered nurses and advanced practice registered nurses); nursing education; continued competence; nurse mobility; and substance use.

This year grants were awarded to the following institutions, organizations and programs:

- Ying Xue, DNSc, RN, associate professor of Nursing, University of Rochester School of Nursing, "Impact of State Scope of Practice Regulation on the Availability of Nurse Practitioners in Caring for Vulnerable Populations"
- Elena O. Siegel, PhD, RN, assistant professor, Betty Irene Moore School of Nursing at UC Davis, "Director of Nursing Guidelines for Delegation in Nursing Homes: Guideline Development and Pilot Testing"
- Rachael Vernon RN, BN, MPhil (Distinction), PhD, associate professor/associate head of School of Nursing and Midwifery, University of South Australia, "Can Competence be Assured?"
- Jeannie Cimiotti, PhD, RN, FAAN, associate professor and the Dorothy M. Smith Endowed Chair in Health Care Quality and Patient Safety, University of Florida, "Business Case for Employment of Hospital-based Advanced Practice Registered Nurses: Scope of Practice, Patient Outcomes, Nurse Retention, Financial Impact"
- Julie Sochalski, PhD, FAAN, RN, associate professor, Nursing, University of Pennsylvania School of Nursing, "Impact of Granting Full Practice Authority to Nurse Practitioners in the Veterans Administration"

The submission deadline for the first of two 2015 funding cycles of the CRE Grant Program is April 3, 2015. Any individual, institution, organization or program interested in advancing the science of nursing regulation and building regulatory expertise worldwide may apply. Grant awards have a \$300,000 per project limit. For more information on the grant or the application process, [visit the Center for Regulatory Excellence Grant Program section](#).

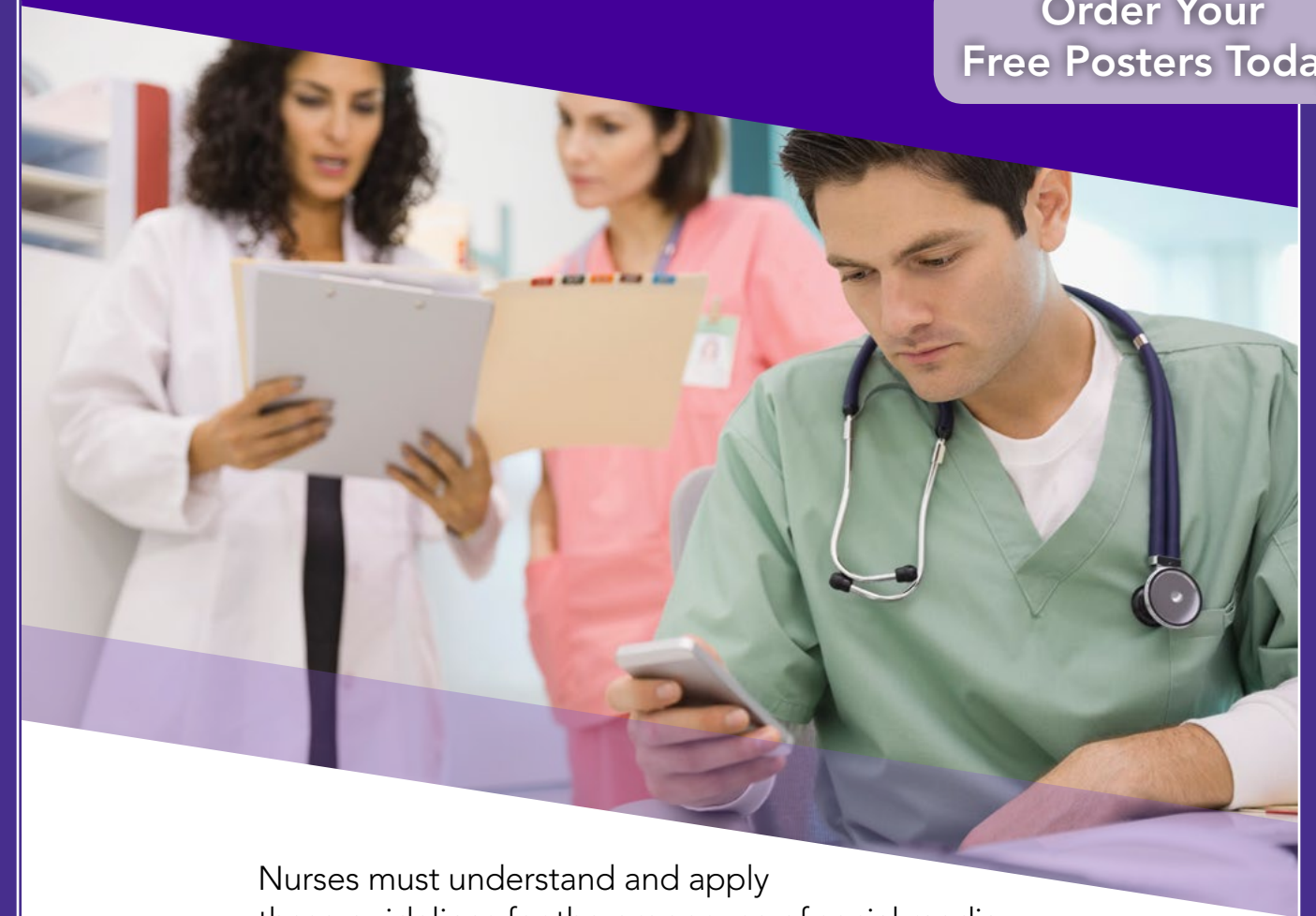
NCSBN GRANT PROGRAM

Upcoming proposal
submission deadline: April 3, 2015

Apply Today

Social Media in Nursing Understand the Benefits and the Risks.

Order Your
Free Posters Today



Nurses must understand and apply these guidelines for the proper use of social media.



Social media dos and don'ts:

Do

- Recognize your obligation to protect patient privacy and confidentiality.
- Maintain professional boundaries.
- Comply with your employer's policy related to electronic and social media.
- Report any breaches of privacy or confidentiality.

Don't

- Electronically transmit any patient-related information or images.
- Share any identifiable patient information on social media sites.
- Refer to patients in a disparaging manner.
- Post disparaging or offensive comments about your colleagues.

Find out more at ncsbn.org/proboundaries

Resources are available including a video, brochures, online courses and other related materials.

Succession Planning Gets Results

The newly developed NCSBN Executive Officer (EO) Succession Planning Toolkit is designed to provide a starting point for a conversation about leadership succession between a member board and its EO. Succession planning can greatly assist in the continuity of the operations of a board of nursing (BON).

One board of nursing recently had a productive experience utilizing the toolkit. Over the course of two days in January, Mary Blubaugh, MSN, RN, executive administrator, Kansas State Board of Nursing, gathered her board members and staff for an eight-hour organizational development meeting in Wichita to address leadership succession at the executive and board member levels. Blubaugh was very happy with the results.

"It was a good bonding experience," says Blubaugh. "I heard many positive comments from my board, and I think this gave everyone the opportunity to really talk."

The process for the toolkit's development began in 2012 when a former EO suggested that NCSBN consider developing such a tool for member boards. The need is great – in recent years, approximately half of all state BONs have experienced turnover in the EO position. In the next few years a number of EOs will probably retire, but the results of a recent poll indicated that 78 percent of EOs reported that they do not have a succession plan in place. In response, the NCSBN Board of Directors established the

EO Succession Resource Committee to create the toolkit to assist member boards in this process.

Blubaugh was no stranger to the succession toolkit. In fact, she volunteered to be on the committee tasked with developing it. "I applied for it because I had an interest in it and I wanted to ensure that our agency was well-prepared," she says.

So what were the circumstances that led to a successful organizational development meeting for Kansas? Blubaugh stresses the importance of preparation. "Having a strategic plan was very beneficial," she says. "We've had one in place since 2000 that we revisit every few years. The board members know it, so that was very helpful."

Blubaugh had a facilitator assist the board with Tool #7 in the toolkit, Board Self-assessment. The board was given the tool two weeks in advance in order to review and complete it. This way, at the meeting, the facilitator and the board were able to get right down to business and spend an afternoon reviewing and discussing the self-assessment.

Blubaugh and her staff also did something similar with Tool #4, Operational Information. "I sat down with my management staff prior to the meeting and went through the tool," she says. "We filled out the steps we could in advance, so that by the time we went into the meeting, we had a lot of tools filled out and ready for our board to review."

Blubaugh says their work is not yet complete. Next steps are to compile everything gathered in the January meeting and review it in the March board meeting. So far, she is happy with how the process has worked. "Our board members told me that laying the groundwork ahead of time and having staff and the facilitator there gave them precious time to work on governance," she says. "I think the committee formed by NCSBN did a very good job developing this toolkit, and if other boards use it they will find it very beneficial."



Mary Blubaugh

NCLEX[®] 2015 CONFERENCE

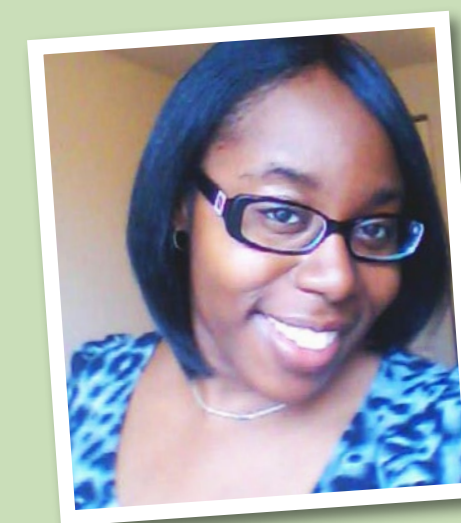
MONDAY, SEPT. 21, 2015 | PORTLAND, ORE.

This one-day educational conference provides the most current NCLEX program updates offered by the experts who develop and administer the examinations.

MORE INFO WILL BE AVAILABLE AT
NCSBN.ORG/EVENTS.



NCSBN[®] EXAMINATIONS



SPEED ROUND

GET TO KNOW NCSBN STAFF:

**Qiana Hampton, MBA, MHRM,
Coordinator, Regulatory Innovations**

- 1. WHAT DO YOU DO?**
I'm the Coordinator in the Regulatory Innovations division of the Nursing Regulation department. I'm responsible for reviewing and managing continuing education (CE) applications and providing administrative staff support to various committees.
- 2. WHAT ARE THE BEST AND MOST CHALLENGING ASPECTS OF YOUR JOB?**
One of the best aspects of my job is having the ability to build relationships with individuals that we collaboratively work with from the committees. Challenges ... I'd say (when planning meetings) ordering food everyone likes, or isn't allergic to!
- 3. IF YOU WEREN'T WORKING AT NCSBN, WHAT WOULD YOUR DREAM JOB BE?**
If I wasn't an employee here at NCSBN, I'd be a professional world-traveling photographer. I'd document different experiences ... foods, hobbies, tourism ... all through the lens of my camera.



[Learn more about the EO succession toolkit today](#)
(Member login and password required).

News & Notes

Kansas Board Staff Member Receives 2014 “20 under 40” Award

Adrian Guerrero, director of operations for the Kansas Board of Nursing, was honored in the annual Jayhawk Area Council “20 Under 40” program. The program honors community members of the Topeka/Shawnee County who demonstrate leadership skills and community

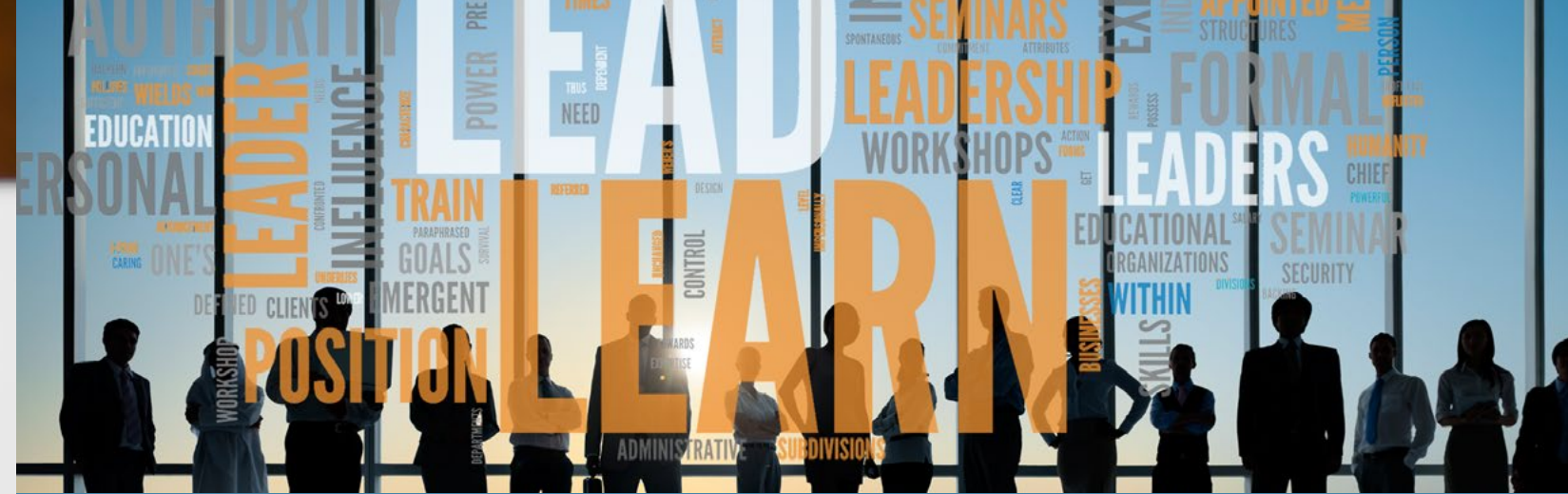
involvement on both a professional and personal level. Guerrero was one of 20 honorees chosen from more than 200 nominations submitted. He has served on numerous local, state and national committees including the statewide Information Technology Advisory Board, Human Resource Policy Team, Perceptive Software Influence ImageNow Customer Advisory Council, and Chair of the NCSBN Nursys IT Committee. Congratulations Adrian!



Members Speak at Forum



Joe Baker, Jr., NCSBN director-at-large and executive director of the Florida Board of Nursing, presented at the 39th Annual FARB (Federation of Associations of Regulatory Boards) Forum on Jan. 23. His remarks on “Applications for Licensure & Renewal: A Variety of Information Asked” helped set the stage for a subsequent presentation by John L. Vanderford, assistant general counsel, Texas Board of Nursing, titled “Department of Justice & Americans With Disabilities Act: Recent Developments on What Can Be Asked.”



Empowering People and Organizations through Leadership: 2015 Annual Institute of Regulatory Excellence (IRE) Conference

This year’s IRE conference was held on the theme of “Empowering People and Organizations through Leadership.” More than 90 nurse regulators from across the U.S. and its territories, and Canada gathered Jan. 13-15 in Charleston, SC to discuss the key leadership concepts of influence, trust and emotional intelligence. In addition, Joanne Disch, PhD, RN, FAAN, Professor ad Honorem, University of Minnesota School of Nursing, presented an engaging discussion that framed these key concepts from a nursing perspective in “The Power of the Nursing Lens.” Dr. Disch emphasized the need for generative leaders who create new options or approaches to old problems, learn to think differently, are intellectually curious, resilient, optimistic, and are able to span boundaries and surround themselves with ‘idea people.’

Objectives for the conference included:

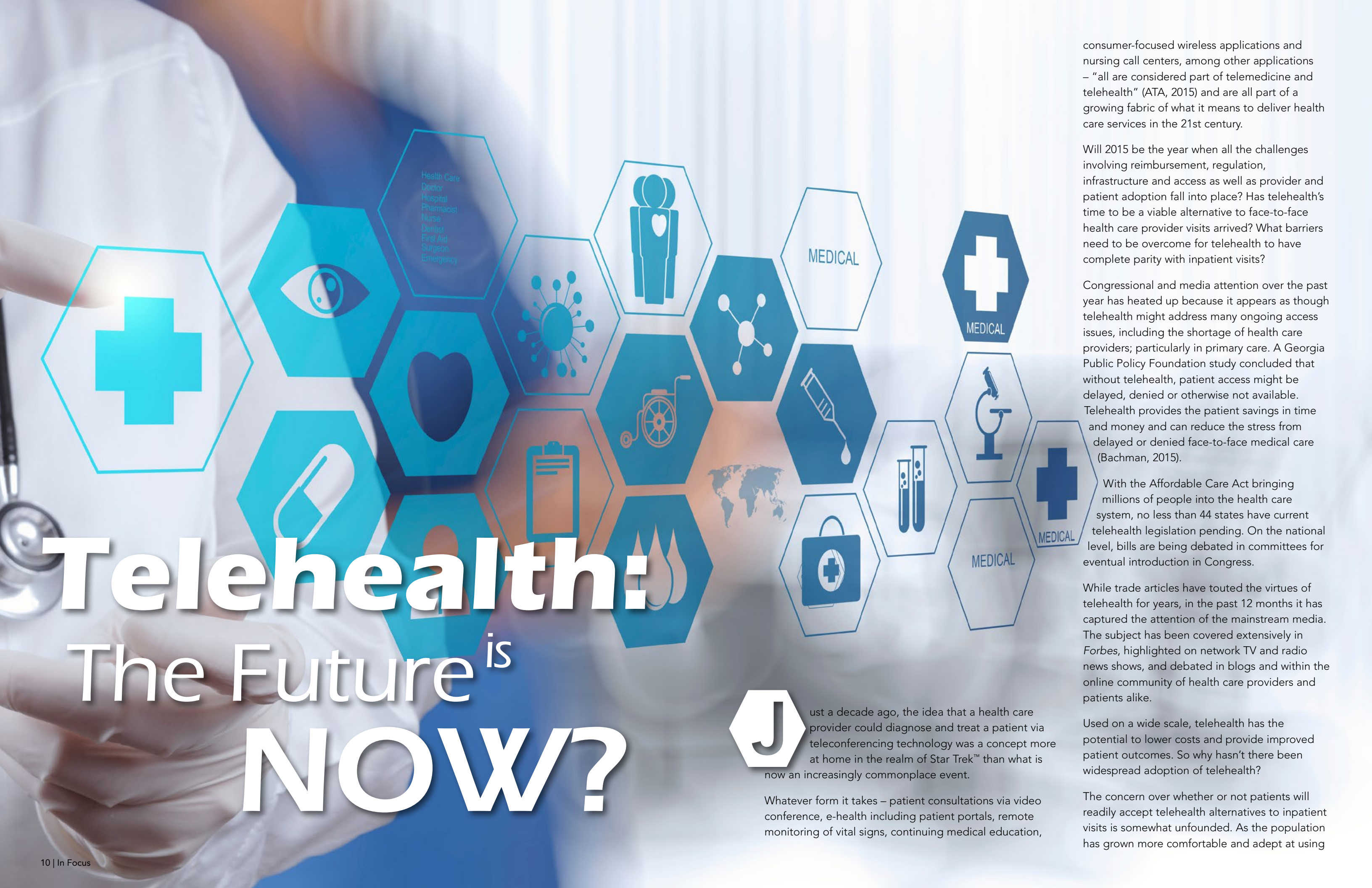
1. Explore key concepts for leaders in regulatory organizations.
2. Describe the importance of leadership influence, trust and emotional intelligence.
3. Develop enhanced awareness of leadership skills and style.
4. Describe characteristics of healthy organizations.

The pre-conference, held on Jan. 13 for participants in the IRE Fellowship program, welcomed the 11 new members of the 2015 cohort (class of 2018), and prepared fellowship participants with identifying a topic of interest related to nursing regulation, synthesizing the literature, developing and writing a regulatory project proposal, and communicating their project results, all within the framework of the scientific research process.

[Videos of presentations from the IRE Conference are available online.](#)



NCSBN’s IRE 2015 Cohort includes (pictured from left to right): Bradley Walsh, Pamela Gunn-Matson, Pamela King-Jesso, Judy Taylor, Ruby Jason, Glenda Tali, Melissa McDonald, Doug Bungay, Shelley MacGregor, Tammy Murdoch. Not pictured: Sandi Emerson.



Telehealth: The Future ^{is} NOW?

consumer-focused wireless applications and nursing call centers, among other applications – “all are considered part of telemedicine and telehealth” (ATA, 2015) and are all part of a growing fabric of what it means to deliver health care services in the 21st century.

Will 2015 be the year when all the challenges involving reimbursement, regulation, infrastructure and access as well as provider and patient adoption fall into place? Has telehealth’s time to be a viable alternative to face-to-face health care provider visits arrived? What barriers need to be overcome for telehealth to have complete parity with inpatient visits?

Congressional and media attention over the past year has heated up because it appears as though telehealth might address many ongoing access issues, including the shortage of health care providers; particularly in primary care. A Georgia Public Policy Foundation study concluded that without telehealth, patient access might be delayed, denied or otherwise not available. Telehealth provides the patient savings in time and money and can reduce the stress from delayed or denied face-to-face medical care (Bachman, 2015).

With the Affordable Care Act bringing millions of people into the health care system, no less than 44 states have current telehealth legislation pending. On the national level, bills are being debated in committees for eventual introduction in Congress.

While trade articles have touted the virtues of telehealth for years, in the past 12 months it has captured the attention of the mainstream media. The subject has been covered extensively in *Forbes*, highlighted on network TV and radio news shows, and debated in blogs and within the online community of health care providers and patients alike.

Used on a wide scale, telehealth has the potential to lower costs and provide improved patient outcomes. So why hasn’t there been widespread adoption of telehealth?

The concern over whether or not patients will readily accept telehealth alternatives to inpatient visits is somewhat unfounded. As the population has grown more comfortable and adept at using

Just a decade ago, the idea that a health care provider could diagnose and treat a patient via teleconferencing technology was a concept more at home in the realm of Star Trek™ than what is now an increasingly commonplace event.

Whatever form it takes – patient consultations via video conference, e-health including patient portals, remote monitoring of vital signs, continuing medical education,

online technology, the technology itself has become both more sophisticated in scope and more user-friendly and reliable in practice. Although some of the most elderly of senior citizens may face challenges in using digital tools, a Pew Research Study (Smith, 2013) found that, "Six in ten seniors—59%—report using the Internet. This is a six percentage point year-over-year increase from the 53% of older adults who went online at a similar point in 2012." In fact, the rate of adoption of social media among those age 60 and over is the fastest growing segment of the marketplace.

Another argument questions the reliability and ability of providing the necessary data to inform the provider. This concern is mitigated by ongoing advances in the industry that have made telehealth technology the cutting-edge of innovation.

These advances include higher video and image resolution, more efficient use of bandwidth that has made connectivity more reliable, and electronic health record systems facilitating increased data exchange (iHealthBeat, 2013). Additionally, telehealth technology can provide "sophisticated synchronous and asynchronous video communications, IT-enabled real-time data-transfer capabilities and advances in wireless patient monitoring that have all evolved sufficiently to support telemedicine platforms." (Darves, 2014)

So does telehealth provide similar or better patient outcomes to an in-office visit? A 2013 American Telemedicine Report, *Telemedicine's Impact on Healthcare Cost and Quality*, noted that scientific studies in the area of telemedicine and quality of care "indicate that the use of telemedicine for such applications as monitoring of chronic care patients or allowing specialists to provide care to patients over a large region have resulted in significantly improved care. For most telemedicine applications, studies have shown that there is no difference in the ability of the provider to obtain clinical information, make an accurate diagnosis, and develop a treatment plan that

produces the same desired clinical outcomes as compared to in-person care when used appropriately" (ATA, 2013).

This same report also found that the vast majority of the peer-reviewed research studies about the cost effectiveness of telemedicine (based on large sample sizes and following sound scientific rigor) are relatively new but are consistently concluding that telemedicine saves the patients, providers and payers money when compared with more traditional approaches to providing care. An August 2014 study by global professional services company Towers Watson estimated telemedicine could potentially deliver more than \$6 billion a year in health care savings to U.S. companies (Towers Watson, 2014).

If all of these factors point to a win-win scenario for all parties involved, why isn't telehealth more mainstream? The fact remains that the sticking points to full telehealth adoption lie in administration and policy, i.e., the regulation of health care providers and reimbursement for services.

Reimbursement has been a thorny issue in telehealth. Providers have lobbied for parity in providing telehealth services with traditional in-office visits, while payers/insurers have been reluctant to value the services in the same way. That may be changing. The Centers for Medicare and Medicaid Services (CMS) (U.S. Department of Health and Human Services Health Information Technology, 2014) have issued new rules on payments to physicians providing telehealth services, an indication that the agency is expanding reimbursement for telemedicine. CMS also added seven new procedure codes for telehealth, including annual wellness visits and psychotherapy services. Among private-payers, there is no accepted standard in place because there is still a wide discrepancy between whether they will pay for telehealth services, and for what type of services they will cover and under what conditions. Some insurers see the value and cost effectiveness of telehealth and will reimburse for services while others will not.

All of the allied health professions regulatory groups are grappling with the issue of telehealth.

The Tri-Regulator Collaborative is comprised of the "big three" organizations representing the state and territorial licensing boards in the U.S. that regulate the practice of medicine, pharmacy and nursing; they include the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP) and NCSBN. Last year they affirmed that in a consumer protection model, health care practice occurs where the recipient of health care services is located.

continued on page 18

NCLEX® Examinations Identification Policy Update

NCSBN is excited to welcome the participating Canadian regulatory bodies to the NCLEX®.

With growth comes the need for a new policy to maintain the same high-level security standards for the NCLEX. Therefore, we have developed new identification requirements for candidates testing at domestic versus international Pearson Professional Centers.

Domestic Test Centers

For candidates seeking licensure in the U.S., domestic test centers are those within the U.S. and American Samoa, Guam, Northern Mariana Islands and the U.S. Virgin Islands. For candidates seeking licensure/registration in Canada, domestic test centers are those within Canadian provinces/territories and the mainland U.S. (not including territories). The only acceptable forms of identification for domestic test centers are the following:

- Passport books and cards
- Driver's license
- Provincial/territorial or state identification card
- Permanent residence card
- Military identification card

International Test Centers

The only acceptable forms of identification for international test centers are the following:

- Passport books and cards

For both domestic and international test centers, the identification presented on exam day must be non-expired and government issued. In addition, the candidate's name (first and last) on all forms of identification must match exactly the name on the candidate's registration and contain the following: name (in Roman characters), recent photograph and signature. Temporary identification (examples include limited term IDs and any ID reading "temp" or "temporary") is only acceptable if it meets the required elements stated above.

For security purposes, if the name with which the candidate registered is different from the name on his or her identification, he/she must bring in legal name-change documentation to the test center on the day of the test. The only acceptable forms of legal name-change documentation are the following:

- Marriage license
- Divorce decree and/or court action legal name change documents

All documents must be in Roman characters and the **original** copies. Candidates wishing to make a legal name change, address change or email address change must contact their board of nursing/regulatory body. This cannot be done at the test center.

For more information regarding identification, visit the [Acceptable ID page](#) on the NCSBN website.

Nursing Regulation *on the Eastern Edge of North America*

NEWFOUNDLAND AND LABRADOR CANADA

Photo credit: Shutterstock



By: Lynn Power, RN, MN
Executive Director,
Association of Registered
Nurses of Newfoundland
and Labrador

In the Spring 2014 issue of *In Focus*, Cynthia Johansen, MAL, Registrar/CEO of the College of Registered Nurses of British Columbia, provided readers with insight into nursing regulation in British Columbia and Canada as a whole.

Indeed the diversity of Canadian nursing regulation practice is evident from coast (Atlantic) to coast (Arctic) to coast (Pacific), and Newfoundland and Labrador (NL) is no exception. With a population of just over 500,000 residents, NL is one of the smallest of Canada's 10 provinces and three territories. The province, however, boasts an impressive geography that covers 156,453 square miles and 18,000 miles of coastline.

Before joining Canada in 1949, the island province was a British colony with a history rooted in the fishing industry. This history saw the population disperse around the province's vast geography and coastlines – a distribution which, to this day, can present challenges to the practice of the province's 6,300 registered nurses (RNs) and nurse practitioners (NPs). The nursing profession must meet the balance of providing access to safe, competent, compassionate and ethical care to residents living in rural and remote areas, and responding to the rapidly growing urbanization that has been influenced by the province's current oil and gas activity.

Our Role

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the regulatory body and professional organization for all RNs and NPs in the province (licensed practical nurses are regulated by a separate organization). About 80 percent of ARNNL's resources are dedicated to regulatory functions (setting nursing standards, approving nursing schools and coordinating initial registration and annual licensure of RNs and NPs). Government-appointed public representatives on ARNNL's board and disciplinary panel fulfill essential roles that ensure that the public interest is upheld. One pivotal role as a protector of the public is achieved through addressing disciplinary matters. In recent years, ARNNL has recorded upwards of 25 allegations of professional misconduct against RNs and NPs.

All Canadian provinces and territories are accountable to develop, administer and maintain their own nursing regulatory requirements. However, ARNNL works

collaboratively with all 11 province/territory members of the Canadian Council of Registered Nurse Regulators to promote harmonization at home and abroad.

What makes ARNNL unique, even amongst its Canadian counterparts, is its association mandate – which comprises 20 percent of our activities. One of the objectives in the Registered Nurses Act (provincial legislation which grants ARNNL the responsibility to regulate the nursing profession in the interest of the public), requires that ARNNL encourage its members to participate in activities that promote the health and well-being of public.

The initiatives that ARNNL pursues in this area must advocate for healthy public policy, such as: advocating the provincial government to embrace a primary health care philosophy and optimize the NP skill set to enhance access to community-based care; collaborating with other associations (Newfoundland and Labrador Medical Association) to advocate for policy that: limits access to tanning beds for youth under 19 years old; establishes



Nurse Practitioner Role Celebrates 17 years in Newfoundland and Labrador

NP practice was established in NL in 1998. ARNNL was the second jurisdiction in Canada to receive legislation and regulations to support NP practice. Since then, the NP regulations have been amended, the NP scope of practice has been expanded, support for the role has grown, and the NP role is established in many areas of the health care system. Today, 135 NPs provide health care services for people throughout the province.

mandatory bike helmet legislation; and bans flavoured tobacco products. ARNNL is also a member of the Canadian Nurses Association (CNA), the advocacy voice for nursing in Canada, and partners with CNA on its healthy public policy agenda. Most recently, ARNNL joined CNA and its provincial member organizations to lobby the federal government to advocate for healthy aging and seniors care.

Newfoundland and Labrador's Health Care Landscape

There is one tertiary care hospital in NL, located in St. John's (the province's capital city). Eleven secondary hospitals and over 30 rural health centres are distributed throughout the province. Advancements in telehealth and technology-based access to health care have been integral to health care delivery across our vast geography.

NL's geographic makeup, coupled with an aging population, can make managing health human resources difficult. Although NL has one of the highest RN-patient ratios (1:1,000) in Canada, just over 90,000 people (17.7 percent of the population) are aged 65 and older. According to Statistics Canada, by 2036 it is expected that NL will have the highest proportion of seniors in Canada. For many chronic conditions, prevalence increases with age; this can cause a significant burden on health care delivery. Part of ARNNL's role is to work with employers and policy makers to expand the RN scope of practice to best meet these challenges.

There are three post-secondary schools of nursing in the province, each of which offers one common degree program: Bachelor of Nursing. Our schools graduate approximately 250 student nurses every year, and over 75 percent of graduates remain in the province to practice. At about 70 percent, Newfoundland and Labrador has one of the highest full-time employment rates amongst RNs throughout Canada.

In 2014, ARNNL marked the 60th anniversary of the self-regulatory role of RNs in the province. The number of RNs in NL rose from just 600 in 1954 to over 6,000 today. As one of the 16 associate members of the National Council of State Boards of Nursing, ARNNL looks forward to continuing to exchange information and knowledge, and participate in ongoing discussions with nursing regulatory bodies around the globe.

Lynn Power was appointed Executive Director of the Association of Registered Nurses of Newfoundland and Labrador in 2013. This key leadership appointment is accountable to provide visionary and strategic leadership in strengthening the registered nursing profession in the province, while upholding the Association's commitment to regulatory excellence. Lynn is a graduate of the General Hospital School of Nursing Diploma program in Nursing, and has completed Bachelor of Nursing and Master of Nursing degrees from Memorial University of Newfoundland.

In the decade prior to assuming the role of Executive Director, Lynn served as ARNNL's

Director of Policy and Practice, and Nursing Consultant – Practice. Lynn's passion for nursing has been integral to the development of standards for nursing practice, the Quality Professional Practice Environment program, and other practice-related programs offered through ARNNL. She has represented registered nurses of the province on local, national and international initiatives. Lynn also serves on numerous provincial advisory committees that enhance connections between ARNNL and nursing practice and health policy matters, including the Provincial Wellness Advisory Council of Newfoundland and Labrador and the Newfoundland and Labrador Centre for Health Information. Lynn is currently Past Chair of the National Board of Directors of Victorian Order of Nurses Canada.



Association of
Registered Nurses
of Newfoundland
and Labrador

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Nominate a Member for an NCSBN Award

The NCSBN Awards Program is an excellent opportunity to celebrate significant contributions to nursing regulation. And it's your chance to honor the outstanding achievements of NCSBN member boards and associate members. We encourage all members to nominate themselves and their peers.

Members can submit nominations beginning from now through March 2, 2015. Recipients selected will be notified in May and honored at the awards ceremony at the August NCSBN Annual Meeting in Chicago.

Learn more about the NCSBN Awards program, and view reflections of past recipients on our [website](#). Any questions can be directed to [Alicia Byrd](#).



"Receiving the award was a tremendous honor personally and for the Board. It was validation of the Board's exceptional public protection work and recognition of our success in advancing NCSBN's mission. It was wonderful to be nominated by the Board managers, and to see the excitement of the Board members! The award reflected the exceptional partnership between staff and Board members, the foundation of our success.

I encourage others to submit nominations because making a nomination makes a difference in that person's life and is rewarding to you too! Thank you, NCSBN, for offering this recognition."

– Betsy J. Houchen, JD, MS, RN, executive director, Ohio Board of Nursing, 2013 R. Louise McManus Award Recipient

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This affirmation highlights the need for portability of licenses. While other health care provider regulatory bodies are just getting started in this process of interstate practice, NCSBN's Nurse Licensure Compact (NLC) has been ahead of the curve since its implementation in 2000.

The NLC allows for registered nurses (RN) and licensed practical/vocational nurses (LPN/VN) to have one multistate license, with the ability to practice in both their home state and other NLC states. The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. There are currently 24 states in the NLC. Influenced by the growing need for nurse mobility and clarification of the authority to practice for many nurses currently engaged in telenursing or interstate practice, boards of nursing (BONs) have worked over the past several years to revise the NLC to ensure it reflects best practices and provides for continued high standards of public protection.

In some ways, however, nursing lags behind other allied health care regulators in that most BONs lack a formal policy for telehealth nursing practice. In a recent survey conducted by NCSBN, only 14 jurisdictions indicated they had a policy in place addressing these issues. Additionally, nurse employers and policymakers often make requests of NCSBN for compiled state-by-state telehealth nursing licensure requirements similar to what is readily available from FSMB about physician requirements, but no such compilation is possible at this time.

A model policy for telehealth nursing practice will be reviewed by the NCSBN Board of Directors for potential adoption. Offering key elements defining telehealth nursing practice, this model provides a jumping-off point for NCSBN Member Boards to develop their own policies.

Telehealth is a proven concept; it is just waiting for all of the factors influencing its complete acceptance as part of the health care delivery system to align.

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Attention NCSBN Potential Leaders!

Call for Nominations is now open

The FY15 NCSBN Leadership Succession Committee would like you to consider becoming a candidate for office and/or encourage a colleague to do so. Complete the [NCSBN Candidate Nomination Form](#) for open positions on the [Board of Directors and Leadership Succession Committee](#).

Applications due **April 3**

Apply Today



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Opening the Archives

The First NCSBN Logo

When NCSBN was founded in 1978, this was the organization's first logo. From the beginning, NCSBN focused on establishing a mission-driven organization that was rooted in public protection and strengthening the role of boards of nursing in nursing regulation.

Our Historical Timeline will take you on a journey through the seminal events and milestones in NCSBN's history.



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