

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing

Agenda Item #2



Ethics Disclosures

Alaska Board of Nursing

Agenda Item #3



Board Activities

Alaska Board of Nursing

Agenda Item #4



Consent Agenda Items



ALASKA BOARD OF NURSING MEETING AGENDA

FEBRUARY 5 & 6, 2025

MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: February 5, 2025

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: February 6, 2025

Meeting Locations: 1. Board/Staff - Suite 1540, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Join Zoom Meeting

<https://us02web.zoom.us/j/83323356360?pwd=ZL73Uv4HLFxIuIA7CYQYUGNnytaQbS.1>

Meeting ID: 833 2335 6360

Passcode: 106495

Links

Board of Nursing: [Nursing.Alaska.gov](https://www.nursing.alaska.gov)

Board Members:

Danette Schloeder,
DNP, RNC-OB, C-
EFM, C-ONQS
(Chairperson)

Lena Lafferty, RN

Marianne Murray
RN Educator

April Erickson,
APRN

Vacant
LPN Seat

Michael Collins,
Public Member

CJ Payne,
Public Member

Staff:

Patty Wolf, MSN,
RNC-OB
Executive
Administrator

Lisa Maroney,
Licensing
Examiner III,
Supervisor

Kelly Olson, RN
Nurse Consultant I

Upcoming Meetings:

April 30 & May 1,
August 5 & 7, and
November 5 & 6,
2025

Wednesday February 5, 2025

Agenda

*Times listed are approximate

1. Call to Order/ Roll Call (9:00 - 9:03)
 2. Ethics Disclosures (9:03 – 9:07)
 3. Board Activities (9:07 – 9:10)
 4. Consent Agenda Items (9:10 – 9:15)
 - Review/Approve Meeting Agenda
 5. Public Comment Period (09:15- 09:30)
 6. Medication Administration Course review and approval (9:30-09:45)
 - Presenter William Hughes, Director of Nursing, Division of Juvenile Justice
 7. Medication Administration Course Process and Regulation Review (09:45-10:15)
Presenter: April Erickson and Patty Wolf
- Break (10:15-10:30)
- ~~8. Defensible Decision Making (10:30 – 11:15)~~ **Rescheduled to Next Meeting**
 - ~~• Presenter: Sara Chambers, Board and Regulations Advisor~~
 9. PDMP Update- (11:15-11:45)
Presenter: Lisa Sherrell, PDMP Manager
- Adjourn for Lunch (11:45 – 1:15)
10. APRN Alliance Survey Data Presentation (1:15 -1:35)
 - Lisa Jackson
 11. APRN Alliance Requests for the Board (1:35-2:00)
 1. Asking the BON to collect specialty certifications (CNS, CRNA, CNP, CNM).
 2. Consider additional APRN position on the board
 12. Regulation Project updates (2:00- 2:30)
Presenter: Alison Osborn and Patty Wolf MSN, RNC-OB
 - Delegation of Medication Administration
 - Review Public Comments
 - LPN Scope of Practice
- Break (2:30-2:50)
13. UAF LPN Curriculum Request (2:50-3:10)
Presenter: Alicia Surrey and Audrey McDaniel
 14. Strategic Plan and Annual Report Review (3:10- 3:30)
 - Strategic Plan and previous action items
 15. Charter College- Request for the board (3:30-3:50)
Presenter: Cynthia D Booher PhD, RN, DNS-CT, CDP.CNRN, ELNEC, NCSN, CNE
Dean of Nursing Charter College
 16. Review/Assign Action item Assignments and due dates for Board Members (to follow)
Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS
- Adjourn**

Thursday, February 6, 2025

17. Call to Order/Roll Call (0900)

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

18. Executive Session (09:05)

Reading of orders

19. PDMP- Update disciplinary Matrix (10:00-10:30)

Presenter: Billy Homestead/Kendra Wardlaw

Break 10:30-10:50

20. Licensing Reports (10:50- 11:30)

RN: Madeleine Henderson and Laura Souders, Occupational Licensing Examiners

CNA: Michelle Griffin, Occupational Licensing Examiner

CNA Program updates: Kelly Olson, RN, Nurse Consultant

Adjourn for Lunch (11:30-1:00)

21. Division Updates (1:00-1:45)

Legislative Update: Glenn Saviers, Deputy Director

Division Update: Sylvan Robb

Board of Nursing Update:

22. Designate 1-2 Board Members to attend Legislative Session when available (1:45-2:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

23. Working Session for current or upcoming Projects/Tasks (2:00-3:45)

Break at the discretion of the Board

24. For the Good of the Order (3:45-4:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow up to cover?
- Agenda ideas for future meetings
- Evaluation of board meeting
- 2025 Meeting schedule: April 30 & May 1, August 6 & 7, & November 5 & 6
 - a. Chair Final Comments (4:00)

Adjourn



Letter FROM THE President

POST-BOARD MEETING UPDATE

Dec. 19, 2024

Greetings Colleagues:

The Board of Directors (BOD) met in Chicago Dec. 10–11, 2024. As your president, I am writing to provide you with an update on the recent activities and key decisions made by the BOD. These decisions are essential to our mission of empowering and supporting nursing regulators in their mandate to protect the public. Your involvement and understanding of these decisions are important, and the BOD and NCSBN staff are dedicated and committed to achieving this mission with your support.

The BOD received staff reports on federal and state affairs. Since the October meeting, the Federal Affairs division has continued to work to promote the organization's policy priorities. With the election now complete and the transition of new leadership in the nation's capital, it is anticipated that the selection of chairs for committees and subcommittees will be impactful. The new executive branch of leadership will submit its list of appointments to executive branch agencies, which could potentially influence our policy priorities and agenda. As the BOD and NCSBN leadership determine priorities for 2025, the Federal Affairs team will formulate a policy agenda to work toward the organization's goals and continue to raise awareness of NCSBN as the voice for nursing regulation and workforce issues.

A report by the State Affairs division highlighted the work that continues to promote our three legislative campaigns, track legislation impactful to nursing regulation, strengthen our members' public policy knowledge and skills, and bolster and build relationships with key policy partners. The staff is communicating with relevant stakeholders and boards of nursing in states anticipating legislation related to the Nurse Licensure Compact and the APRN Compact. Through the Nursing America Campaign, the State Affairs team is involved in strategic planning for the 2025 legislative session with those states whose agenda is to advance the APRN Consensus Model and remove barriers to access to care.

NCSBN CEO Phil Dickison provided an update to the BOD of his key activities and strategic thinking goals and objectives. The BOD Retreat in late October was the initiation of the strategic thinking process to establish goals and objectives to move the organization forward. This strategic thinking process, unlike strategic planning, involves seeing and understanding the bigger picture of the organization, where it needs to go, and how it will get there. The BOD engaged in a strategic thinking session where they looked at NCSBN's mission, vision and values to ensure that they remain aligned with the organization's goals and reflect its future strategic direction. This process is designed to instill confidence in our future and the direction we are heading. Director of Marketing & Advocacy Michael Kotnaur also led board members in an exercise to develop a strategic statement that will serve as an internal document that will focus on objectives, define our scope and leverage our advantages. The BOD will continue to work through this process in the upcoming months.

At the December meeting, the BOD also considered comprehensive reports from the Research Division and Member Engagement. Additionally, the NCSBN Annual Environmental Scan draft, due for publication in the *Journal of Nursing Regulation* in January 2025, was reviewed. It provides a wealth of information that

POST-BOARD MEETING UPDATE, CONTINUED

addresses the trends and current landscape of nursing and the associated regulatory implications. It is a resource tool that can assist regulators and benefit educators, employers, researchers and policymakers.

The BOD approved changes to the NCSBN Awards Program and Policy 2.6, NCSBN Member Recognition Program. These changes include the approval of two new awards categories. The Awards Committee and the Marketing department continue to partner to promote this program and recognize our members' excellence and significant achievements in nursing regulation.

Staff provided its annual Nursys® update. The report highlighted the observable trends in Nursys utilization across the various services, provided insight into licensure and discipline data, and delivered updates on major Nursys projects. Nursys and its services remain essential to the daily operations of nursing regulatory bodies.

The staff also presented the NCSBN Annual Data Security Report, which provided the BOD with a comprehensive review of information security activities. The report provided an accounting of activities, training, processes, and policies applied in response to and in anticipation of cybersecurity events.

One important solicitation remains from the Leadership Succession Committee (LSC) as they begin the campaign related to open positions on the BOD and the LSC. I implore all members to consider this leadership opportunity and the associated requirements, competencies and time commitment needed to support the work of NCSBN.

The staff at NCSBN is to be commended for their dedication and commitment to fulfilling the organization's mission. The organization is fortunate to have excellent staff with a variety of expertise to ensure daily operations run smoothly, ensure responsiveness and provide resources to member boards. The BOD expressed its gratitude for this work and got to know the leadership staff during a holiday dinner while in Chicago. Their hard work and dedication are truly appreciated and valued.

As another year draws to a close, most of you will be in the midst of preparations for this festive season. It is a special time of the year that gives many of us time to enjoy the company of family and friends. I hope this holiday season is exceptionally good and safe and that the new year brings you much health, happiness and prosperity.

Kindest Regards,

Phyllis Johnson, DNP, RN, FNP-BC

Phyllis Polk Johnson, DNP, RN, FNP-BC

President

pjohnson@msbn.ms.gov

Mission

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

Vision

Leading regulatory excellence worldwide.

Values

Collaboration • Transparency • Innovation • Integrity • Excellence



PROBATION REPORT

DATE: January 13, 2024
TO: Alaska Board of Nursing
THROUGH: Sonia Lipker, Senior Investigator *SL*
FROM: Karina Medina, Investigator
SUBJECT: Probation Report for the February 2025 Meeting

The following is a complete list of individuals on probation for this Board. All individuals are in compliance with their agreements except as noted with a (*).

<u>NAME</u>	<u>START DATE</u>	<u>END DATE</u>	
Barbara Anderson	05/11/2023	05/11/2028	
Caressa Barth	01/06/2021	01/06/2026	
Kristina Beeching	08/08/2024	08/08/2029	
Samantha Bell	07/23/2021	07/23/2026	
Sue Boma	11/05/2020	11/05/2025	
Viva Esquibel	05/17/2022	05/17/2027	
John Hacker	08/11/2023	08/11/2028	
Chad Hamik	05/15/2024	11/15/2026	
Roxanne Huzieff	05/11/2023	05/11/2026	
Franklin Jones	05/01/2022	05/01/2027	
*Kris Kile	03/28/2019	09/28/2020	SUSPENDED
Kelly Linebarger	08/06/2021	08/06/2026	
Lisa Murrell	08/20/2020	08/20/2025	
*Amy Neel	02/04/2021	02/04/2026	SUSPENDED
Joyce Nesby	05/11/2023	05/11/2026	
Danielle Regan	08/20/2020	08/20/2025	
*Tasha Rine	08/11/2023	08/11/2028	SUSPENDED
Alixandra Stewart	08/11/2023	08/11/2028	
*Quenna Szafran	05/11/2023	05/11/2028	SUSPENDED
Ciri Vail	08/11/2023	08/11/2028	
Eva Velarde	05/15/2024	05/15/2026	
Samantha Weber	08/16/2021	08/16/2026	
Jodi Wolcuff	03/15/2022	03/15/2027	

Alternative to Probation:

<u>CASE NUMBER</u>	<u>START DATE</u>	<u>END DATE</u>
2024-000014-Prb	08/08/2024	08/08/2029
2023-001191-Prb	11/07/2024	11/07/2029
2024-000231-Prb	11/07/2024	11/07/2029

The following were released after probation completion:

<u>NAME</u>	<u>START DATE</u>	<u>END DATE</u>
Erika Yeager	11/01/2022	11/01/2024
Kenneth Browne	08/20/2020	08/20/2025 (Early release)
*Amber Pe'a	02/06/2020	02/06/2025 SUSPENDED (Probation closed and reported)
Jennifer Bliss	08/08/2024	08/08/2029 (Surrendered)
*Alice Nanuk	11/09/2023	11/09/2028 (Surrendered)

Board Requests:

Quenna Szafran – Reinstatement Request
Viva Esquibel- Modification Request

License Actions:

Tasha Rine- Surrender

Other:

END OF REPORT



MEMORANDUM

DATE: January 14, 2025
TO: Board of Nursing
THRU: Erika Prieksat, Chief Investigator *EP*
FROM: Joy Hartlieb, Investigator *JH*
RE: Investigative Report for the February 06, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of October 09, 2024 thru January 13, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 109

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
ADVANCED NURSE PRACTITIONER			
2022-000085	PDMP Violation	Intake	01/25/2022
2023-001053	PDMP Violation	Intake	10/06/2023
2025-000003	Unlicensed practice or activity	Intake	01/03/2025
2025-000025	Unethical conduct	Intake	01/13/2025
2019-000516	Standard of care	Complaint	07/02/2019
2020-000292	PDMP Violation	Complaint	11/03/2021
2020-000369	Prescriptive practice	Complaint	04/15/2020
2021-000969	Standard of care	Complaint	10/04/2022
2023-000066	Unprofessional conduct	Complaint	05/04/2023
2024-000147	Unprofessional conduct	Complaint	03/20/2024

2024-000532	PDMP Violation: Failure to Register	Complaint	06/12/2024
2024-000640	Prescriptive practice	Complaint	10/08/2024
2024-000655	PDMP Violation: Failure to Register	Complaint	07/17/2024
2024-000656	PDMP Violation: Failure to Register	Complaint	07/17/2024
2024-000669	PDMP Violation: Failure to Register	Complaint	07/23/2024
2024-000908	PDMP Violation: Failure to Register	Complaint	09/26/2024
2024-000933	Unprofessional conduct	Complaint	10/09/2024
2024-000940	Unprofessional conduct	Complaint	12/03/2024
2024-000949	PDMP Violation: Failure to Register	Complaint	10/07/2024
2024-000961	PDMP Violation: Failure to Register	Complaint	10/11/2024
2024-000982	PDMP Violation: Failure to Register	Complaint	10/16/2024
2024-001060	Unlicensed practice or activity	Complaint	11/08/2024
2024-001084	PDMP Violation: Failure to Register	Complaint	11/14/2024
2024-001119	Unprofessional conduct	Complaint	12/16/2024
2024-001127	PDMP Violation: Failure to Register	Complaint	11/26/2024
2024-001130	PDMP Violation: Failure to Register	Complaint	11/26/2024
2024-001158	PDMP Violation: Failure to Register	Complaint	12/09/2024
2024-001220	Unprofessional conduct	Complaint	01/02/2025
2025-000026	PDMP Violation: Failure to Register	Complaint	01/14/2025
2018-000492	Standard of care	Investigation	07/08/2021
2020-001172	Patient or client abuse	Investigation	07/08/2021
2021-000478	Practice beyond scope	Investigation	04/19/2023
2021-001023	Standard of care	Investigation	06/02/2023
2019-000056	Falsified application	Litigation Initiated	11/05/2020
2019-000171	Prescriptive practice	Litigation Initiated	10/06/2020
2020-000302	Criminal action - no conviction	Litigation Initiated	11/05/2020

CERTIFIED NURSE AIDE

2024-000689	Falsified application	Complaint	07/26/2024
2024-000772	Continuing education	Complaint	08/28/2024
2024-000773	Continuing education	Complaint	08/28/2024

2024-000780	Continuing education	Complaint	08/29/2024
2024-000781	Continuing education	Complaint	09/05/2024
2024-000782	Continuing education	Complaint	08/29/2024
2024-000783	Continuing education	Complaint	08/29/2024
2024-000784	Continuing education	Complaint	08/29/2024
2024-000785	Continuing education	Complaint	08/29/2024
2024-000786	Continuing education	Complaint	09/05/2024
2024-000787	Continuing education	Complaint	09/10/2024
2024-000788	Continuing education	Complaint	08/29/2024
2024-000790	Continuing education	Complaint	08/29/2024
2024-000791	Continuing education	Complaint	08/29/2024
2024-000792	Continuing education	Complaint	08/29/2024
2024-000793	Continuing education	Complaint	08/29/2024
2024-000794	Continuing education	Complaint	08/29/2024
2024-000820	Continuing education	Complaint	09/16/2024
2024-000843	Continuing education	Complaint	09/12/2024
2024-000858	Continuing education	Complaint	09/20/2024
2024-000859	Continuing education	Complaint	09/20/2024
2024-001136	Unprofessional conduct	Complaint	01/02/2025
2024-001197	Continuing education	Complaint	12/19/2024
2024-001198	Continuing education	Complaint	12/20/2024
2025-000017	Continuing education	Complaint	01/09/2025
2025-000018	Continuing education	Complaint	01/09/2025
2023-001003	License Application Problem	Investigation	12/05/2023
2024-000527	Unprofessional conduct	Investigation	10/21/2024
2024-000604	Unprofessional conduct	Investigation	12/02/2024
2024-000658	Continuing education	Investigation	08/28/2024
2024-000659	Continuing education	Investigation	08/02/2024
2024-000844	Continuing education	Investigation	10/11/2024
2024-000860	Continuing education	Investigation	01/08/2025
2024-001027	Continuing education	Investigation	12/12/2024

LICENSED PRACTICAL NURSE

2025-000023	Unlicensed practice or activity	Intake	01/13/2025
2024-000343	Unprofessional conduct	Complaint	08/06/2024
2024-000637	Criminal action - no conviction	Complaint	10/03/2024
2024-001182	Unprofessional conduct	Complaint	12/20/2024
2024-001203	Unlicensed practice or activity	Complaint	12/18/2024
2023-000567	Unprofessional conduct	Investigation	12/12/2024

REGISTERED NURSE

2024-001201	License Application Review/Referral	Intake	12/18/2024
2021-001199	Unprofessional conduct	Complaint	01/07/2022
2022-000635	Unprofessional conduct	Complaint	07/06/2022
2022-000770	Unprofessional conduct	Complaint	04/17/2023
2023-001102	Unprofessional conduct	Complaint	12/26/2023
2024-000600	Unprofessional conduct	Complaint	08/16/2024
2024-000601	Action in another state	Complaint	08/02/2024
2024-000687	Unprofessional conduct	Complaint	08/01/2024
2024-000767	Unprofessional conduct	Complaint	08/27/2024
2024-000864	Substance abuse	Complaint	09/13/2024
2024-000880	Unprofessional conduct	Complaint	09/23/2024
2024-001017	Unprofessional conduct	Complaint	12/05/2024
2024-001024	Action in another state	Complaint	10/31/2024
2024-001028	Unprofessional conduct	Complaint	10/31/2024
2024-001092	Unprofessional conduct	Complaint	11/19/2024
2024-001137	Unprofessional conduct	Complaint	12/05/2024
2024-001143	Unprofessional conduct	Complaint	12/04/2024
2024-001179	Unprofessional conduct	Complaint	12/20/2024
2024-001181	Unprofessional conduct	Complaint	12/20/2024
2024-001183	Unprofessional conduct	Complaint	12/20/2024
2024-001185	Substance abuse	Complaint	12/16/2024
2024-001187	Unprofessional conduct	Complaint	12/16/2024

2024-001195	Unlicensed practice or activity	Complaint	12/18/2024
2024-001196	License Application Review/Referral	Complaint	01/02/2025
2025-000004	Falsified application	Complaint	01/09/2025
2025-000005	Substance abuse	Complaint	01/10/2025
2025-000016	Unlicensed practice or activity	Complaint	01/13/2025
2023-000242	Unprofessional conduct	Monitor	
2021-000766	Fraud or misrepresentation	Investigation	06/21/2023
2022-001170	Unlicensed practice or activity	Investigation	08/21/2023
2024-000318	Violation of agreement	Investigation	07/24/2024
2024-001037	Unlicensed practice or activity	Investigation	11/12/2024

**REGISTERED NURSE
ANESTHETIST**

2019-001275	Unprofessional conduct	Complaint	02/04/2020
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Closed - 54

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
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**ADVANCED NURSE
PRACTITIONER**

2024-000855	Unprofessional conduct	Closed-Intake	10/24/2024	Incomplete Complaint
2024-000903	Unprofessional conduct	Closed-Intake	11/21/2024	Incomplete Complaint
2024-000632	Patient or client abuse	Closed-Complaint	12/03/2024	No Action - Insufficient Evidence
2024-000776	Unprofessional conduct	Closed-Complaint	11/19/2024	No Action - No Violation
2021-000311	Unlicensed practice or activity	Closed-Investigation	11/27/2024	License Action
2023-000956	PDMP Violation	Closed-Investigation	10/22/2024	Advisement Letter
2023-001035	PDMP Violation	Closed-Investigation	10/22/2024	Advisement Letter
2023-001079	PDMP Violation	Closed-Investigation	10/22/2024	Advisement Letter
2023-001170	PDMP Violation: Failure to Register	Closed-Investigation	10/22/2024	Advisement Letter
2023-001172	PDMP Violation	Closed-Investigation	10/22/2024	Advisement Letter
2024-000703	Unprofessional conduct	Closed-Investigation	11/19/2024	Advisement Letter

CERTIFIED NURSE AIDE

2024-000696	Probation violation	Closed-Complaint	11/14/2024	License Action
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2024-000704	Substance abuse	Closed-Complaint	10/10/2024	No Action - No Violation
2024-000732	Fraud or misrepresentation	Closed-Complaint	12/11/2024	Application Withdrawn
2024-000819	Continuing education	Closed-Complaint	10/10/2024	Compliance
2024-001088	Continuing education	Closed-Complaint	11/26/2024	No Action - No Violation
2024-001093	Continuing education	Closed-Complaint	12/03/2024	No Action - No Violation
2023-000379	Falsified application	Closed-Investigation	11/27/2024	Application Denied
2023-000866	Unprofessional conduct	Closed-Investigation	10/24/2024	License Lapsed - Flagged Do Not Renew
2024-000231	Substance abuse	Closed-Investigation	11/19/2024	Consent Order
2024-000421	Unprofessional conduct	Closed-Investigation	11/19/2024	License Action
2024-000845	Continuing education	Closed-Investigation	12/06/2024	No Action - No Violation

LICENSED PRACTICAL NURSE

2024-000275	Unprofessional conduct	Closed-Complaint	10/10/2024	No Action - No Violation
2024-001101	Unlicensed practice or activity	Closed-Complaint	11/26/2024	No Action - No Violation
2024-000838	PDMP Violation: Failure to Register	Closed-Investigation	12/12/2024	Advisement Letter

PRACTICAL NURSE

2023-001191	Unprofessional conduct	Closed-Investigation	11/19/2024	Consent Order
2024-000937	Substance abuse	Closed-Investigation	11/29/2024	Advisement Letter
2024-001106	Unlicensed practice or activity	Closed-Investigation	01/03/2025	Advisement Letter

REGISTERED NURSE

2024-000642	Practice beyond scope	Closed-Intake	01/03/2025	Review Complete
2024-000747	Substance abuse	Closed-Intake	10/10/2024	Incomplete Complaint
2024-000895	Unlicensed practice or activity	Closed-Intake	10/10/2024	No Action - Lack of Jurisdiction
2024-000896	Unlicensed practice or activity	Closed-Intake	10/10/2024	No Action - Lack of Jurisdiction
2024-000977	Unprofessional conduct	Closed-Intake	11/19/2024	Incomplete Complaint
2024-000991	Substance abuse	Closed-Intake	12/11/2024	Incomplete Complaint
2024-001041	Unprofessional conduct	Closed-Intake	01/03/2025	No Action - Lack of Jurisdiction
2024-001145	Unprofessional conduct	Closed-Intake	01/13/2025	Incomplete Complaint

2024-001149	Continuing education	Closed-Intake	01/13/2025	No Action - No Violation
2024-001154	Negligence	Closed-Intake	01/03/2025	No Action - Lack of Jurisdiction
2021-000250	Unlicensed practice or activity	Closed-Complaint	11/14/2024	No Action - No Violation
2023-000996	Unprofessional conduct	Closed-Complaint	10/10/2024	No Action - No Violation
2024-000422	Substance abuse	Closed-Complaint	12/23/2024	License Lapsed - Flagged Do Not Renew
2024-000542	Unprofessional conduct	Closed-Complaint	10/10/2024	No Action - No Violation
2024-000676	Unprofessional conduct	Closed-Complaint	10/10/2024	No Action - No Violation
2024-000799	Criminal action - conviction	Closed-Complaint	10/24/2024	No Action - No Violation
2024-000986	License Application Review/Referral	Closed-Complaint	12/30/2024	No Action - No Violation
2024-001115	Substance abuse	Closed-Complaint	01/03/2025	No Action - No Violation
2024-000128	Falsified application	Closed-Investigation	12/11/2024	Application Denied
2024-000228	Substance abuse	Closed-Investigation	11/19/2024	License Action
2024-000269	Falsified application	Closed-Investigation	12/11/2024	Application Denied
2024-000351	Falsified application	Closed-Investigation	11/27/2024	License Action
2024-000711	Unprofessional conduct	Closed-Investigation	01/13/2025	Advisement Letter
2024-000997	Falsified application	Closed-Investigation	11/19/2024	Advisement Letter
2024-001030	Fraud or misrepresentation	Closed-Investigation	11/22/2024	Advisement Letter

**REGISTERED NURSE
ANESTHETIST**

2024-000460	Standard of care	Closed-Complaint	12/18/2024	No Action - No Violation
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END OF REPORT

Alaska Board of Nursing



Public Comment Period

Alaska Board of Nursing

Agenda Item #6



Medication Administration Course
Review and Approval Request

Medication Distribution and Vital Sign Class for New Employees

Trainer: Have everyone make note cards with their name on it. You'll need paper and markers. After you introduce the nurses and tell them what we do, ask everyone to give a brief background of themselves.

Introduction – We are the nurses and admin for the Health Clinic at MYC – we'll be teaching you how to give medications at MYC and how to take Vital Signs today.

- What we do ...
 - **primary health care providers here =**
 - Nurse the sick and the injured, provide first aid
 - Sick call on the units
 - Treat basic medical conditions under our doctor protocols, like asthma, STD's and fungal infections
 - Refer Residents to clinics on-site or off, for higher level of care if needed
 - **Physical exams** to ensure Residents are ready for our program or for detention placements
 - **We run several medical clinics** every week here at MYC:
 - family practice doctors 2x week
 - Psychiatrist 2x week
 - Dentist 1x week
 - We schedule Residents with our contract doctors and psychiatrists, and with community providers
 - We notify the dentist of dental emergencies
 - We're on-call 24/7 for questions or emergencies
 - We do a lot of case management
 - We manage the medications here, ordering them, getting them to the unit and onto med sheets that we type.
 - We teach residents about their health and about medications they are taking
 - We monitor for the effectiveness of medications or side effects.
 - We teach this class, so you can learn how to give medications.
 - We are a resource for all things health related at MYC
 - Advise the Unit Leader and staff; report to the Nurse IV
 - Monitor and provide oversight of all medication processes at the facilities
- What we don't do ...
 - We don't give medications
 - We aren't employee health

New Employee Medication Distribution Training

2023



SCAR Sheet/JJO Admission Screening

DIVISION OF JUVENILE JUSTICE - JJO ADMISSION SCREENING: Date of Intake: _____ Time of Intake: _____

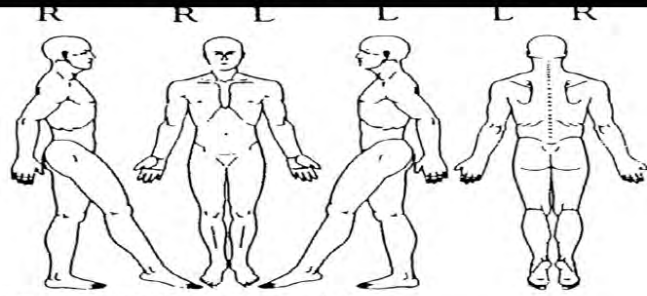
I. Observations (Mark all that apply)

A. Does the Youth Appear: Unconscious Semiconscious Bleeding Short of Breath Mentally Unstable
 Severely intoxicated In alcohol or drug withdrawal Unable to stand and walk with minimal assistance
 Otherwise urgently in need of medical attention None of the above

If exhibiting above signs or symptoms, do not admit without written clearance with BrAC and toxicology from a qualified medical provider.

II. VISIBLE MARKS:

Mark silhouette with location of visible scars, tattoo, birthmarks, large bruises, etc.



III. HEALTH SIGNS OR SYMPTOMS:

A. VITAL SIGNS

HEIGHT _____ WEIGHT _____

TEMP _____ CALL NURSE AT 101° or above;

PULSE _____ CALL NURSE AT 100 or above;

BLOOD PRESSURE _____ / _____ CALL NURSE IF TOP NUMBER IS BELOW 100 or above 140 OR BOTTOM NUMBER IS BELOW 60 or above 90

C. IS THERE EVIDENCE OR DOES YOUTH COMPLAIN OF: (Notify Nursing)

Redness, painful bumps Itchy skin or rash Lice or crabs Observed disabilities Difficulty moving Bruising Cough

Open/Draining Wounds Self-injurious behavior Vomiting Diarrhea Sore Throat Chills Alcohol or drug use?

Comments: _____

D. IS THE YOUTH: Cooperative Nervous Tearful Alert Indifferent Agitated Hostile

Comments: _____

IV. YOUTH INTERVIEW

A. Have you seen a doctor or been to a clinic or ER for anything recently? No Yes When? Why? _____

B. Do you take any medication, either regularly or on an as needed or emergency basis? No Yes If yes, what? _____

C. Are you allergic to any medications or foods? No Yes Do you ever have trouble breathing; get a rash or hives (Allergies or Asthma)? No Yes Do you use an inhaler or epi-pen? No Yes (if yes, notify nursing) _____

D. Do you have any special medical issues? No Yes If yes, please explain: _____

E. Are you, or have you been pregnant recently? No Yes (Notify nursing during business hours) _____

F. Have you or are you seeing a mental health care provider? Have you ever tried to hurt yourself? No Yes If yes to self harm, how? _____

G. Have you ever experienced withdrawal symptoms after using drugs or alcohol? No Yes When was the last time you used drugs or alcohol? If yes, please explain _____

H. Do you wear contacts or glasses? No yes Do you wear hearing aids? No Yes Retainers? No Yes do you have them with you? _____

V. YOUTH CLASSIFICATION:

A. Was the Nurse Notified with Immediate Concerns? _____

B. No Medical Concerns Noted Medical Isolation Special care instructions _____

RESIDENT NAME: _____

STAFF NAME: _____ DATE OF BIRTH: _____

STAFF SIGNATURE: _____

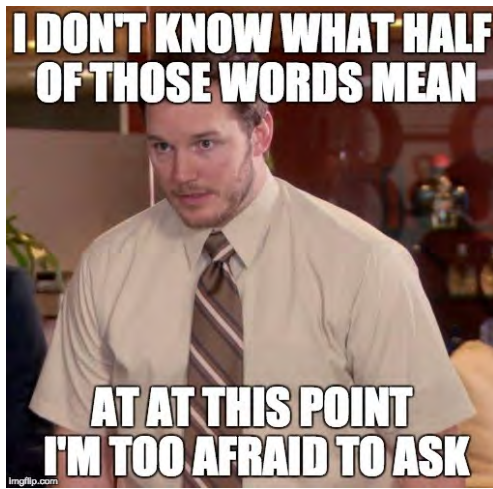
Date and Time completed _____

PLACE
THE

Resident Medication Rights

- Right to Participate
- Right to Refuse
- Right to Confidentiality and Privacy
- Right to Respect
- Right to Participate
- Right to skilled staff, trained medication administration





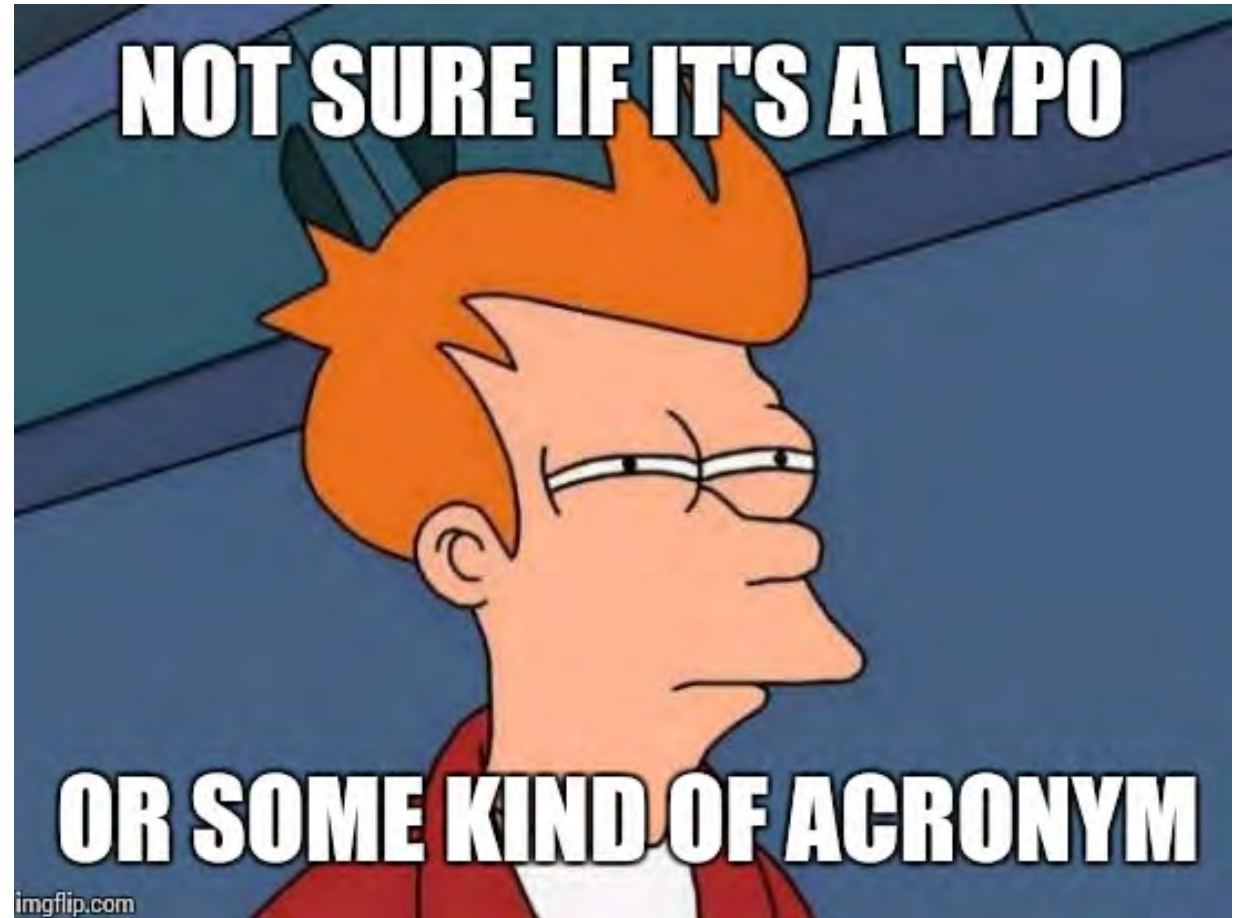
Terms

- Acute
- Adverse Reaction
- Allergy
- Anaphylaxis
- Chronic
- Controlled Substance
- Drug to Drug Interaction

- Epi- Pens
- Extrapyramidal side effects
- Medication administration record
- Over the counter
- Perpetual inventory
- Prescription medication
- Psychotropic medications
- Side effects
- Time Sensitive Medications

Medical Abbreviations

- ODT
- OTC
- MDI
- PO
- KPO
- PRN



6 Rights to
Safely Pass
Medications

The Right Person

The Right Medication

The Right Dose

The Right Time

The Right Route

The Right Documentation

ROUND ORANGE
TABLET
Side 1: 029
Side 2: R

This Drug May
Impair The Ability
To Drive Or Operate
Machinery. Use Care
Until You Become
Familiar With Its
Effects.

Do Not Take Other
Medicines Without
Checking With Your
Doctor Or
Pharmacist.

CALVIN MATHER

353 SUWANEE AVE SARASOTA, FL 34243

DATE: 07/09/11

ALPRAZOLAM 0.5MG TABLETS

MFG ACTAVIS - SUBSTITUTED FOR XANAX 0.5MG TABLETS

**TAKE 1 TABLET BY MOUTH
UP TO 3 TIMES DAILY**

RX **0493567-64430**

EXPIRATION DATE 07/09/12

QTY **90**

NO REFILLS - DR. AUTH REQUIRED

Walgreens

3535 N TAMiami TRAIL, SARASOTA, FL 34234

(941) 360-3474

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT OR WHOM IT WAS PRESCRIBED - RX ONLY

QXN/YAK/YAK/YAK

WHC#457154 Patient Packaging



QUETIAPINE TAB 50MG
SEROQUEL TAB 50MG
TABS
Mfg: UNICHEM PHARMACEUTICAL
Lot: ZQPM22010
Exp: 01/24/2024



NDC: 29300014801 STW

2100

01/24/2023
[Redacted] 10 - MCLAUGHLIN YOUTH FACILITY
[Redacted] UNICHEM 09

GENERIC FOR: SEROQUEL
TAKE 1 TABLET BY
MOUTH EVERY NIGHT
AT BEDTIME (TAKE
WITH 100MG FOR A
TOTAL OF 150MG)

QTY: 30 OF 30
LABEL 1 OF 1

[Redacted] MCLAUGHLIN YOUTH FACILITY
[Redacted] 01/24/2023
QTY: 30
QUETIAPINE TAB 50MG

1 REFILL(S) REMAINING
NON-CYCLE / BLISTER

EXPIRES: 01/24/2024
RAYESS, RICHARD
RPH, RP TECH, RT
NDC: 29300014801 UNICHEM
white round 0 50/mprint
KIDNEE HOMES PHARMACY

(P) 907-943-7244

- Cheeking

- Tongue out and wags tongue - not under tongue or in the cheeks.
- Resident runs fingers around gum line - not cheeked or hidden in gums.
- Coughs forcefully into cup - pill isn't half-swallowed or nestled in tonsils.



Allergies

Not Responding)

[eMAR Filter](#) [Date Filter](#) [Color](#)

[Print All MARs](#) [Print List](#) [Print Treatment](#)

Patient Count [Housing Moves Report](#)

#: 123456789 (123456789) Lang:
Sex: Male Race:
SN#: **HIDDEN**
Date: 5/13/2022 7:33:35 AM Release: 5/13/2022 7:36:26 AM

weeks, 5 days ago Last BS Last Pulse - 2 weeks, 5

0 / 80 68

Active Allergies

Amoxicillin	Flags
Penicillin	(p) Past/Historical

Patient: Test, T.C.1 # 123456789 (123456789) Lang: [Add New Info](#)

DOB: 2/12/80 (Age=42) Sex: Male Race:

Insurance: MYC SSN: **HIDDEN**

Status: NOT ACTIVE Booking Date: 5/13/2022 7:33:35 AM Release: 5/13/2022 7:36:26 AM

Informed Consent	Smoking Screening	MR Screening	18 Skin Test	Physical Assessment	Drug Orders
Insurance Review	HLA/Ccbs	Denial	DMAR	Maintenance	Transfer
OH-Stop Coverage	Business Address	Continuity	Continuity List	Development Evaluation	Insurance Summary

[Log Out](#) [Print All Records](#)

History

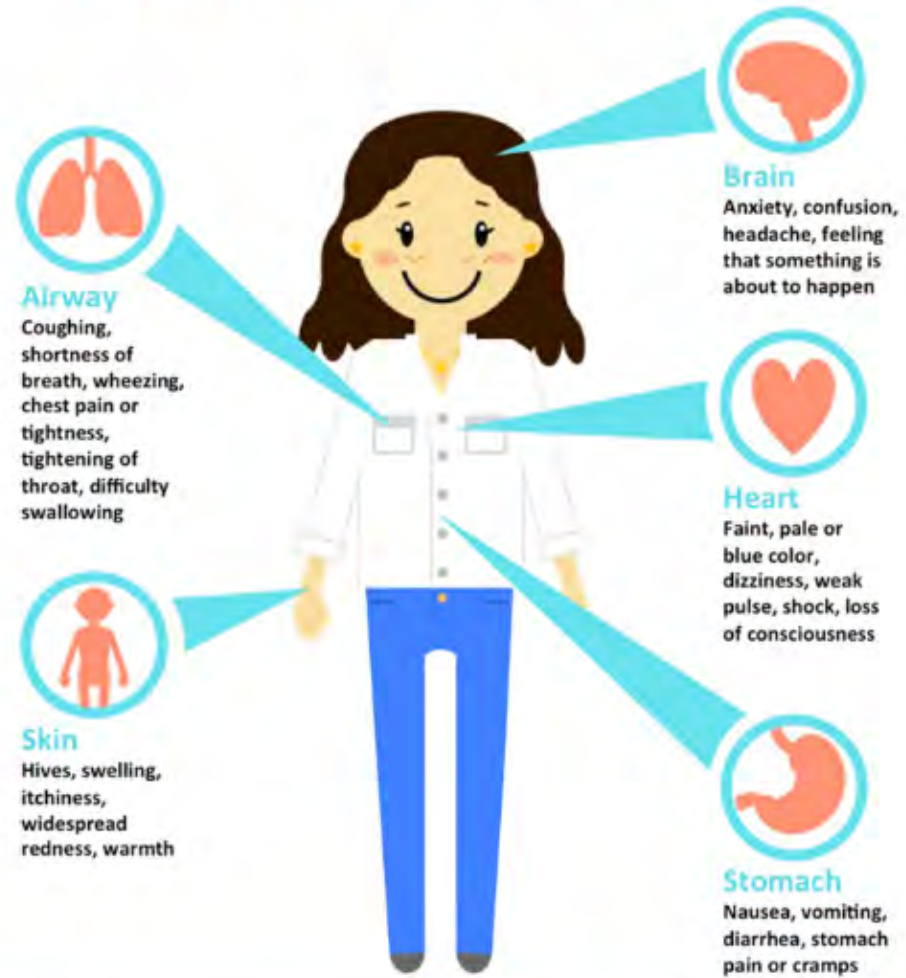
Category	Date	Details
APPROVED OTC MED LIST	01/05/2022 8:30:41 PM	
APPROVED OTC MED LIST	01/05/2022 8:49:36 PM	
ACTIVITY CLEARANCE	04/05/2022 4:52:57 PM	
ACTIVITY CLEARANCE	01/05/2022 12:29:20 PM	
APPROVED OTC MED LIST	04/05/2022 2:42:18 PM	
APPROVED OTC MED LIST	04/05/2022 2:44:18 PM	
DDSD VACCINE	04/05/2022 2:46:35 PM	
APPROVED OTC MED LIST	04/05/2022 11:23:10 PM	
APPROVED OTC MED LIST	04/05/2022 11:24:14 PM	
APPROVED OTC MED LIST	04/05/2022 11:44:52 PM	

[View](#) [Print](#) [Open PDF](#) [Details](#) [Add Note](#)

Active Allergies

(p) Past/Historical	Amoxicillin	Penicillin
---------------------	-------------	------------

SIGNS and SYMPTOMS of ANAPHYLAXIS



GIVE
EPINEPHRINE

&

CALL
911

HIVES



HIVES



EPI Pen – How to use

*Blue to the sky, Orange to the thigh

*Hold in place for 3 seconds

*Rub for 10 seconds after removal of needle

*Always call 911 then Nursing

- <https://youtu.be/zPsFp2QB60E>



Routes of Medications

Oral (PO)

Topical

Ear Drops

Eye drops/Ointments

Inhalers

Nasal Sprays

Suppositories

Injections

Sublingual

Types of Medications and Classifications

- Analgesics
- Antihistamines
- Anti-infectives
- Insulin
- Sleep Aid
- Psychotropic
- Gastrointestinal
- Hormonal
- Nutritional and Vitamin
- Ophthalmic/otic/nasal
- Respiratory
- Topical
- Emergency and Rescue

OTC's- Over the Counter

- Abreva or equivalent (OTC for cold sore) Route: Topical. Apply small amount with a Q-tip to external cold sore up to 4 times a day. Refer large or persistent cold sores to nurse.
- Acetaminophen (Tylenol or equivalent) 325 mg tablets: Route: Oral. Up to 2 tabs every 6 hours for minor pain (like headache) and fever. Not to exceed 4 doses in 24 hours or total of 8 pills in 24 hours without evaluation by trained medical personnel. If fever persists for greater than 24 hours, notify nurse.
- Acne pads and/or Benzoyl Peroxide acne cream. Route: Topical. Apply to face 2x daily 8 hours apart as needed for acne.
- Analgesic balm: Route: Topical. Rub on area for muscle aches and stiffness up to 4 times daily. Do not use on face, armpits, or groin area.
- Antacid liquid with active ingredients of aluminum, magnesium, and simethicone. Route: Oral. Use per package instructions for not more than 72 hours duration for heartburn, acid indigestion, gas.
- Antacid tablets with active ingredient calcium carbonate. Route: Oral. Use per package instructions for not more than 72 hours for heartburn, acid indigestion, gas.
- Antifungal foot powder: Route: Topical. Apply daily in shoes.
- Antifungal foot cream: Route: Topical. Use as directed.
- Anti-flatulence/Lactose intolerance dietary supplements. Route: Oral. Use per directions on the bottle.
- Bacitracin ointment: Route: Topical. Use on wounds 1-3 times a day as needed, notify nurse when used initially. Use no longer than 72 hours.
- BURN gel packs (OTC for burns). Route: Topical. Apply a small amount to clean affected area 3 times a day as needed. Notify nurse for blistering or open burn.
- Calamine lotion (OTC itching) for minor itchy rash/insect bite. Route: Topical. Apply to affected area 2-4 times daily as needed. Refer to nurse if symptoms persist over 24 hours.
- Camphoprenique or equivalent (OTC cold sore). Apply small amount with a Q-tip to external cold sore 1-3 times a day. Wash hands well after application. Refer large or persistent cold sores to nurse.
- Contact lens cleaning solution: Use per package instructions.
- Cough Drop (OTC COUGH) Route: Oral. May use every 2 hours as needed for cough. Refer to nurse if symptoms persist more than 72 hours.
- Diphenhydramine cream (OTC itching/rash) Route: Topical. For minor itchy rash/insect bite. Apply to affected area 2-4 times daily as needed. Refer to nurse if symptoms persist over 24 hours.
- Diphenhydramine TABLET (OTC itching/rash) Route: Oral. Give one 25 mg tablet every 6 hours as needed for minor itching not relived by topical cream. *MUST CALL NURSE PRIOR TO FIRST DOSE*
- Eye Drops (Saline) Route: Ophthalmic. For dry eye. Use per package instructions.
- Hydrocortisone Cream 1% (OTC itch/rash) Route: Topical. For minor itchy rash/insect bite Apply to affected area 3-4 times daily. Do not use on face or genitals. Do not exceed 5 days without evaluation from nurse.
- Hypo-allergenic/moisturizing Lotion/cream. Route: Topical. Use as directed on product.
- Ibuprofen (Advil, Motrin or equivalent) 200mg tablet. Route: Oral. Up to 2 tabs every 6 hours for mild aches, pains, headache or orthopedic injuries where a fracture is not suspected. Do not exceed 4 doses in 24 hours without evaluation by Nurse.
- Multivitamin Route: Oral. 1 tablet daily or as per package instruction.
- Natural fiber laxative powder Route: Oral. 3-6 tsp in 8oz water/juice following by a glass of fluid 1-2 times daily for constipation. Notify nursing/medical provider if using more than 3 days in a row. Resident should be counseled on drinking appropriate amount of water and being physically active prior to OTC treatment for constipation.
- Polyethylene glycol 3350 Route: Oral. Dissolve 17gm (1 capful) in 4-8oz of water/juice daily as needed. Notify nursing if used more than 3 days in a row. Natural fiber laxative should be tried prior to use. Resident should be counseled on drinking appropriate amounts of water and being physically active prior to OTC treatment for constipation.
- Saline nasal spray: Route: nasal. For nasal congestion, follow instructions on package.
- Sore Throat Lozenges (OTC sore throat) Route: Oral. May use every 2 hours as needed. Consider saltwater gargle. If symptoms persist over 24 hours, notify nurse.
- Vapo-Rub (OTC cough) Route: Topical. Apply a layer of Vapo-rub to chest. Do not apply more than 3-4 times daily. Do not apply to open skin. Do not use on face or genitals. If symptoms persist over 72 hours, notify nurse.

McLaughlin Youth Center-Specific Medications

- Chloraseptic Spray (or generic): Staff use cup to put 2 squirts into then have resident gargle on back of throat for 10 seconds and swallow. May use up to every hour for relief of sore throat.
- Naproxen (Aleve) 220mg: For GIRLS cramps only. Take 2 tablets by mouth at onset of cramps 2x day, 8 hours apart. Use for a maximum of 5 days per month.
- Neil Med Rinse: Use per package instructions for nasal congestion PRN.
- Orajel Gel (or equivalent): Use small amount on gums or tooth up to every hour for toothache pain.
- Salonpas patches: Use for minor aches. Apply 1 to skin 2x day. Remove every 4 hours- May re-apply in 4 hours. Discontinue if rash develops. Do not use on armpits, face, or groin area.
- Vitamin C 500mg: take 1 tablet by mouth daily.

Medication Errors



- Wrong medications
- Wrong time
- Wrong resident
- Wrong dose
- Wrong route
- Wrong documentation

**Remember your 6 Rights!



- Documenting refusal without face to face contact with resident
- Documenting a medication was given and it wasn't
- Missed Medications
- Failing to sign the controlled inventory log

EMAR

Patient: [REDACTED] # [REDACTED] Lang:
DOB: [REDACTED] Sex: Male Race: Native Hawaii/Pacific Islander
Housing: MYC-STX-W 09 SSN#: Type:
Status: ACTIVE Booking Date: 3/30/2021 3:43:00 PM AKDT Release:

PICTURE NOT AVAILABLE

QUetiapine Fumarate Oral 100 MG Tablet 10/18/2022 12:00:00 AM - 11/16/2022 11:59:59 PM Rayess, Rachad MD

Take 100 mg by mouth once in p.m. for 30 day(s). Dispense 30 tablet. 0 Refill(s) Profile Only Bottle

Allergies: Fish-derived Products

	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Nov	Nov	Nov	Nov
Hours	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4
2100	R	R	R	R	R	R									

Patient: [REDACTED] # [REDACTED] Lang:
DOB: [REDACTED] Sex: Male Race: Native Hawaii/Pacific Islander
Housing: MYC-STX-W 09 SSN#: Type:
Status: ACTIVE Booking Date: 3/30/2021 3:43:00 PM AKDT Release:

PICTURE NOT AVAILABLE

QUetiapine Fumarate Oral 50 MG Tablet 10/18/2022 12:00:00 AM - 11/16/2022 11:59:59 PM Rayess, Rachad MD

Take 50 mg by mouth once in p.m. for 30 day(s). Dispense 30 tablet. 1 Refill(s) Profile Only Bottle

Allergies: Fish-derived Products

	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Nov	Nov	Nov	Nov
Hours	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4
2100	X	X	X	X	X	X									

Patient: [REDACTED] # [REDACTED] Lang:
DOB: [REDACTED] Sex: Male Race: Native Hawaii/Pacific Islander
Housing: MYC-STX-W 09 SSN#: Type:
Status: ACTIVE Booking Date: 3/30/2021 3:43:00 PM AKDT Release:

PICTURE NOT AVAILABLE

Melatonin Oral 300 MCG Tablet 9/14/2022 12:00:00 AM - 1/11/2023 11:59:59 PM Bryant, Leslie MD

Take 300 mcg by mouth once in p.m. for 120 day(s). Dispense 120 tablet. 0 Refill(s) PRN sleep Stock Bottle

Allergies: Fish-derived Products

	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Oct	Nov	Nov	Nov	Nov
Hours	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4

Medication Downtime Sheets



Medication Refresher (FY2025)

Who should take this course: **ALL** JJC's and JJUS's who may dispense medication.


Previous Medication Training: All new DJJ staff must complete the "New Employee Medication Training" (face-to-face) with the nurse at your facility. This refresher training should be completed around 6 months later.

If you have questions or concerns regarding this training, please email the Training Team at: hss.djj.training@alaska.gov

Step 1: Review Lesson

 [Medication Refresher- 2025 Lesson](#)


Step 2: Complete Course Quiz

 Medication Refresher 2025 Quiz

Restricted Not available unless activity: [Medication Refresher- 2025 Lesson](#) is marked complete.

Step 3: Review the Policy and Submit the Acknowledgment


 [Medication Management and Distribution Policy](#) 108.2KB HTML document

 Acknowledgement of Medication Distribution Policy Review

Restricted Not available unless You achieve a required score in [Medication Refresher 2025 Quiz](#)

Step 4: Certificate (Optional)

To complete this training, you must receive a 90% on the quiz. You do not need to send the certificate to the Training Team since your Moodle training record is automatically updated upon completion.

 DJJ- Medication Refresher FY25 - Certificate

Restricted Not available unless


- activity: [Medication Refresher 2025 Quiz](#) is marked complete.
- activity: [Acknowledgement of Medication Distribution Policy Review](#) is marked complete.

Additional Resources (Optional)

These are additional resources related to medication administration at DJJ.

 [Medication Administration Manual](#) 984.7KB PDF document

 [TechCare Cheat Sheet](#) 1.6MB PDF document

 [TechCare Cheat Sheet \(#2\)](#) 18.5KB Word 2007 document

 [Over the Counter Med List - DJJ Approved meds](#) 189KB PDF document

Medication Refresher- 2025 Lesson



The learner can...

- explain the role and responsibility of the JJC in medication administration within DJJ
- describe the Six Rights of safe medication administration
- demonstrate how to document medication administration in TechCare
- prevent diversion of controlled medications

Photo by cottonbro studio

The learner can...

- recognize allergy symptoms and anaphylaxis
- administer an EpiPen correctly when signs of anaphylaxis are present
- describe medication errors
- discuss when to contact the nurse



Image by Gerd Altman from Pixabay

EVERYONE HAS A ROLE

Division of Juvenile Justice
Superintendent
Licensed Medical Provider
Facility Nurse
Shift Supervisor
Probation Officer
Juvenile Justice Counselor
Resident

DJJ's Responsibility

Provide for the welfare, control, care, custody, and placement of minors legally committed to its custody



Superintendent Responsibilities

Ensure residents are provided medical and dental services in accordance with P&P

Ensure administrative procedures are implemented

Delegate the task of medication distribution to the JJC

Licensed Medical Provider Responsibilities

Provide medically necessary treatment and medications to youth based on their individual needs

Prescribe, order, and monitor effectiveness of medications



Facility Nurse Responsibilities

Provide training, oversight, and monitoring of all medication processes

Train and advise JJC staff

Verify controlled medication counts and handling

Ensure medication and medication distribution record are available and accurate

Probation Officer Responsibilities

Obtain permission to continue medications at time of arrest as possible

TSP POs ensure follow up medical appointments are made when resident is discharged on medications

Ensure medications travel with resident when moving locations or going home

Shift Lead Responsibilities

Review medication documentation after every medication pass

Ensure proper procedure was used in each medication pass

JJC RESPONSIBILITIES

Keep medications secure and out of the reach of residents

Administer medications per written instructions

Maintain safety during medication pass, including the use of the 6 rights

Understand the basic concepts for why a medication is being administered

Understand effects of medication



Image by Hyeena Hyeena from Pixabay

Recognize possible side effects and/or adverse effects and report them to Nursing promptly

Ensure proper documentation occurs at the time of administration

Remain up to date on medication trainings



Image by Myriam-Fotos from Pixabay

THE JJC WILL:

Treat all residents with respect and professionalism

Maintain confidentiality of all residents

Report any medication questions or concerns to the nurse promptly

Report all medication errors or near miss incidents to the supervisor and nurse

Follow all instructions provided by the nurse regarding medication administration

Voice questions or concerns prior to administering medication to a resident

Verbalize where medication information is located and where to find additional information as needed



Image by Yvette W from Pixabay



THE SIX RIGHTS THE FOUNDATION

1. Right Person
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation

THE RIGHT PERSON

Requires two identifiers to ensure you are administering a medication to the **right person**.

- Photo or personal knowledge of long-term resident
- Name
- Date of birth



ROUND ORANGE
 TABLET
 Side 1: 029
 Side 2: B

Elvis Presley
 353 SUNNYSIDE AVE SARASOTA, FL 34243 DATE: 07/09/11

ALPRAZOLAM 0.5MG TABLETS
MFG ACTAVIS - SUBSTITUTED FOR XANAX 0.5MG TABLETS
**TAKE 1 TABLET BY MOUTH
 UP TO 3 TIMES DAILY**

RX 0493567-64430 EXPIRATION DATE 07/09/12

QTY 90
 NO REFILLS - DR. AUTH REQUIRED

Walgreens
 3535 N TAMiami TRAIL, SARASOTA, FL 34234
 (941) 360-3474

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.
 To Discontinue Use, Please Consult Your Doctor. Use Care Until You Become Familiar With Its Effects.
 Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

THE RIGHT MEDICATION

COMPARE THE MEDICATION CONTAINER AND/OR LABEL WITH THE MEDICATION ADMINISTRATION RECORD

Elvis Presley
 353 SUNNYSIDE AVE SARASOTA, FL 34243 DATE: 07/09/11

ALPRAZOLAM 0.5MG TABLETS
MFG ACTAVIS - SUBSTITUTED FOR XANAX 0.5MG TABLETS
**TAKE 1 TABLET BY MOUTH
 UP TO 3 TIMES DAILY**

RX 0493567-64430 EXPIRATION DATE 07/09/12

QTY 90
 NO REFILLS - DR. AUTH REQUIRED

Walgreens
 3535 N TAMiami TRAIL, SARASOTA, FL 34234
 (941) 360-3474

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

THE RIGHT DOSE

COMPARE THE MEDICATION CONTAINER AND/OR LABEL WITH THE MEDICATION ADMINISTRATION RECORD

Elvis Presley
 353 SUNNYSIDE AVE SARASOTA, FL 34243 DATE: 07/09/11

ALPRAZOLAM 0.5MG TABLETS
MFG ACTAVIS - SUBSTITUTED FOR XANAX 0.5MG TABLETS
**TAKE 1 TABLET BY MOUTH
 UP TO 3 TIMES DAILY**

RX 0493567-64430 EXPIRATION DATE 07/09/12

QTY 90
 NO REFILLS - DR. AUTH REQUIRED

Walgreens
 3535 N TAMiami TRAIL, SARASOTA, FL 34234
 (941) 360-3474

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

THE RIGHT TIME

COMPARE THE MEDICATION CONTAINER AND/OR LABEL WITH THE MEDICATION ADMINISTRATION RECORD

EACH FACILITY HAS FOUR STANDARDIZED ADMINISTRATION TIMES

Elvis Presley
 353 SUWANEE AVE SARASOTA, FL 34234 DATE: 07/09/17

NAME: _____
 AGE: _____
 Sex: _____
 Race: _____
 Height: _____
 Weight: _____
 Allergies: _____
 Medications: _____
 Other: _____
 Signature: _____

ALPRAZOLAM 0.5MG TABLETS
MFG ACTIVE - SUBSTITUTED FOR XANAX 0.5MG TABLETS
TAKE 1 TABLET BY MOUTH
UP TO 3 TIMES DAILY

RX: **0493567-64430** EXPIRATION DATE: 07/05

QTY: **90**
NO REFILLS - DR. AUTH REQUIRED
Walgreens
 3535 N TAMiami TRAIL, SARASOTA, FL 34234
(941) 360-3474

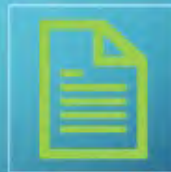
THE RIGHT ROUTE

COMPARE THE
 MEDICATION CONTAINER
 AND/OR LABEL WITH THE
 MEDICATION
 ADMINISTRATION
 RECORD

THE RIGHT DOCUMENTATION



Signing off medication at the time of administration



Properly documenting any medication refusal or error

WHAT IF THEY DON'T MATCH?



If any Right doesn't match...

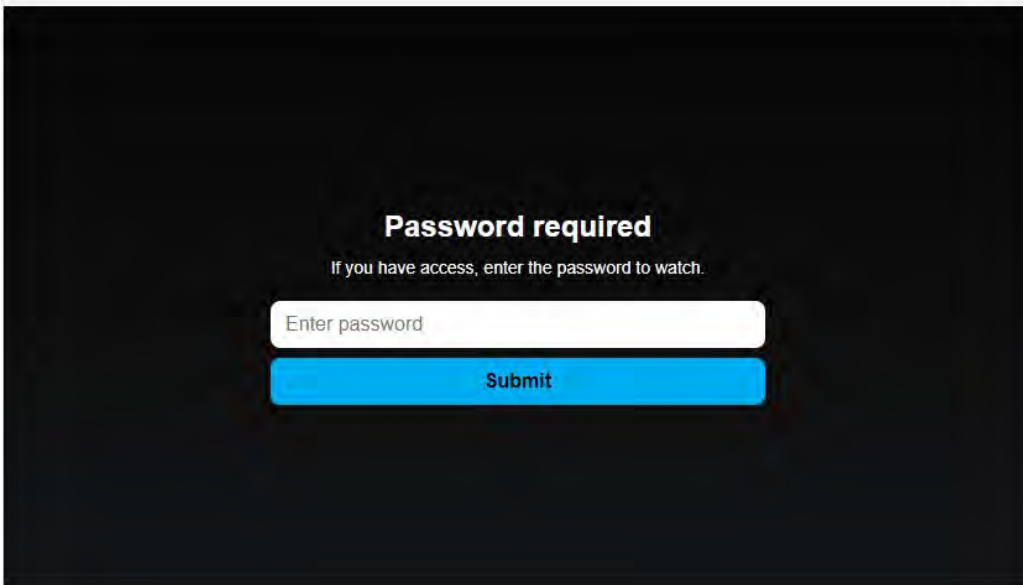


If you have questions...



If you are unsure...

Call the nurse!



PAPER MAR

When TechCare is not accessible, medication administration must be documented on paper

The nurse will provide each unit with a paper MAR for youth

Patient: [Redacted] DOB: [Redacted] Sex: [Redacted] Allergies: [Redacted]

Medication	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
[Redacted]												

CONTROLLED MEDICATIONS

Medications that are regulated and restricted by the Drug Enforcement Agency (DEA), due to their potential for misuse

Common examples:

- Opioids
- Pain medications
- **Stimulants**
- Benzodiazepines
- Sedatives/hypnotics

Photo by Miguel A. Padriñan

FREQUENTLY USED CONTROLLED MEDICATIONS AT DJJ

Methylphenidate

- Ritalin, Focalin, Concerta

Amphetamine-dextroamphetamine

- Adderall

Lisdexamfetamine

- Vyvanse



CONTROLLED SUBSTANCE INVENTORY SHEET

A perpetual inventory of each controlled med reflecting the actual number of pills in the bottle

Must be counted and signed by two staff at each shift change and each time it is dispensed

Nursing will review the counts weekly

Any discrepancy must be reported immediately

McLaughlin Youth Center Controlled Substance Inventory Sheet									
Name:	Holt, Matthew			Date:					
Medication:	Vyvanse 25 mg			Date:					
Dispensed:	This is a report for this medication in this pharmacy.								
Date	Time	Amount	At:	By:	Signature	Signature	Signature	Signature	Signature



MEDICATION DIVERSION

Illegal distribution or abuse of medication

Can be staff or youth

Any diversion will be investigated

What could this look like?

- Pills are missing during counts
- Youth doesn't take medicine, sells/trades to another youth
- Youth hoards medication to take it all at once

Photo by MART PRODUCTION



Checking – hiding a medication in their cheeks or mouth rather than swallowing

Palming – hiding medication in their hand rather than putting in their mouth

Dropping – dropping medication, with the goal of retrieving it later

How do we prevent diversion?

- Follow all steps to administer medications, every time
- Give medications to youth one-on-one, with your full attention on the medication distribution
- Have them eat a cracker after taking medication
- Follow Cheeking Protocol, explained next

CHEEKING

Resident pretends to swallow a pill, but hides it in their mouth to divert the medication

How do we prevent it?

1. Medication is given in medication cup
2. Resident puts medication on tongue
3. JJC counts medication on tongue
4. Resident swallows with water



Photo by Karolina Grabowska

**PREVENTING
CHEEKING**

5. Resident stick out tongue and “wags
6. Resident runs fingers around gum line
7. Resident coughs forcefully to ensure pill is not half-swallowed

Watch this video as an example of what a resident should do

Preventing Cheeking Video

Password required

If you have access, enter the password to watch.

Submit

Password required

If you have access, enter the password to watch.

Submit

ALLERGIES



Known allergies will be listed on the MAR

Always review allergies before dispensing medication – especially OTC

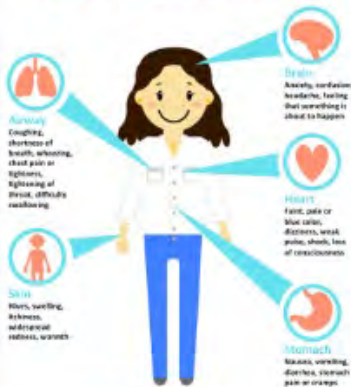
Some residents have an individualized allergy plan

Some symptoms:

- Swelling
- Itching
- Rash/Hives
- Fever
- Runny Nose/Watery Eyes



SIGNS and SYMPTOMS of ANAPHYLAXIS



GIVE EPINEPHRINE & CALL 911

ANAPHYLAXIS - A LIFE THREATENING ALLERGIC REACTION

If you see allergy symptoms...

- ensure the resident is safe
- review the DJJ Allergies/Anaphylaxis Protocol
- notify Nursing

If airway, breathing, or circulation is compromised...

- administer an EpiPen
- call 911
- notify Nursing



This video is private



Medication errors include:

Wrong medication

Wrong dose

Wrong time

Wrong resident

Wrong route

Wrong documentation



Sound familiar?

Any time one of the Six Rights is not correct, it is a medication error

- Documenting refusal without face-to-face contact with the resident
- Documenting a medication as given when it wasn't
- Missing a medication altogether
- Administering the wrong medication
- Administering a medication too many times
- Administering outside the timeframe
- Documenting under another person's login
- Not completing the Controlled Med Log

AND MORE!

Image by OpenClipart-Vectors from Pixabay

WHAT DO YOU DO IF A MISTAKE IS MADE?

If a medication error occurs:

1. Ensure the resident is safe, calling 911 if emergency care is needed
2. Notify Nursing as soon as possible
3. Follow Nursing advice
4. Complete an Incident Report



Image by Mohamed Hassan from Pixabay

ANY QUESTIONS?

If questions come up about medication administration, talk to your supervisor or a facility nurse

Note: contacting the on-call nurse should only be for medication questions that are urgent or need to be addressed immediately. Follow contacting the On-Call nurse policy and procedure.



Question 1

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

Which situation does not require contacting the nurse?

Select one:

- a. JJC does not understand medication order
- b. Giving Tylenol from prn list
- c. Medication is 2 hours late
- d. Discrepancy between the medication bottle and the medication sheet
- e. Resident does not think s/he should be taking the medication

[Clear my choice](#)

Question 2

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

List the "6 Rights":

Select one or more:

- a. Right pharmacy
- b. Right medication
- c. Right color pill
- d. Right route
- e. Right time
- f. Right doctor
- g. Right dose
- h. Right shape pill
- i. Right resident
- j. Right documentation

Question 3

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

How can you be sure a resident has swallowed the medication he was given? By watching for:

Select one:

- a. Cheeking
- b. Palming
- c. Dropping
- d. All of the above

[Clear my choice](#)

Question 4

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

Where will resident allergies be recorded?

Select one:

- a. On resident's door
- b. On the eMAR for that youth
- c. With the teacher
- d. With the JJUS

[Clear my choice](#)

Question 5

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

Give an example of a Medication Distribution Error.

Select one:

- a. Wrong person
- b. Wrong Time
- c. Wrong Medication
- d. Saying you passed the medication when you did not
- e. All of the above

[Clear my choice](#)

Question 6

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

Who is responsible for running the Missed Medication Report after each med pass?

Select one:

- a. Facility Superintendent
- b. Facility Nurse
- c. The Shift Lead
- d. The Probation Officer

[Clear my choice](#)

Question 7

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

To prevent diversion, the full checking protocol must be following each time medication is administered.

Select one:

True

False

Question 8

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

What is anaphylaxis?

Select one:

- a. A way a youth might try to divert medication
- b. A common Controlled Medication
- c. A life-threatening allergic reaction
- d. One of the Six Rights of medication administration

[Clear my choice](#)

Question 9

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

Who is responsible for preventing medication distribution errors?

Select one:

- a. Doctor
- b. Nurse
- c. JJC
- d. Pharmacy
- e. Resident
- f. All of the above

[Clear my choice](#)

Question 10

Not yet answered

Points out of 10.00

Flag question

[Edit question](#)

Question text

When should you document medication distribution?

Select one:

- a. At the end of your shift
- b. Before your next distribution time
- c. Immediately after you give each medication
- d. When all medications for that time of day has been passed

Medication Administration Check-Off

DATE:		Unit:
JJO Name:		

Instructions for check-off: Newly trained JJO staff will be observed administering medications by a JJO 3 or JJUS a minimum of 3 times before administering independently. The Medication Administration Manual may be used for reference. Please sign off after each *successful* observation. If JJO is unable to complete all steps successfully after 3 observations, please refer to nursing for further training. Once completed, please place a copy in the employee file and provide a copy to nursing.

JJO3 or JJUS initial/date

	1st	2nd	3rd
1. Wash Hands			
2. Clear the medication distribution area of all residents			
3. Log into the electronic medication administration record system			
4. Collect any supplies needed and medications for resident			
5. Check each resident medication label to the MAR to ensure accuracy (6 RIGHTS)			
6. Verify allergies on the medication administration record			
7. Call only the name of the resident receiving medication			
8. Confirm the identity of the resident using 2 of 3 approved identifiers (6 RIGHTS)			
9. Ensure any parameters or special instructions are checked prior to administration (ex: blood pressure, blood sugar)			
10. Administer the medication to the resident-must maintain line of sight			
11. Conduct visual inspection of the mouth to ensure diversion or cheeking is not occurring			
12. Document the medication at the time of administration			
13. Verbalize where downtime/paper MAR is located			
14. Verbalize reasons to contact the nurse			
15. Verbalize responsibility to report any adverse reactions, side effects, concerns, or refusals			
16. Double check the missed medication report			

COMMENTS:

EVALUATOR Printed Name	Initials	Signature	Date

I attest that I have successfully completed three (3) supervised medication administrations and am confident in my ability to complete this task independently.

Signature of JJO Date

MEDICATION REFRESHER QUESTIONS AND ANSWERS:

1. How do you make sure you are giving the right medication?
 - Six Rights – Right Person, Right Medication, Right Dose, Right Time, Right Route, Right Documentation
2. What does OTC mean, and do you need a prescription for it?
 - Over the counter, or PRN. No prescription necessary
3. Where will the resident's allergies be noted?
 - Paper MAR, JOMIS x3 (medication allergy tab, pop up, under the medication in med distribution), on blue bin
4. What is perpetual inventory and how do you record it?
 - Running log of medications used for controlled medications on the controlled substance log sheet
5. Name some security measures that are put in place to prevent the misuse of medications?
 - Controlled count sheet, 2 people counting medications, double locked and checking for cheeking
6. Name some of the responsibilities of the JJO when distributing medications?
 - Maintain confidentiality, keep medications secure, treat residents with respect and professionalism, know what medication information is available and where to find it, monitor residents for unwanted side-effects of medications, communicate with nurse often about any problems with medications, medication errors or JOMIS issues with medical module
7. A resident has the right to refuse medications, True or false?
 - True – refusals must be done face to face, ask why resident is refusing and type a note
8. There may be times a JJO will need to give an injection, True or False?
 - False, unless they need to use EPI in the case of anaphylaxis
9. How can you be sure a resident has swallowed the medication that was given?
 - Monitor for cheeking
10. Who is responsible for preventing medication distribution errors?
 - JJO's, supervisors and nurses
11. A resident requests Tylenol, what complaints would you give it for and where do you find the reasons why you would give that medication?
 - Headache, fever, sore muscles etc..... on OTC sheet or on the indications sheet
12. Is it necessary to write an IR for a medication error?
 - Yes – if med wasn't given, if medication was given outside the correct time frame of 1 hour for regular medications 15 minutes for controlled medications/antibiotics, if wrong medication was given
13. When should you notify a nurse that a resident is refusing medications?

- If it is noted in JOMIS or on paper MAR to notify nurse, if not noted and you notice resident hasn't taken medication for longer than 3 days, only notify if medication is a scheduled medication and not a PRN

14. Where do you write your initials after giving a controlled medication?

- On the controlled substance sheet and on the MAR

15. Name 2 reasons you would call the Nurse?

- Medication error, refusal, suspect allergy, one of the 6 rights doesn't match, a youth was brought in with medications

TOPIC	In Person Medication Administration Training Refresher
NURSE	
FACILITY	
DATE	

ESSENTIALS OF COURSE

Those things we have to teach and make sure are presented to the learner every time (rights of administration, safety & security, response to emergencies, policies, controlled meds)

IDENTIFIED FACILITY SPECIFIC LEARNING NEEDS	6 MONTH MEDICATION ERROR TRENDS	TEHCARE UPDATES/REFRESH

OBJECTIVE #1	OBJECTIVE #2	OBJECTIVE #3	OBJECTIVE #4
What do you want to teach them?			

OUTCOME MEASURE #1	OUTCOME MEASURE #2	OUTCOME MEASURE #3	OUTCOME MEASURE #4
How will you know they've learned what you taught? (repeat back, return demonstration, Q&A)			

ADDITIONAL INFORMATION OR QUESTIONS TO BE ANSWERED

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J-100 MEDICATION MANAGEMENT AND DISTRIBUTION

STATE-WIDE FACILITY POLICY AND PROCEDURE

Approved by: Matt Davidson, Director

DJJ Health Authority

Date Signed:

Review due: Annually

Original version: 08/02/2011

Attachments: Form J-100.A: DJJ Medication Verification and Continuation Form

Form J-100.B: Controlled Substance Inventory Sheet

Form J-100.C: Controlled Medication Tracking Record

Form J-100.D: Discharge Medication Reconciliation

Form J-100.E: DJJ Facility Medication Release

Form J-100.F: Medication Administration Manual

Form J-100.G: Medication Administration Record

Form J-100.H: Staff MDR Signature Log

Form J-101.A: OTC Medication Distribution Record

Authority: [AS 11.71.900](#) Definitions, [AS 47.12.150](#) Legal custody, guardianship, and residual parental rights and responsibilities, [AS 47.14.010\(11\)](#) General powers of department over juvenile facilities and institutions, [AS 47.14.020](#) Duties of Department, [AS 47.14.100](#) Powers and duties of department over care of child, [12 AAC 44.975 \(2\)](#) Exclusions, [7AAC 52.100](#) Health services

POLICY:

- A. Residents of Division of Juvenile Justice (DJJ) facilities shall receive prescribed and over-the-counter medications, as approved by the resident's Electronic Health Record (EHR), in a timely and safe manner by staff who are properly trained and authorized in compliance with state and federal regulations and statutes.
- B. The Superintendent, as custodian over juveniles residing in their facility, has the responsibility to direct distribution of over the counter and prescription medications to residents as per AS 47.12.150, 47.14.010 (11), 47.14.020, 47.14.100 and 7 AAC 52.100.

DEFINITIONS:

Adverse Drug Reaction: An effect, which is noxious, unintended, unexpected and occurs from drug doses normally used for the diagnosis, prophylaxis, or treatment. These effects include

unwarranted pharmacologic actions of a drug, excessive effects of the intended pharmacologic action of a drug and allergic type reactions to a drug.

Authorized staff: DJJ facility staff members that have successfully completed medication administration training and are in compliance with annual training updates.

Controlled Substance: Any medication classified as a controlled medication according to AS 11.71.900.

Administering Medication: The process by which trained authorized staff provide, upon the order of a licensed, prescribing health care provider, personalized prescribed and over-the-counter medications to a correctly-identified resident as a custodian per AS 47.12.150.

Drug / Medication: A chemical compound that may be administered for the diagnosis, treatment and prevention of disease or other abnormal conditions; for the relief of pain and suffering; or to control or improve a physiologic or pathologic condition.

Guardian Consent: A parent or legal guardian must be informed of and provide voluntary consent prior to the initiation of:

- any procedure involving anesthesia or sedation (may include dental procedures)
- administration of psychotropic medication, or any drugs prescribed for mental illness or behavioral problems
- elective immunizations not required for school, or all immunizations when a parent has a religious or medical exemption
- transgender hormone therapy.

Guardian Notification: If in the course of providing medical or dental care, a resident is prescribed a medication to treat a minor ailment, attempts to notify the legal guardian will occur with 24 business hours. A minimum of three documented attempts must occur when unable to reach the legal guardian. Notification attempts shall not cause a delay of care.

Health Care Provider: A physician, physician's assistant or licensed nurse practitioner

Urgent Care: Care of illness, injury, or condition serious enough (but not life threatening) that delay of care can cause harm to the minor.

Medication Administration Record (MAR): Part of a resident's medical chart, which serves as the legal record of what medication is given to that resident, when it is given, and by whom.

Medication Error: Any circumstance where a medication is not given in accordance with the “six rights” (right patient, right drug, right dose, right route, right time and right documentation) as specified in the Medication Administration Manual. An omission or duplication of medication is an error.

Medication Administration Manual: A binder kept on each unit containing the medication administration policy and procedure and additional detailed instructions intended to be used by authorized staff to ensure medications are distributed safely and correctly.

Nurse: A licensed registered nurse employed by DJJ and assigned to a facility permanently or temporarily.

On-Call Nurse: A nurse providing medical direction to facilities when no nurse is on duty, generally nights, weekends and holidays.

Over the Counter (OTC) Medications: Medications that can be purchased without a prescription and which have been approved by the DJJ Health Authority (see P&P J-101 Approved OTC Medications List) or have been ordered by a facility or outside prescribing health care provider may be distributed per the resident’s Electronic Health Record (EHR). Parental consent / permission is not required. Valid for residents 12 years and over.

Perpetual Inventory: A current, real-time inventory of every controlled medication on the unit. This inventory should reflect the actual count of pills in the bottle/blister pack at any given time. Discrepancies must be reported as soon as known to the supervisor and the nurse.

PRN: Latin “pro re nata,” a medical abbreviation with the meaning “as needed.”

PROCEDURES:

A. Assignment of duties

1. Juvenile Justice Unit Supervisors (JJUS) are assigned responsibility for the oversight of medication administration by authorized staff and the following:
 - a. Verification of receipt and continuation for prescription medications as in subsection (B) (1) (d).

- b. Weekly controlled substance pill counts in the absence of a facility nurse as stated in subsection (B) (1) (f).
 - c. Ensuring the security of all medications including storage in a locked location with limited access.
 - d. Receiving notification of medication errors as per subsection (B) (7).
 - e. Receiving notification of crisis medication procedures by authorized staff as in sub-section (B) (9).
 - f. Drafting and implementation of employee corrective action plans as in subsection (B) (11) (b).
2. Shift leads are assigned the responsibility for the oversight of medication administration by authorized staff and the following:
- a. Verification of receipt and continuation for prescription medications as in subsection (B) (1) (d).
 - b. Receiving notification of medication errors as per subsection (B) (7).
 - c. Receiving notification of Crisis Medication Procedures (sub-section (B) (9) by authorized staff.
3. Authorized staff are assigned the responsibility for the administration of medications according to pharmaceutical instructions and the tracking of medications as further outlined throughout this policy.
4. It is the responsibility of a Nurse to monitor and manage the use of medications, train authorized staff to distribute medications to residents, and communicate any issues to the Superintendent and Nursing Supervisor.

B. Prescription Practice:

1. Practices that shall be followed by nurses and authorized staff include:

- a. Use of PRN tranquilizers and analgesics subject to abuse will be discouraged unless clearly indicated by clinical situation.
- b. The licensed prescribing health care provider will review each residents' medication routinely, at least every 6 months.
- c. Stimulants, tranquilizers and psychotropic drugs requiring intramuscular administration are prescribed and administered only for the purpose of therapeutic treatment and shall never be distributed for the purpose of experimentation, research, program management or control. (See P&P J-1 Clinical Trails
- d. A Nurse must obtain guardian consent prior to the initiation of any psychotropic medications.
- e. A Nurse will notify the youth's guardian when starting any new prescription medication for minor ailments. Notification will be attempted within 24 business hours of the medication being prescribed. A minimum of three documented attempts must occur when unable to reach the legal guardian, but notification attempts shall not cause a delay of care.
- f. If the parent or guardian is opposed to the use of medication and, in the opinion of the licensed prescribing health care provider, the medication is necessary and the resident agrees, then the parent or guardian will be informed that the division may request a court hearing to review the use of the medication. Medication will not be distributed without court authorization when a parent or guardian does not provide consent, except as provided for under Crisis Medical Procedures, sub-section (B) (9).
- g. A perpetual inventory of controlled medications will be maintained using a Controlled Substance Inventory sheet. Each time a controlled medication is given to a resident and at each shift change, two facility authorized staff must count the remaining pills and sign off on the Controlled Substance Inventory sheet. Each week, a Nurse will verify the pill count on these controlled medications using the Controlled Substance Inventory Sheet. If a Nurse is not available, a JJUS may assist the pill count. Any unexplained loss of a controlled medication shall be reported

immediately to the facility Superintendent, shift lead and nursing delegate. The Superintendent shall initiate the appropriate level of incident report when such a loss occurs in accordance with P&P A.5 Administrative Investigations of Staff Misconduct.

2. Admission Practice:

Prescription medication that accompanies a resident at admission to a DJJ facility may be distributed, after whatever medication reconciliation is possible, under the following conditions:

- a. A Nurse will be contacted when medications are brought to the facility. Medications which accompany a resident upon admission must be approved by a Nurse before it is initiated. If a Nurse is not available, medications will be secured and not initiated until authorized. If necessary, a licensed prescribing health care provider may be contacted to initiate a medication.
- b. All medication shall be counted, verified, and witnessed by an authorized staff with each admission and documented on the DJJ Medication Verification and Continuation Form. Controlled medication will be meticulously logged on a Controlled Substance Inventory sheet by two authorized staff.
- c. Medication must be received in an appropriately labeled container or blister pack with the name of the resident, prescribing physician, pharmacy, date, medication name, strength, and dosage. If a Nurse is not confident with the contents of the container or medical order it will not be initiated, and the Nurse will follow up until appropriate medication identification has occurred.
- d. A Nurse will identify medications to the best of their ability and consult a pharmacist for assistance if necessary. If medication cannot be identified, it will be returned to the guardian or disposed of appropriately. Non-controlled medications may be placed in secured youth belonging if guardian is unable to pick up medication. If suspected to be a controlled or illicit substance, substance will be turned over to arresting officer as per the DJJ Search and Contraband policy (H-104).

- e. A Nurse shall consult with local medical providers as per the Health Assessments and Physical Examination Policy (J-105). Any barrier to consulting with a local prescribing health care provider to provide care as per AS 47.12.150 shall be reported to the Superintendent or delegate and supervising Nurse as soon as possible.
- f. Once the medication is approved, and if nursing is unable to enter medications electronically, authorized staff will initiate the paper MAR with oversight from the Nurse.

3. Transfer Practice:

- a. When a resident is transferred from one DJJ secure facility to another, their medications and a copy of the MAR shall be transferred with the resident. The medication shall be secured in an appropriate container in the possession of a DJJ escorting staff member and released to an authorized staff member of the receiving facility.
- b. At no time will the youth have uncontrolled access to medications.

4. Release Practice:

- a. As possible, when a resident is released from a DJJ facility, a Nurse, JJUS, or shift lead shall print a medication reconciliation using the Release Summary for each release. This will provide detailed recordkeeping of all released medications including but not limited to last administration current prescribing physician, remaining available refills, and provide for the safety of the resident and/or community according to nursing best practices.
 - i. When youth is traveling alone, staff will consult with Director of Nursing or delegate to make arrangements for medication availability at the intended destination.
- b. All current, available medications should be released with the youth.
- c. Blister packs, as they are not child-proof, shall not be released to the community except when urgent circumstances exist. If urgent circumstances exist, the receiving responsible party must sign a Facility

Medication Release Form acknowledging this exception. No more than three doses will be released in a blister pack unless a greater number is approved in writing by a Nurse and the Superintendent.

5. Medication Administration:

- a. The shift lead or JJUS will oversee the administration of medications to residents and will ensure that the authorized staff has distributed and documented the medication in accordance with this policy. The Nurse or on-call Nurse will advise the shift lead or JJUS with regard to distributing medication or major side effects of the medication. Special instructions will be noted.
- b. Medication shall be distributed to a resident as prescribed by a licensed health care provider:
 - i. On an individual (case-by-case) basis,
 - ii. Single dose, unless otherwise indicated.
 - iii. At prescribed times. All prescription medications and OTC medications may be distributed up to one hour before or after the prescribed time.
 - iv. By an authorized staff member.
- c. The administration of all medications shall be recorded on an approved MAR and shall become part of the juvenile's medical record. If MAR is recorded on paper, each dose shall be documented in ink with the date and time of administration and shall be initialed and/or signed by the authorized staff member who is distributing the medication.
- d. PRN medications must specify the condition and dosing interval for which the medication may be distributed. Controlled medications may be given PRN per orders, following procedures in the Medication Administration Manual.
- e. Residents have the right to refuse medication; refusal must happen in a face-to-face interaction between the resident and the staff distributing

the medication. Should a resident refuse medication, this refusal shall be noted on the MAR and the Nurse, on-call Nurse, JJUS, or shift lead shall be notified per guidelines in the Medication Administration Manual.

- f. Authorized staff shall adhere to the following procedure, at minimum, for distributing medication as stated in the Medication Administration Manual. Authorized staff shall:
 - i. Wash their hands or use hand sanitizer.
 - ii. Distribute personalized medications, to the right resident, the right drug, in the right dose, by the right route, at the identified time and with the correct documentation.
 - iii. Check the medication administration record against the blister pack or prescription label.
 - iv. Call one resident at a time to the appropriate area and distribute the medication, providing a full glass of water if appropriate. A resident shall not be allowed to use a drinking fountain or personal water bottle to take medication.
 - v. The resident, who has not refused medication per (f.)(5) above, should remain with the authorized staff member until the authorized staff member is assured the medication has been swallowed and/or the resident's mouth has been thoroughly checked (under the tongue, around gums, etc.) to ensure the medication has been ingested. Authorized staff should ascertain that the medication is not concealed prior to swallowing.
 - vi. When a medication has been administered, authorized staff will appropriately document in the MAR. If paper MAR is being used, date, time and signature and initials of staff distributing medication must be present.
 - vii. Authorized staff shall report a resident's unusual reactions to, or refusals to take, medications to a Nurse, on-call Nurse, JJUS, or shift lead. Authorized staff shall observe residents for potential hoarding, diversion, and/or abuse of medications and, if

indicated, report to a Nurse, on-call Nurse, JJUS, or shift lead as per guidelines in the Medication Administration Manual.

- g. If authorized staff observe a resident who appears to be having an adverse medication reaction (such as an allergic or behavioral reaction), or appears to be overly medicated, the authorized staff shall report this to the Nurse or on-call Nurse who shall follow up with the appropriate medical professional. Staff should respond to adverse drug reactions in emergency situations as identified in Crisis medical procedure (sub-section (II) (i)).
- h. A resident may self-administer subcutaneous prescribed injections once they have demonstrated competency. Authorized staff must observe that the resident is administering the correct dose and document resident's self-administration of injected prescription medication.
- i. All intramuscular administration of medications will only be administered by a Nurse under the order of the physician. Staff should respond to adverse drug reactions in emergency situations as identified in Crisis medical procedure (sub-section (II) (i)).
- j. Any medication that is unusable and needs to be discarded (i.e., refusal, dropped on floor) shall be disposed of according to the process outlined in the Medication Administration Manual.

6. MAR (Medication Administration Record)

- a. The Medication Administration Record (MAR) will be initiated upon admission or return to the facility and at the start of a new prescription to document each dose of prescription or OTC medication given. A Nurse will transcribe prescriber's orders to the MAR. If there is no nurse available in the facility during business hours, staff should contact the on-call nurse assigned to the facility to enter medication(s) for a resident. If the need arises after business hours, during the weekend, or holiday, staff should create a paper MAR after the medication(s) are approved by the on-call nurse.
- b. The MAR will include the following information:
 - i. Resident's name and date of birth,

- ii. Resident's allergies or indication of "no known allergies"
 - iii. Prescribing licensed health care provider,
 - iv. Medication start and stop dates,
 - v. Medication name and dose,
 - vi. Medication route, frequency, and times of administration,
 - vii. Dates and times the medications are distributed to a resident,
 - viii. Initials and signature of the authorized staff member distributing the medication per guidelines in the Medication Administration Manual.
 - ix. PRN medications must list an indication for use.
- c. If paper MARs are used, they will be kept with the medications for the current week; Paper MARs for previous weeks will be filed in the resident health record.
- i. The MAR will be present at the time of administration. The authorized staff member giving the resident the medication will electronically sign or manually initial the MAR at the time of medication administration.
- d. At no time should staff share their log in and password for electronic medication administration records with another staff member. All medications must be documented under the person who has distributed the medication to the youth.

7. Medication Errors:

- a. In the event of a medication error, the Nurse, on-call Nurse, JJUS or shift lead shall be informed immediately or as soon as practical. Medication errors include, but are not limited to:
- i. Omission (not giving a regularly scheduled medication or failing to document an administration).
 - ii. Wrong time of administration, wrong route, or wrong dosage
 - iii. Wrong medication or wrong person given the medication.
 - iv. Wrong documentation of medication administration.

- b. A Nurse or on-call Nurse will advise authorized staff of what action to take, if any, and symptoms or side-effects to watch for. Staff should respond to adverse drug reactions in emergency situations as identified in Crisis medical procedure (sub-section (II) (i)).
- c. A medication error incident form shall be completed per Division policy (H-100 and Incident Notification and H-107 Incident Reporting).

8. Over the Counter (OTC) Medications:

- a. Over the Counter (OTC) medications listed on the *Approved OTC Medications List* (J-101), or approved by a facility provider, may be distributed for appropriate complaints to a resident upon their request without a sick call visit or consultation of a Nurse. These medications are approved for resident's aged 12 years and older. A limited supply of OTC medications may be maintained in the secure areas of facility living units.
- b. Upon a resident's request for an OTC medication, authorized staff must distribute medication in accordance with the resident's EHR, which will identify allergies, drug interactions and last dose of medications prior to distributing the OTC medication. If the EHR is down, the printed MAR shall be used. Distributed medication shall be documented on the MAR or on the OTC MAR. Medications must specify the condition and dosing interval for which the medication may be distributed. Staff should respond to adverse drug reactions in emergency situations as identified in Crisis medical procedure (sub-section (B) (9)).
- c. If authorized staff suspect potential hoarding, diversion, and/or abuse of medications, they may delay administration of OTC until consultation with the Nurse, JJUS or shift lead.

9. Crisis Medication Procedure:

- a. In the event of an emergency life threatening situation, facility staff should call 911 and begin lifesaving procedures as appropriate until

emergency services arrive. An incident report shall be completed per Division policy (H-100 and Incident Notification and H-107 Incident Reporting).

- b. In the event of a life-threatening anaphylactic / allergic reaction, an Epi-Pen may be used by unit authorized staff according to package directions and guidelines in the Medication Training Manual. A Nurse, and JJUS or shift lead shall be immediately notified upon use of an Epi-Pen.
- c. In the event of extreme respiratory distress in a resident with a known or suspected history of asthma, whose own prescribed inhaler is unavailable or invalid, an Albuterol rescue inhaler may be given by authorized staff according to package instructions and guidelines in the Medication Training Manual. A Nurse, JJUS or shift lead should be immediately notified upon use of the inhaler.

If a prescribing licensed health care provider deems it urgently necessary, a medication may be given without the consent of a parent or guardian. Consent, however, must be requested as soon as practical.

TRAINING:

- A. A Nurse is responsible for the initial in-person training of non-medical authorized staff in all aspects of medication administration, including side effects and adverse reactions, per the Medication Administration Manual.
- B. Authorized staff shall complete Medication Refresher course online annually followed by an in-person competency check with a facility nurse in approximately 6 months or on a greater frequency as needed and as authorized by the Board of Nursing.
- C. The Juvenile Justice Unit Supervisor (JJUS) is responsible for correct implementation of training.

QUALITY ASSURANCE:

- A. The Nurse will lead reviews of medication error incidents as well as regular, periodic reviews of MAR and PRN records.
- B. The JJUS and Superintendent will conduct reviews of medication error incidents according to H-100 Incident Notification and H-107 Incident Reporting. Superintendents and the Nursing Director will review med error reports as provided by the Data team for ongoing quality assurance. The superintendent is responsible to ensure the corrective measures as outlined in section C of Quality Assurance are adhered to.
- C. In consultation with the Nurse, the Superintendent or JJUS shall draft and implement a corrective action plan for any employee should any of the following occur:
 - 1. An increase in incidents of medication error occur.
 - 2. Two or more medication error incidents occur in a single month at any unit.
 - 3. A medication error occurs in a period of three consecutive months at a single unit.
 - 4. Corrective action plans may include revocation of medication administration competency and remediation assigned. A copy should be placed in the staff's supervisory file.
- D. The Nursing Director, at the recommendation of the Nursing Supervisor, can revoke the medication administration privileges of non-medical authorized staff if deemed necessary.
- E. It is the responsibility of the JJUS and Superintendent to monitor adherence to this policy.

IMPLEMENTATION:

This policy and procedure is effective when it is signed by the Director and DJJ Health Authority. The Nursing Director and Superintendents have 15 working days to implement this policy locally.

Alaska Board of Nursing

Agenda Item #7



Medication Administration Course
Process Review

Administration of Medication Course Review.

Would like the board to consider the following:

1. Update the Medication Course Requirements document
 - a. Consider that the individual locations can develop a computer based pre and posttest.
 - i. One suggestion:
Trainer and trainee can sign a statement that they have proficiency reading and writing English if necessary although the delegating nurse per 12 AAC 44.950(a)(5) is responsible for assessing competence of the person they are delegating to, so it seems unnecessary
 - b. Add a section about document retention in the event there is an issue or an audit.
2. Provide the updated requirement document, pre and posttest, and checklist document templates on the website.
3. Update the approval process: Regulations state the course must be approved every 2 years. Suggestion: Have entities send in their documents. Develop a submission document (cover sheet). Documents will be provided to a board member to review and then at the next meeting the board member will put them forward for approval after verifying that all requirements are met.
4. Post all approved medication course power points on the website by year. This would also help new leaders that are trying to figure out when their courses were last approved. Keep last three years available.
5. Since the board has opened this regulation for an update- consider updating the language of the requirement. Either by extending the timeframe or being more generic and removing the timeframe.

Example idea:

(c) The person to whom the administration of medication is to be delegated must successfully complete a training course in administration of medication **including the course requirements** approved by the board. ~~The training course in administration of medication approved by the board in this subsection will be reviewed by the board every two years.~~ Course content and completion documentation should be retained for a period of four years.

Example idea:

(c) The person to whom the administration of medication is to be delegated must successfully complete a training course in administration of medication **including the course requirements** approved by the board. The training course in administration of medication approved by the board in this subsection will be reviewed by the board every ~~two~~ three years.

Alaska Board of Nursing
MEDICATION ADMINISTRATION COURSE REQUIREMENTS

Note: The delegation by nurses of nursing duties to other persons including unlicensed assistive personnel is governed by AS 08.68 and 12 AAC 44.950 through 970. These statutes and regulations may be accessed through the Board of Nursing website (www.nursing.alaska.gov). The course must be taught by a RN. A 90% is required on the post-test to pass.

OUTLINE OF REQUIREMENTS

Course objective

Content of course

Pretest & Post-test

Content to include:

1. Responsibilities of the caregiver
2. Types of medications/classifications
 - a. Prescription vs. over the counter
 - b. Controlled substances
 - c. Time sensitive
 - d. Medications for chronic conditions
 - e. Psychotropic
 - f. PRN
3. Effects of medications
 - a. Expected or desired effects
 - b. Known side effects
 - c. Anaphylaxis
 - d. Extra-pyramidal
 - e. Drug to drug interactions
 - f. Toxicity
4. Response to adverse effects
 - a. What should the person do?
 - b. Who should the person contact?
 - c. What documentation is required?
5. Six rights of medication administration
 - a. Right person
 - b. Right medication
 - c. Right dose
 - d. Right route
 - e. Right documentation
 - f. Right time

- g. What you need to know and how to find it.
- 6. Measurement and metrics
- 7. Medical abbreviations
- 8. Storage of medications
- 9. Patient Bill of Rights
- 10. Confidentiality
- 11. Universal precautions Update to Standard Precautions
- 12. Second review of responsibilities
- 13. Medication errors
 - a. When you are unsure of one of the six (6) rights
 - b. What to do when an error is made
 - c. Incident reports
- 14. Limitations
 - a. Crushed medications can be prepared by the pharmacy only
 - b. Each delegation is patient specific as per the regulations
 - c. Delegation requires patient specific guidelines for documentation of delegated task
 - d. PRN medications management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration is non-delegatable.
- 15. Review of 12 AAC 44.950 and 965
- 16. Resources for additional information

Post test - not computer based because you need to assess the reading and writing ability of the person being delegated to. Consider changes allowing a computer based testing option. Post test must be passed with a score of 90%.

Practical Evaluation of Mastery - Administration of Medication

Trainee Name _____ **Evaluation Date:**, _____

General Administration

Skill:	Initials:
A. States name and purpose of task & location of supplies	
B. Identifies supplies needed	
C. Preparation	
1. Reviews Universal Precautions	
2. Locates supplies in secured storage area. Locates client's medication administration record. Verifies authorization.	
3. Reviews "six rights" of medication when removing medication from secured storage area, when preparing medication and returning medication to secured storage area.	
4. Checks expiration date and reads label and medication record for instructions.	
5. Prepares medication without contamination.	
D. Procedure:	
1. Demonstrates proper hand washing. Puts on disposable gloves. Oversees client washing hands if also handling medication.	
2. Demonstrates proper identification of client. Asks for Client's first and last name and what medication he/she is to receive.	
3. Explains procedure to client and positions him/her properly for procedure.	
4. Administers the medication to the correct client.	
5. Administers the correct medication.	
6. Administers the correct dose.	
7. Administers at the correct time.	
8. Administers by the correct route.	
9. Verifies client received the medication and observes the client for unusual reactions.	
1D. Disposes of used equipment. Appropriately removes and discards gloves, if worn. Washes hands.	
11. Documents immediately and appropriately per policy and procedure	
12. States reporting measures if unusual reactions were to occur	

Administering Oral Medication

Skill:	Initials:
1. Demonstrates putting correct dose in the medication cup.	
a. If individually wrapped, tears off number needed, removes from package at time client takes the medication. Provides glass of water unless directed not to do so.	
b. If liquid, pours from the side of the bottle opposite the label into graduated medicine cup at eye level, measuring at bottom of meniscus. Wipes any medication from the outside of container	

Administering Topical Skin Medication

Skill:	Initials:
1. Cleanses the affected area with soap and warm water, unless other instructed. Rinses and allows area to dry or pats dry with paper towel.	
2. Applies prescribed amount of topical medication to affected area with gloved hand, gauze, cotton tipped applicator or tongue depressor.	
3. Covers the affected area with a bandage or dressing as directed.	

Practical Evaluation of Mastery -Administration of Medication

Administering Ophthalmic (Eye) Medication

Skill:	Initials:
1. Cleanses eye with clean cotton ball or tissue wiping once from the inside to the outside. Uses new cotton ball or tissue for each eye.	
2. Positions the client lying down or sitting with head tilted back and eyes looking up.	
3. Approaches eye from outside field of vision.	
4. Uses index finger to gently pull lower eyelid down to expose conjunctiva sac (pocket).	
5. For eye drops:	
a. Gently squeezes the dropper or eye drop bottle to instill the correct number of drops into the conjunctiva sac.	
b. Does not touch the eye with the dropper or tip of bottle.	
c. Slowly releases the lower lid and instructs the client to keep blink a few times or keep eye closed for a couple of minutes.	
6. For eye ointment:	
a. Gently squeezes 1-2 cm thin strip of ointment along conjunctiva sac from inner to outer eye.	
b. Slowly releases lower lid and instructs the client to close the eyelid and move the eye around to distribute the ointment.	
c. Removes excess ointment from inner to outer eye with a new cotton ball or tissue for each eye treated.	
d. Informs the client that their vision may be blurred temporarily.	

Administering Inhaled Medication (MDI)

Skill:	Initials:
1. Position client standing or sitting up straight.	
2. Removes the cap and shakes the inhaler gently back and forth.	
3. Primes the inhaler to release one dose of medication into the air if the MDI is new or has not been used for several days to ensure adequate dosing.	
4. Instructs the client to exhale fully.	
5. If using a spacer or chamber, inserts the MDI mouthpiece into the device and has the client place the chamber mouthpiece into their mouth.	
6. Instructs the client to place the MDI mouthpiece into his/her mouth between the teeth and close their lips around it.	
7. Instructs the client to begin to inhale slowly and then activate the inhaler.	
8. Instructs the client to continue to inhale slowly for 3-5 seconds, filling their lungs.	
9. Instructs the client to hold their breath for 10 seconds, as able, and then slowly breathe out.	
10. Repeats the previous steps until the prescribed number of puffs has been administered.	
12. Replaces the cap, and monitors the client for changes in breathing.	

Practical Evaluation of Mastery -Administration of Medication

Administering Otic (Ear) Medication

Skill:	Initials:
1. Warms medication to room temperature (if refrigerated) by holding bottle in hands for a few minutes.	
2. Positions client lying down with the affected ear up.	
3. Cleanses entry to ear canal with clean cotton ball as needed.	
4. If a dropper is supplied, squeezes to fill the dropper to the desired amount.	
5. Straightens the ear canal by pulling outer ear gently down and back (ages 3 and under) or up and back (older children and adults).	
6. Administers the correct number of drops aimed toward the wall of the canal without touching the ear with the dropper.	
7. Asks the client to maintain the position for a few minutes. If treating both ears, waits at least one minute between ears.	

Administering Intranasal (Nose) Medication

Skill:	Initials:
1. Instructs the client to gently blow their nose into a tissue and discard it.	
2. For drops, position the client lying down or sitting up with head tilted back. Inserts the dropper just inside the nostril to administer the correct number of drops. Asks the client to maintain position for a few minutes to assure medication reaches upper nasal passages.	
3. For nasal spray, positions the client with head upright and inserts the nozzle part way into the nostril. Sprays as directed while closing off other nostril by pressing on it with a finger.	
4. Does not touch the dropper or tip of bottle to the nostril.	
5. Asks the client if they wish to expectorate any solution that has drained into their mouth.	

MASTERY IS 100% ACCURACY ON RETURN DEMONSTRATION. Initials in the space(s) above indicate: I have been trained to and accept responsibility for performing tasks initialed above in accordance with each client's Individualized Plan of Care. I understand I need to maintain my skills and that the nurse will regularly assess my performance to identify any needs for review or repetition of the training I have received to perform this/these skills. I have had the opportunity to ask questions and received satisfactory answers. I am currently certified in First Aid and CPR. I have received advanced training in Bloodborne Pathogens.

Trainee Signature: _____ Initials: _____ DATE: _____

I have assessed the Trainee's skills to determine the success of the training I provided. Based on this assessment, it is reasonable and prudent for the Trainee to perform medication administration with written consent and delegation by the consumer/parent/guardian. This is in effect for the next twelve months with reassessments annually.

Registered Nurse Signature: _____ Initials: _____ DATE: _____

Practical Evaluation of Mastery -Administration of Medication

Alaska Board of Nursing



Break

Alaska Board of Nursing

Agenda Item #9



PDMP Update

ALASKA PDMP

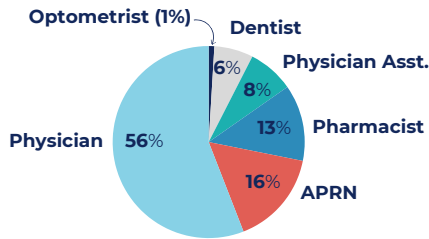
PRESCRIPTION DRUG MONITORING PROGRAM Q3 2024

78,338 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

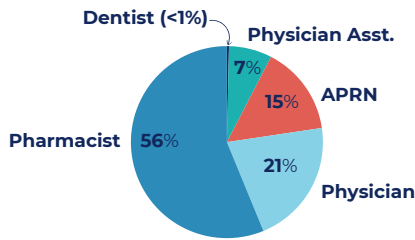
9,279 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



258,261 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



83% EHR ACCESS

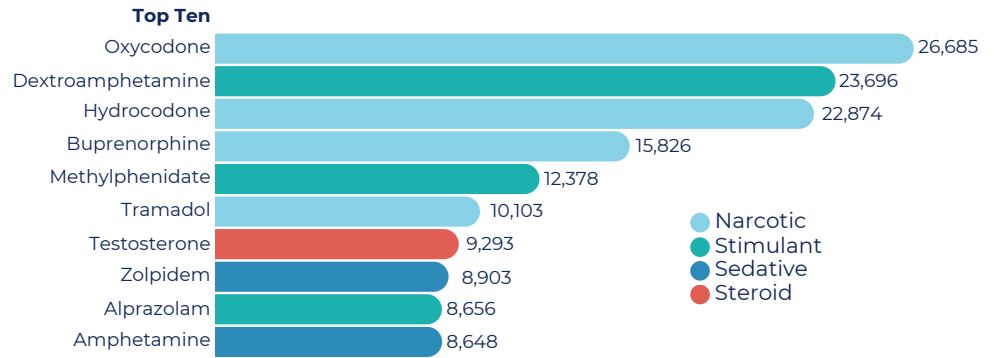
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

258 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

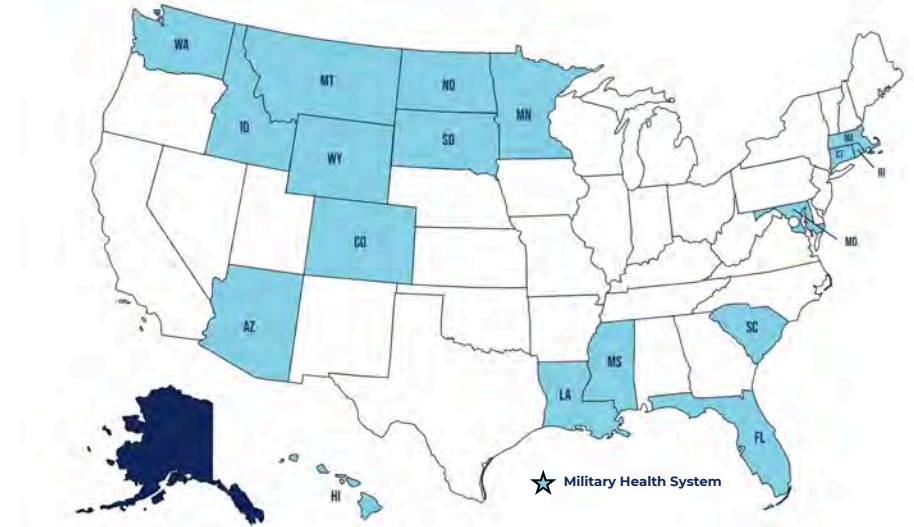
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from July 01, 2024 to September 30, 2024. For more information, visit pdmp.alaska.gov.

192,846 CONTROLLED SUBSTANCE DISPENSATIONS

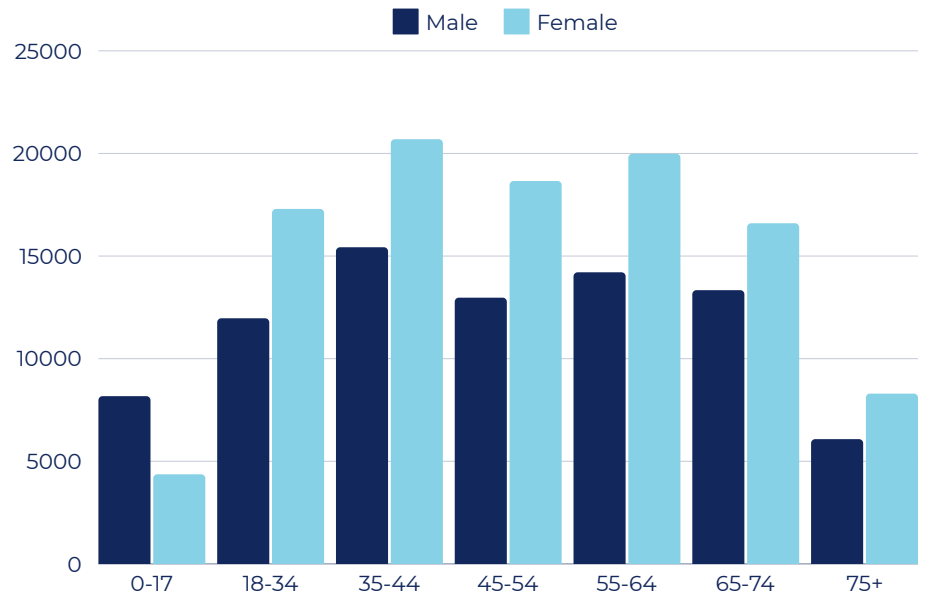


19 PARTNER STATES

Interstate data sharing including military health system.



PRESCRIPTION COUNT BY PATIENT AGE & GENDER



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing
Agenda Item #10



APRN Workforce Survey



*“Uniting APRNs and Advocating for the
Quality Care Our Patients Deserve”*



APRN
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Alaska Advanced Practice Registered Nurses

APRN Workforce Survey 2023

Lisa M. Jackson, DNP, CNP, Jill Janke, PhD, WHNP, Stephanie
Wrightsmann-Birch, CNP, Morgan Brissette, DNP, CNP, Teresa Lyons,
PMHNP, & Marianne Johnstone-Petty, DNP, CNP



Why did we do this survey?

- The last State-wide survey was done by Dr. Barbara Berner in 2015 and focused on nurse practitioners
- There has never been an Alaska APRN workforce survey
- The last two AHHA surveys (Alaska Hospital and Healthcare Association) reports showed inconsistent data with the Alaska APRN survey (focuses on NPs)



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Survey Strategy

- In 2022, Alaska Board of Nursing identified 1873 licensed APRNs, many of which had out of state addresses (750)
- A presurvey postcard was sent to alert providers of the upcoming survey
- The workforce survey was sent out to APRNs with Alaska addresses by survey link, email, personal invitation, and organizational disbursement. Several attempts were made to invite participation
- The response rate was 242 (13%)



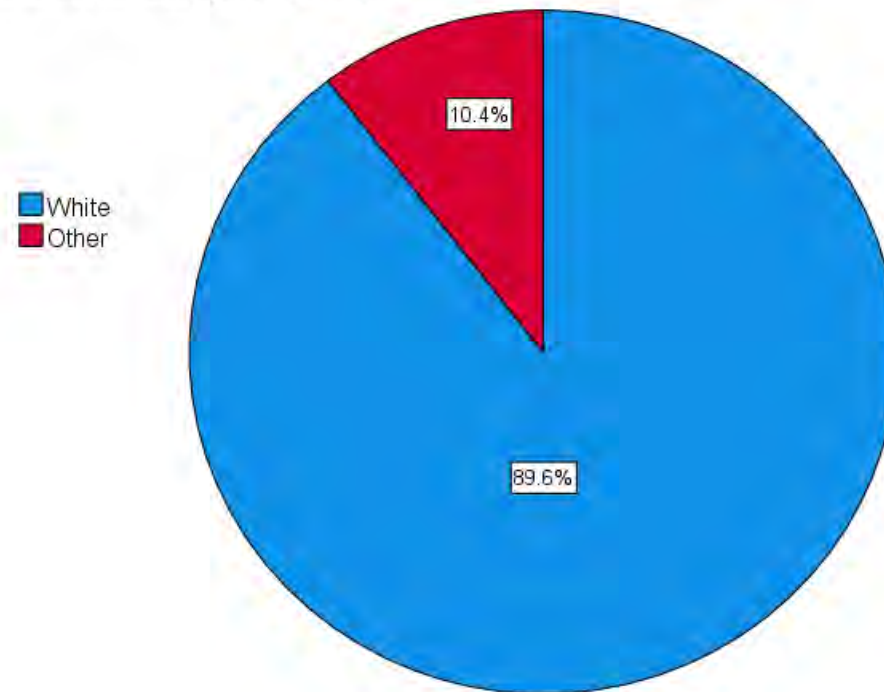
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Survey Results

Demographic Data

Figure 2. Distribution of APRNs by Race (n = 221)

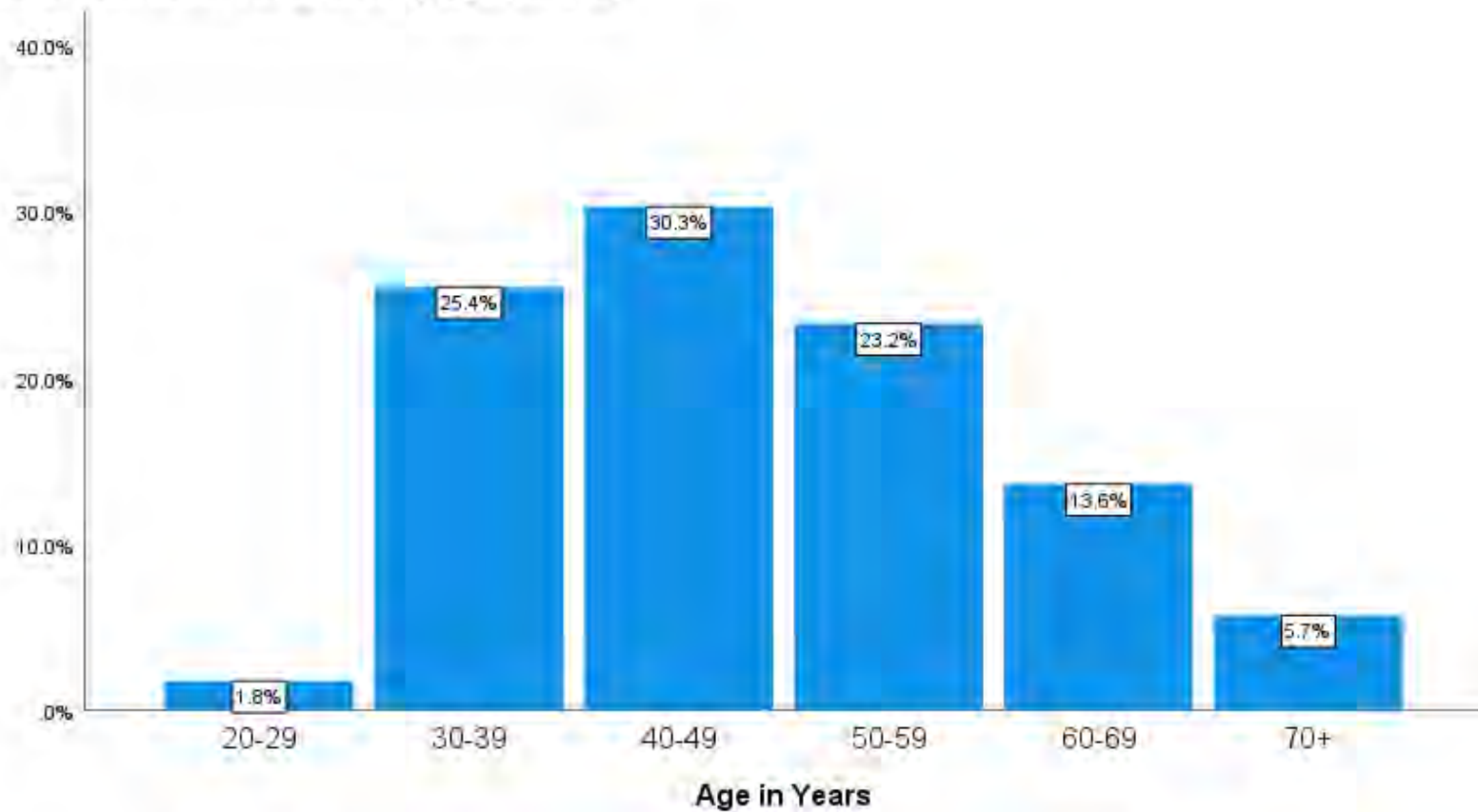




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Figure 3. Distribution of APRNs by Age (n = 228)





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Table 1. Initial APRN Education (n = 225)

		Frequency	Percent
	Master's	160	71.1
	Doctorate of Nursing Practice (DNP)	46	20.4
	Certificate	10	4.4
	Post master's	9	4.0
	Total	225	100.0

Figure 5. Years Since Certification as APRN (n = 220)

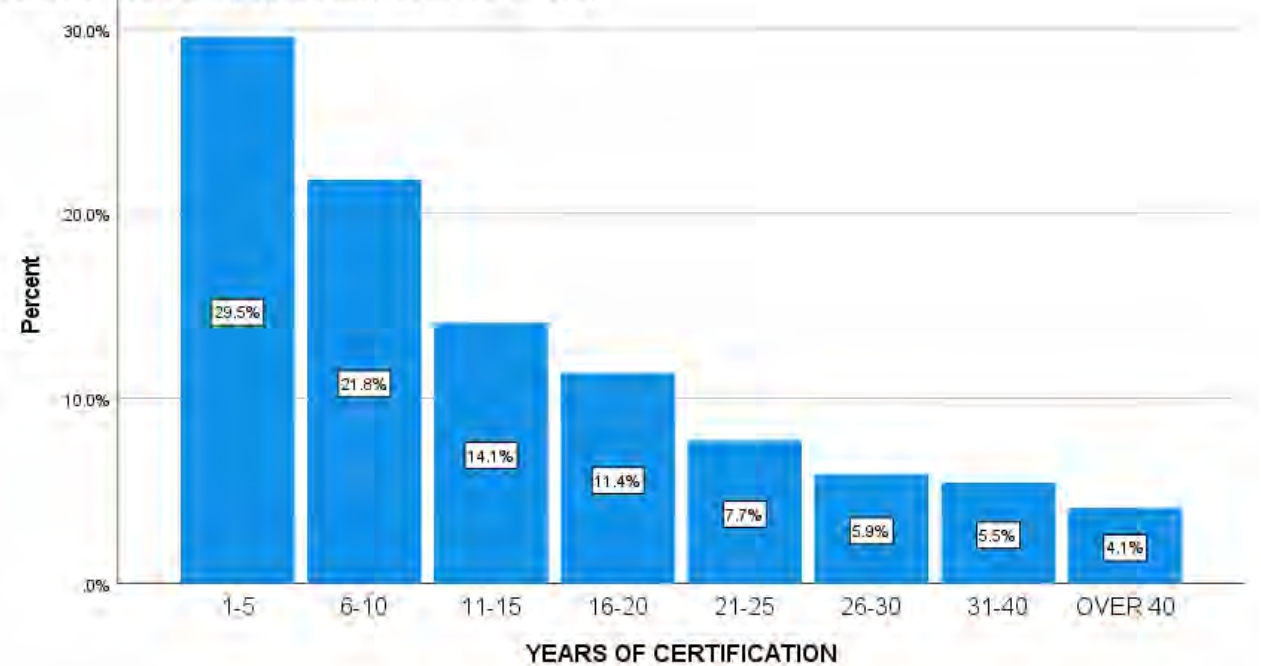
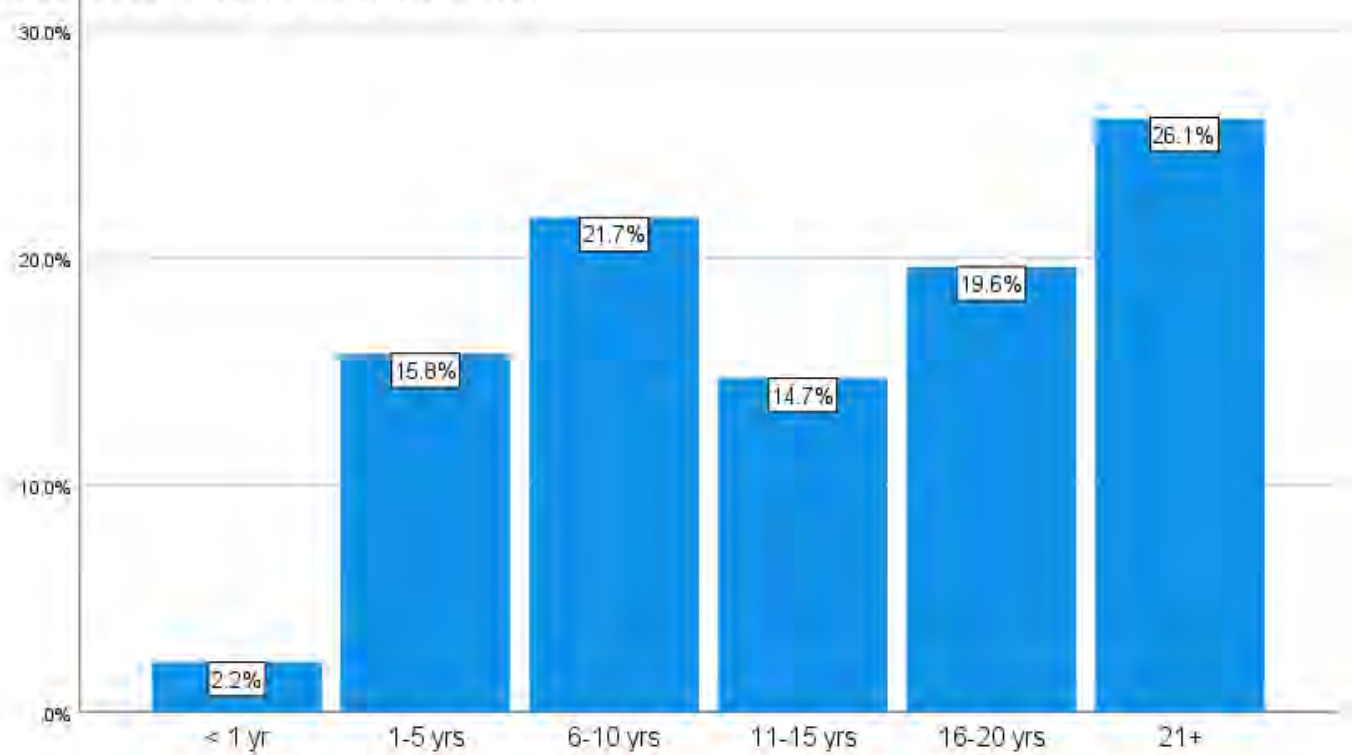




Table 2. APRN Current Employment Status (n = 219)

Status	Frequency	Percent
Employed	204	93.2
Unemployed	15	6.8
Total	219	

Figure 6. When APRNs Plan to Retire (n = 184)



Future workforce shortages may be impacted by an aging workforce

- 42.5% of APRNs were between 50 to 70 years or older
- 40% of APRNs surveyed plan to retire in the next ten years



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Table 4. Primary Place of APRN Employment (n = 193)

	Freq uen cy	Perc ent
Health care system or organization owned practice	43	22.2
Non-profit organization or hospital system	42	21.6
Independent/private non-APRN owned practice	40	20.6
Independent/private APRN owned practice	26	13.4
Government agency	18	9.3
For-profit organization or hospital system	12	6.2
Indian/Tribal organization	5	2.6
Education	5	2.6
Other (oil/gas = 1; locum = 1)	2	1.5
Total	193	100.0

Figure 7. Hours per Week Worked by APRNs

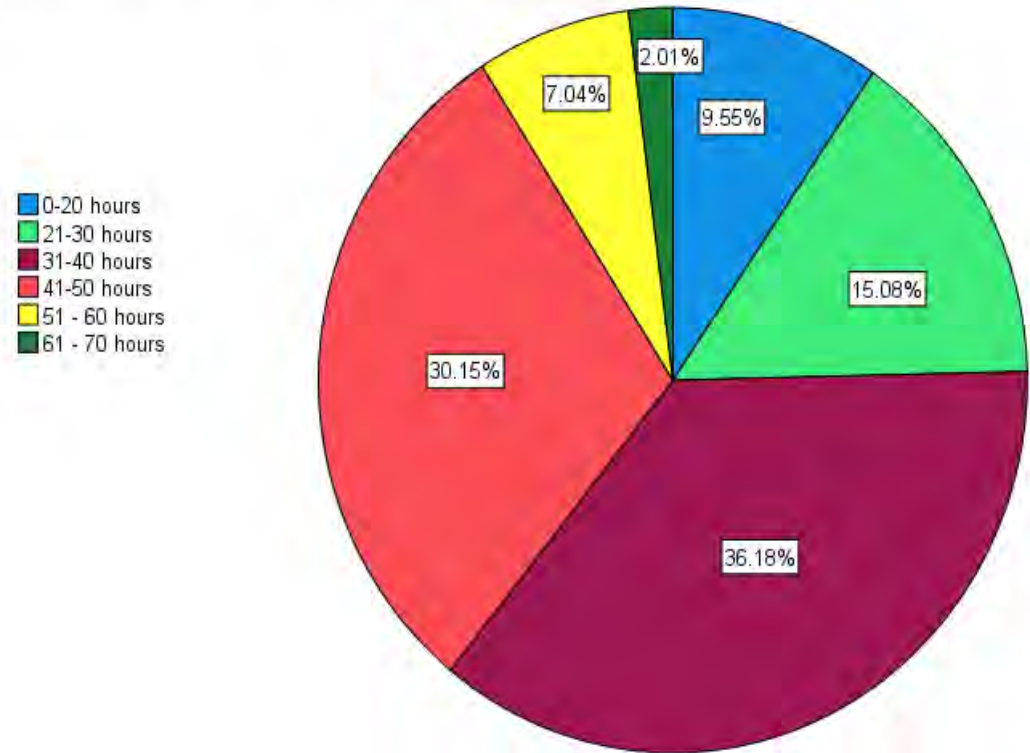




Table 5. Reported APRN Roles*

Role	Frequency
Clinician	177
Business Owner	36
Clinical Educator	21
Administrator	19
Subjective matter expert, consultant	17
Faculty	16
Researcher	8

Most respondents identified their primary APRN role as a clinician

Business owner was the second most common role, followed by clinical educator, administrator, consultant, faculty, and researcher

*NOTE: Participants could select more than one role



Business Owners

- ❖ Fifteen percent of responding APRNs surveyed owned a practice. Nearly 4% reported having owned a clinic that was closed.
- ❖ Reasons listed for clinic closures were reduced revenue, sold to a health system, burned out, employee transition, patient volume decreased, unable to recruit providers, retired, or moved out of Alaska.
- ❖ Eighty-six percent of the clinics that closed accepted Medicare insurance.
- ❖ Of the respondents who currently own APRN practices, 64% accepted Medicare and 64% accepted Medicaid insurance.

Table 6. Reason for Closing APRN Business*	
	Frequency
Reduced revenue	3
Sold the practice to a health system	3
Burned out	2
Employee transition	1
Patient volume decrease	1
Unable to recruit clinicians	1
Retired	1
Left Alaska	1

*NOTE: Participants could select more than one role



Reimbursement Equity

Table 10. APRNs Opinion on Reimbursement Equity (n = 195)

		Frequency	Percent
	Yes	159	81.5
	No	5	2.6
	Prefer not to say	31	15.9
Total		195	100.0

- ❖ The overwhelming majority (82%) of APRNs favored reimbursement equity, while 3% did not
- ❖ Sixteen percent preferred not to give their opinion
- ❖ The top concerns about reimbursement inequity identified by APRNs were deserving equal pay for the same types of patient visits, keeping clinics open and access to care sustainable, concerns that anticompetitive/gender discrimination exists for APRNs, and feeling underappreciated



APRN Income

Income varied between the four APRN specialties. Survey data was compiled by specialties.

Certified Registered Nurse Anesthetist/Anesthesiologists

- ❖ Most CRNAs worked 31-50 hours per week (79.6%)
- ❖ The majority (n = 36) received an annual salary, 15 were paid hourly, and another four were paid by a rate system
- ❖ Many CRNAs working for 21 hours or more per week (n=46) earned over \$185,000 in annual gross income
- ❖ Part time CRNAs (working < 21 hours/week) reported annual incomes between \$75,000 to \$94,000

Table 12. CRNAs 2022 Gross Annual Income (if working > 21 hrs/week)

	Frequency	Percent
\$115,000-124,999	1	1.9
\$125,000-134,999	1	1.9
\$135,000-144,999	1	1.9
\$165,000-174,999	1	1.9
\$175,000- 184,999	1	1.9
>\$185,000	46	86.8
Prefer not to say	2	3.8
Total	53	100.0



APPRN INCOME
Certified Nurse Practitioners

- Salary data for CNPs revealed most (58%) worked between 31 to 50 hours weekly.
- The majority of CNPs ($n = 65$) received an annual salary, 32 were paid hourly, 12 received a percentage of the billing, while 6 reported they had a production base to their salary
- Salary for those working over 21 hours a week varied from less than \$44,999 to over \$185,000 (Table 13). Forty-two percent of the salaries reported ranged from \$95,000 to \$134,999
- Part-time salaries for those working less than 21 hours/week ranged from less than \$44,999 to \$134, 999

Table 13. CNPs 2022 Gross Annual Income (if working > 21 hrs/week)

	Frequency	Percent
<\$44,999	1	1.1
\$45,000-54,999	1	1.1
\$65,000-74,999	2	2.1
\$75,000-84,999	2	2.1
\$85,000- 94,999	3	3.2
\$95,000- 114,999	11	11.6
\$115,000-124,999	5	5.3
\$125,000-134,999	14	14.7
\$135,000-144,999	10	10.5
\$145,000-154,999	5	5.3
\$155,000-164,999	13	13.7
\$165,000-174,999	4	4.2
\$175,000- 184,999	4	4.2
>\$185,000	18	18.9
Prefer not to say	2	2.1
Total	95	100.0



APRN ALLIANCE

Alaska Advanced Practice Registered Nurses

APRN Income

Certified Nurse Midwives

- Salary data for CNMs revealed the majority (65%) worked between 31 to 50 hours weekly
- Salary data for CNMs indicated most received an annual salary (n = 16), followed by hourly pay (n = 5), then a percentage of billing (n = 2)
- The gross annual income for CNMs working more than 21 hours ranged from \$85,000 to over \$185,000
- Part time CNMs (working < 21 hours/week) reported annual incomes between \$55,000 to \$114,999

Table 14. CNMs 2022 Gross Annual Income (if working > 20 hrs/week)

	Frequency	Percent
\$85,000-94,999	1	5.6
\$95,000-114,999	3	16.7
\$115,000-124,999	1	5.6
\$125,000-134,999	2	11.1
\$155,000-164,999	2	11.1
\$165,000-174,999	4	22.2
\$175,000-184,999	2	11.1
> \$185,000	3	16.7
Total	18	100.0



Table 15. CNSs 2022 Gross Annual Income (if working > 21 hrs/week)

APRN Income

Certified Nurse Specialists

- Most CNSs (85.7%) worked 31-50 hours per week.
- The majority (n=6) received an annual salary, while one was paid hourly.
- Income reported for CNSs working more than 21 hours per week ranged from \$95,000 to \$144,999 .
- Part time CNSs (working < 21 hours/week) reported annual incomes between \$95,000 to \$114,000.

	Frequency	Percent
\$95,000- 114,999	1	16.7
\$125,000-134,999	1	16.7
\$135,000-144,999	2	33.3
Prefer not to say	2	33.3
Total	6	100.0



APRN
ALLIANCE

Alaska Advanced Practice Registered Nurses

Survey Limitations

- ❖ Small sample size (return rate 13%)
- ❖ Disproportionate sampling of the four APRN specialties
- ❖ **Lack of access to the APRN population**
- ❖ Member engagement of APRNs



APRN
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Alaska Advanced Practice Registered Nurses

>80%
of APRN respondents

**Support
Reimbursement
Equity for APRNs**

*Majority of AK APRNs are
reimbursed at 80-85% of the
physician fee.*

Pay Equity

APRNs report that
inadequate pay for the
scope and responsibilities of
their work was rated as the
most important professional
concern.

Equal Pay for Equal Work

40%

of APRN respondents

**Will be Retiring
in the Next 10
Years**

***Workforce Shortages
are Coming***

70%

of APRN respondents

**Moderate to
Extreme
Satisfaction with
their work**

**APRNs LOVE Taking Care of
Their Patients!**



APRN
ALLIANCE

Alaska Advanced Practice Registered Nurses

Conclusions

- ❖ The APRN Alliance developed the first ever APRN Workforce survey for APRNs licensed in Alaska in 2023.
- ❖ The results of this survey highlight the need for improving awareness among state and national healthcare stakeholders regarding the scope of APRN contributions to patient care in Alaska.
- ❖ The Alaska APRN workforce study identified inadequate pay for the complexity of the job, reimbursement inequity, and burnout/poor work-life balance as top concerns.
- ❖ APRN owned clinics have declined in number. Over sixty percent of APRN owned clinics accepted Medicare and Medicaid; 80% of clinics who accepted Medicare and Medicaid closed contributing to the lack of sustainability of nurse owned clinics in Alaska.
- ❖ Lastly, future workforce shortages may be impacted by an aging workforce; 42.5% of APRNs were between 50 to 70 years or older. Forty percent of APRNs surveyed plan to retire in the next ten years.

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Alaska Board of Nursing

Agenda Item #11



APRN Alliance

Alaska Board of Nursing

Agenda Item #12



Regulations Projects, update

Regulation Projects Update:

Review Public Comment:

- Nursing; nurse aide comp. (2024102222)
- Application Reqs., et al. (2024200163)

Sent Out for Public Comment:

- LPN scope of Practice 2024200464 (not posted for comment yet)

Pending review to be sent to Law:

- NUR- 44.317_44.475_44.820- Reinstatement Applications

Board Opened a Regulation Project:

- 12 AAC 44.965 Delegation of the Administration of Medication.
 - Board needs to finalize draft language for it to move to the next step of the process

Chapter 44. Board of Nursing.

12 AAC 44.290(a)(3) is amended to read:

(3) provide **to** the board [WITH], if the applicant is

(A) **a graduate of a foreign pre-licensure education program that is not taught in English**

(i) verification that the applicant has passed an English proficiency examination that includes components on reading, speaking, writing, and listening;

(ii) an evaluation of the applicant's nursing education by the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service, including a full education, course-by-course report that indicates the applicant's nursing education was taught in English; or

(iii) an official International Commission on Healthcare Professions (ICHP) certificate that verifies that the applicant has successfully completed the VisaScreen: Visa Credential Assessment Service

[GRADUATED FROM A SCHOOL OF NURSING IN THE UNITED STATES OR CANADA, A COMPLETE CERTIFIED TRANSCRIPT OF THE APPLICANT'S NURSING EDUCATION, SUBMITTED DIRECTLY TO THE BOARD FROM THE SCHOOL OF NURSING];

(B) **a practical nurse applicant who is a United States military servicemember on active duty or reserve status, or discharged by means other than a dishonorable discharge not more than five years from the date of application, who has completed a nursing education program provided by the United States military**

that is equivalent to an accredited practical nurse education program under AS 08.68.170

(i) a complete certified transcript of the applicant's military education, submitted directly to the board from the appropriate military service branch;

(ii) verification of employment on a form provided by the board that the applicant has, within the last five years, worked in the United States military in a nursing role for which the applicant received training equivalent to an accredited practical nurse education program; and

(iii) an attestation that the applicant is familiar with the licensed practical nurse scope of practice set out under 12 AAC 44.136 [IS A REGISTERED NURSE APPLICANT WHO GRADUATED FROM A SCHOOL OF NURSING OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA, AN EVALUATION OF THE APPLICANT'S NURSING EDUCATION BY THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE, WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT;

(C) IS A PRACTICAL NURSE APPLICANT WHO GRADUATED FROM A SCHOOL OF NURSING OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA, AN EVALUATION OF THE APPLICANT'S NURSING EDUCATION BY THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE, WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT

(D) GRADUATED FROM A PRE-LICENSURE NURSING PROGRAM
OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA,

(i) VERIFICATION OF HAVING EVER PASSED THE
INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS)
EXAMINATION - OVERALL SCORE OF 6.5 WITH A MINIMUM OF 6.0 ON
ALL MODULES;

(ii) VERIFICATION OF HAVING EVER PASSED THE TEST
OF ENGLISH AS A FOREIGN LANGUAGE, INTERNET-BASED TEST
(TOEFL IBT) - OVERALL SCORE OF 84 WITH A SPEAKING SCORE OF 26;

(iii) A VALID EVALUATION OF THE APPLICANT'S
NURSING EDUCATION BY THE COMMISSION ON GRADUATES OF
FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE,
WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT THAT
INDICATES THE APPLICANT'S NURSING EDUCATION WAS TAUGHT IN
ENGLISH; OR

(iv) AN OFFICIAL INTERNATIONAL COMMISSION ON
HEALTHCARE PROFESSIONS (ICHP) CERTIFICATE VERIFYING
SUCCESSFUL COMPLETION OF THE VISASCREEN: VISA CREDENTIAL
ASSESSMENT SERVICE;

(E) IS A PRACTICAL NURSE APPLICANT WHO HAS COMPLETED
THE UNITED STATES PRACTICAL NURSE PROGRAM OR AIR FORCE BASIC
MEDICAL TECHNICIAN CORPSMAN PROGRAM (BMTCP) 4N051 (5 SKILL

LEVEL) AND WHO IS ON ACTIVE DUTY OR HAS BEEN DISCHARGED FOR NOT MORE THAN FIVE YEARS FROM THE DATE OF APPLICATION,

(i) A COMPLETE CERTIFIED TRANSCRIPT OF THE APPLICANT'S MILITARY EDUCATION, MAILED DIRECTLY TO THE BOARD FROM THE APPROPRIATE MILITARY PROGRAM;

(ii) VERIFICATION OF EMPLOYMENT ON A FORM PROVIDED BY THE BOARD, CONFIRMING THE APPLICANT HAS WITHIN THE LAST FIVE YEARS WORKED IN THE UNITED STATES ARMY OR AIR FORCE IN THE NURSING ROLE FOR WHICH THE APPLICANT WAS TRAINED IN EITHER THE U.S. ARMY PRACTICAL NURSE PROGRAM OR THE AIR FORCE BASIC MEDICAL TECHNICIAN CORPSMAN PROGRAM (BMTCP) 4N051 (5 SKILL LEVEL)

(iii) AN ATTESTATION AFFIRMING THE APPLICANT IS FAMILIAR WITH THE LICENSED PRACTICAL NURSE SCOPE OF PRACTICE ADVISORY OPINIONS ADOPTED BY THE BOARD];

(Eff. 10/14/72, Register 43; am 4/27/83, Register 86; am 8/2/86, Register 99; am 7/28/95, Register 135; am 4/27/97, Register 142; am 9/25/98, Register 147; am 6/16/2002, Register 162; am 10/9/2002, Register 164; am 11/23/2003, Register 168; am 10/15/2004, Register 172; am 5/18/2006, Register 178; am 3/4/2007, Register 181; am 5/7/2010, Register 194; am 10/3/2011, Register 200; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am 4/14/2021, Register 238; am 6/12/2022, Register 242; am 8/19/2022, Register 243; am 8/25/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.190 AS 08.68.280

AS 08.68.170

AS 08.68.270

Editor's note: [INFORMATION REGARDING THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) DESCRIBED IN 12 AAC 44.305(a)(1)(H)(i) IS AVAILABLE AT WWW.IELTS.ORG.

THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL-IBT) EXAMINATION DESCRIBED IN 12 AAC 305(a)(1)(H)(ii) IS ADMINISTERED BY EDUCATIONAL TESTING SERVICES, P.O. BOX 6151, PRINCETON, NEW JERSEY 08541; TELEPHONE (609) 771-7100 OR (877) 863-3546; WEBSITE AT WWW.ETS.ORG/TOEFL.]

Information regarding the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service **described in 12 AAC 44.290(a)(3)(A)(ii)** and the International Commission on Healthcare Professions (ICHP) certificate described in **12 AAC 44.290(a)(3)(A)(iii)** [12 AAC 44.305(a)(1)(H)(iii) AND (iv)] is available at CGFNS International, 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651; Telephone: (215) 222-8454; website at www.cgfns.org.

The licensed practical nurse scope of practice advisory opinions referenced in **12 AAC 44.290(a)(3)(B)(iii)** [12 AAC 24.290(a)(3)(E)(iii)] are available at https://www.commerce.alaska.gov/web/portals/5/pub/NUR_AdOp_Scope.pdf.

12 AAC 44.305(a)(1)(H) is amended to read:

(H) if the applicant **is a graduate of a foreign pre-licensure education program not taught in English** [GRADUATED FROM A PRE-LICENSURE NURSING PROGRAM OUTSIDE OF THE UNITED STATES OR CANADA,

EXCEPT QUEBEC, CANADA, VERIFICATION OF PASSING ONE OF THE FOLLOWING ENGLISH PROFICIENCY EXAMINATIONS, WITH AT LEAST THE FOLLOWING MINIMUM SCORES:]

(i) **verification that the applicant has passed an English proficiency examination that includes components on reading, speaking, writing, and listening** [INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) ACADEMIC EXAMINATION - OVERALL SCORE OF 6.5 WITH A MINIMUM OF 6.0 ON ALL MODULES];

(ii) **an evaluation of the applicant's nursing education by the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service, including a full education, course-by-course report that indicates the applicant's nursing education was taught in English** [TEST OF ENGLISH AS A FOREIGN LANGUAGE, INTERNET-BASED TEST (TOEFL - IBT) - OVERALL SCORE OF 84 WITH A SPEAKING SCORE OF 26]; **or**

(iii) **an official International Commission on Healthcare Professions (ICHP) certificate that verifies that the applicant has successfully completed the VisaScreen: Visa Credential Assessment Service;**

(Eff. 4/27/83, Register 86; am 8/2/86, Register 99; am 4/29/91, Register 118; am 4/27/97, Register 142; am 9/25/98, Register 147; am 11/2/2001, Register 160; am 6/16/2002, Register 162; am 3/4/2007, Register 181; am 12/27/2012, Register 204; am 3/19/2014, Register 209; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am 4/14/2021, Register 238; am 4/21/2022, Register 242; am 6/12/2022, Register 242; am 8/19/2022, Register 243; am 8/25/2023, Register 247; am ____/____/____, Register _____)

Authority: AS 08.68.100 AS 08.68.200 AS 08.68.270
AS 08.68.170

Editor's Note: [INFORMATION REGARDING THE INTERNATIONAL ENGLISH TESTING SYSTEM (IELTS) DESCRIBED IN 12 AAC 44.305(a)(1)(H)(i) IS AVAILABLE AT WWW.IELTS.ORG.

THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL-IBT) EXAMINATION DESCRIBED IN 12 AAC 44.305(a)(1)(H)(ii) IS ADMINISTERED BY EDUCATIONAL TESTING SERVICES, P.O. BOX 6151, PRINCETON, NEW JERSEY 08541; TELEPHONE: (609) 771-7100 OR (877) 863-3546; WEBSITE AT WWW.ETS.ORG/TOEFL.]

Information regarding the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service **described in 12 AAC 44.305(a)(1)(H)(ii)** and the International Commission on Healthcare Professions (ICHP) certificate described in **12 AAC 44.305(a)(1)(H)(iii)** [12 AAC 44.305(a)(1)(H)(iii) AND (iv)] is available at CGFNS International, 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651; Telephone (215) 222-8454; website at www.cgfns.org.

This section has been made permanent effective April 24, 2022.

12 AAC 44.317(b)(1)(B) is amended to read:

(B) the applicant's **international** nursing license history;
(Eff. 11/2/2001, Register 160; am 10/15/2004, Register 172; am 3/4/2007, Register 181; am 3/28/2008, Register 185; am 11/19/2008, Register 188; am 12/23/2009, Register 192; am 10/3/2011, Register 200; am 12/27/2012, Register 204; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am 8/25/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.01.100 AS 08.68.251 AS 08.68.276
AS 08.68.100

12 AAC 44.400(a)(6)(E) is amended to read:

(E) if the applicant **is a graduate of a foreign pre-licensure education program not taught in English** [GRADUATED FROM AN ADVANCED PRACTICE REGISTERED NURSE PROGRAM OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA],

(i) **verification that the applicant has passed an English proficiency examination that includes components on reading, speaking, writing, and listening** [VERIFICATION OF HAVING EVER PASSED THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) - OVERALL SCORE OF 6.5 WITH A MINIMUM OF 6.0 ON ALL MODULES];

(ii) **an evaluation of the applicant's nursing education by the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service, including a full education, course-by-course report that indicates the applicant's nursing education was taught in English** [VERIFICATION OF HAVING EVER PASSED THE TEST OF ENGLISH AS A FOREIGN LANGUAGE, INTERNET-BASED TEST - OVERALL SCORE OF 84 WITH A SPEAKING SCORE OF 26]; **or**

(iii) **an official International Commission on Healthcare Professions (ICHP) certificate that verifies that the applicant has successfully completed the VisaScreen: Visa Credential Assessment Service** [A VALID

EVALUATION OF THE APPLICANT'S NURSING EDUCATION BY THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE, WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT THAT INDICATES THE APPLICANT'S NURSING EDUCATION WAS TAUGHT IN ENGLISH; OR

(IV) AN OFFICIAL INTERNATIONAL COMMISSION ON HEALTHCARE PROFESSIONS (IHP) CERTIFICATE VERIFYING SUCCESSFUL COMPLETION OF THE VISASCREEN: VISA CREDENTIAL ASSESSMENT SERVICE]; and

(Eff. 1/13/80, Register 73; am 5/16/81, Register 78; am 12/1/84, Register 91; am 11/7/87, Register 104; am 4/27/97, Register 142; am 11/2/2001, Register 160; am 11/16/2002, Register 164; am 3/28/2008, Register 185; am 11/19/2008, Register 188; am 4/16/2010, Register 194; am 10/3/2011, Register 200; am 12/27/2012, Register 204; am 3/19/2014, Register 209; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am 10/20/2018, Register 228; am 4/14/2021, Register 238; am 1/19/2022, Register 241; am 6/12/2022, am 8/25/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.850

Editor's note: Information on the Psychiatric Mental Health Clinical Nurse Specialist examination and the Adult or Family Psychiatric Mental Health Nurse Practitioner examination referred to in 12 AAC 44.400 may be obtained from the American Nurses Credentialing Center, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492; telephone: (800) 284-2378.

In 2010 the revisor of statutes, acting under AS 01.05.031, renumbered former AS 08.68.410 as AS 08.68.850. As of Register 196 (January 2011), the regulations attorney

made a conforming technical revision under AS 44.62.125(b)(6), to 12 AAC 44.400(a), so that the cross-reference to former AS 08.68.410(1) now refers to the renumbered statute, AS 08.68.850(1). In addition, the regulations attorney made a conforming technical revision to the authority citation that follows 12 AAC 44.400, so that the citation to former AS 08.68.410 now refers to AS 08.68.850.

As of Register 228 (January 2019), the regulations attorney made a technical correction under AS 44.62.125(b)(6), to the introductory language of 12 AAC 44.400(a).

[INFORMATION REGARDING THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) DESCRIBED IN 12 AAC 44.400(A)(6)(E)(I) IS AVAILABLE AT WWW.IELTS.ORG.

THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL-IBT) EXAMINATION DESCRIBED IN 12 AAC 44.400(A)(6)(E)(II) IS ADMINISTERED BY EDUCATIONAL TESTING SERVICES, P.O. BOX 6151, PRINCETON, NEW JERSEY 08541; TELEPHONE: (609) 771-7100 OR (877) 863-3546; WEBSITE AT WWW.ETS.ORG/TOEFL.]

Information regarding the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service **described in 12 AAC 44.400(a)(6)(E)(ii)** and the International Commission on Healthcare Professions (ICHP) certificate described in **12 AAC 44.400(a)(6)(E)(iii)** [12 AAC 44.400(a)(6)(E)(iii) AND (iv)] is available at CGFNS International, 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651; Telephone: (215) 222-8454; website at www.cgfns.org.

12 AAC 44.800(a)(2) is amended to read:

(2) **applies** [IF APPLYING] under (1)(A), (B), (C), or (E) of this subsection [,] **is a graduate of a foreign prelicensure education program not taught in English or if the applicant's native language is not English, and submits** [IF THE APPLICANT GRADUATED FROM A CNA CERTIFICATION PROGRAM OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA],

(A) **verification that the applicant has passed an English proficiency examination that includes components on reading, speaking, writing, and listening** [VERIFICATION OF HAVING EVER PASSED THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) ACADEMIC EXAMINATION - OVERALL SCORE OF 6.5 WITH A MINIMUM OF 6.0 ON ALL MODULES];

(B) **an evaluation of the applicant's nursing education by the Commission on Graduates of Foreign Nursing Schools Credentials Evaluation Service, including a full education, course-by-course report that indicates the applicant's nursing education was taught in English** [VERIFICATION OF HAVING EVER PASSED THE TEST OF ENGLISH AS A FOREIGN LANGUAGE, INTERNET-BASED TEST (TOEFL - IBT) - OVERALL SCORE OF 84 WITH A SPEAKING SCORE OF 26]; **or**

(C) **an official International Commission on Healthcare Professions (ICHP) certificate that verifies that the applicant has successfully completed the VisaScreen: Visa Credential Assessment Service** [A VALID EVALUATION OF THE APPLICANT'S NURSING EDUCATION BY THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE,

WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT THAT INDICATES THE APPLICANT'S NURSING EDUCATION WAS TAUGHT IN ENGLISH; OR

(D) AN OFFICIAL INTERNATIONAL COMMISSION ON HEALTHCARE PROFESSIONS (ICHP) CERTIFICATE VERIFYING SUCCESSFUL COMPLETION OF THE VISASCREEN: VISA CREDENTIAL ASSESSMENT SERVICE].

(Eff. 2/14/99, Register 149; am 5/29/99, Register 150; am 5/29/2005, Register 174; am 12/27/2012, Register 204; am 3/19/2014, Register 209; am 5/16/2018, Register 226; am 4/14/2021, Register 238; am 6/12/2022, Register 242; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.331 AS 08.68.334

Editor's note: A list of nursing schools that have been approved by a state or territory of the United States may be obtained by contacting the Commission on Collegiate Nursing Education (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001; telephone (202) 887-6791; website at www.aacnnursing.org/CCNE, Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326; telephone (404) 975-5000; website at www.acenursing.org, or the National League of Nursing, 61 Broadway, 33rd Floor, New York, NY 10006.

[INFORMATION REGARDING THE INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) DESCRIBED IN 12 AAC 44.800(A)(2)(A) IS AVAILABLE AT WWW.IELTS.ORG.

THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL-IBT) EXAMINATION DESCRIBED IN 12 AAC 44.800(A)(2)(B) IS ADMINISTERED BY EDUCATIONAL TESTING SERVICES, P.O. BOX 6151, PRINCETON, NEW JERSEY

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08541; TELEPHONE: (609) 771-7100 OR (877) 863-3546; WEBSITE AT
WWW.ETS.ORG/TOEFL.]

Information regarding the Commission on Graduates of Foreign Nursing Schools
Credentials Evaluation Service **described in 12 AAC 44.800(a)(2)(B)** and the International
Commission on Healthcare Professions (ICHP) certificate described in **12 AAC 44.800(a)(2)(C)**
[12 AAC 44.800(a)(2)(C) AND (D)] is available at CGFNS International, 3600 Market Street,
Suite 400, Philadelphia, Pennsylvania 19104-2651; Telephone: (215) 222-8454; website at
www.cgfns.org.

12 AAC 44.805(4) is amended to read:

(4) if the applicant **is a graduate of a foreign pre-licensure education program
not taught in English** [GRADUATED FROM A CNA CERTIFICATION PROGRAM
OUTSIDE OF THE UNITED STATES OR CANADA, EXCEPT QUEBEC, CANADA],
submission of

(A) **verification that the applicant has passed an English proficiency
examination that includes components on reading, speaking, writing, and listening**
[VERIFICATION OF HAVING EVER PASSED THE INTERNATIONAL ENGLISH
LANGUAGE TESTING SYSTEM (IELTS) ACADEMIC EXAMINATION -
OVERALL SCORE OF 6.5 WITH A MINIMUM OF 6.0 ON ALL MODULES];

(B) **an evaluation of the applicant's nursing education by the
Commission on Graduates of Foreign Nursing Schools Credentials Evaluation
Service, including a full education, course-by-course report that indicates the
applicant's nursing education was taught in English** [VERIFICATION OF HAVING

EVER PASSED THE TEST OF ENGLISH AS A FOREIGN LANGUAGE,
INTERNET-BASED TEST (TOEFL - IBT) - OVERALL SCORE OF 84 WITH A
SPEAKING SCORE OF 26]; or

(C) an official International Commission on Healthcare Professions
(ICHP) certificate that verifies that the applicant has successfully completed the
VisaScreen: Visa Credential Assessment Service [A VALID EVALUATION OF THE
APPLICANT'S NURSING EDUCATION BY THE COMMISSION ON GRADUATES
OF FOREIGN NURSING SCHOOLS CREDENTIALS EVALUATION SERVICE,
WITH A FULL EDUCATION, COURSE-BY-COURSE REPORT THAT INDICATES
THE APPLICANT'S NURSING EDUCATION WAS TAUGHT IN ENGLISH; OR

(D) AN OFFICIAL INTERNATIONAL COMMISSION ON
HEALTHCARE PROFESSIONS (ICHP) CERTIFICATE VERIFYING SUCCESSFUL
COMPLETION OF THE VISASCREEN: VISA CREDENTIAL ASSESSMENT
SERVICE]. (Eff. 2/14/99, Register 149; am 3/28/2008, Register 185; am 12/27/2012,
Register 204; am 3/19/2014, Register 209; am 5/16/2018, Register 226; am 4/14/2021,
Register 238; am 1/19/2022, Register 241; am 6/12/2022, Register 242; am 8/25/2023,
Register 247; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.331

Editor's note: [INFORMATION REGARDING THE INTERNATIONAL ENGLISH
LANGUAGE TESTING SYSTEM (IELTS) DESCRIBED IN 12 AAC 44.805(4)(A) IS
AVAILABLE AT WWW.IELTS.ORG.

THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL-IBT)
EXAMINATION DESCRIBED IN 12 AAC 44.805(4)(B) IS ADMINISTERED BY

EDUCATIONAL TESTING SERVICES. P.O. BOX 6151, PRINCETON, NEW JERSEY
08541; TELEPHONE: (609) 771-7100 OR (877) 863-3546; WEBSITE AT
WWW.ETS.ORG/TOEFL.]

Information regarding the Commission on Graduates of Foreign Nursing Schools
Credentials Evaluation Service **described in 12 AAC 44.805(4)(B)** and the International
Commission on Healthcare Professions QCHP) certificate described in **12 AAC 44.805(4)(C)**
[12 AAC 44.805(4)(C) AND (D)] is available at CGFNS International, 3600 Market Street, Suite
400, Philadelphia, Pennsylvania 19104-2651; Telephone: (215) 222-8454; website at
www.cgfns.org.

12 AAC 44.810 is repealed and readopted to read:

12 AAC 44.810. Application for certification. (a) An applicant for certification as a
nurse aide shall submit

(1) a completed application, on a form provided by the department, that verifies
that the applicant meets the requirements of 12 AAC 44.800(a) or 12 AAC 44.805; the
application must include

(A) the applicant's signature that certifies that the information in the
application is correct to the best of the applicant's knowledge;

(B) the applicant's personal identification information requested on the
form;

(C) an attestation that the applicant has completed or is eligible to
complete a state approved nurse aide training program;

(D) information related to the grounds for license denial, suspension, or revocation set out in AS 08.68.270;

(2) the applicable fees established in 12 AAC 02.282;

(3) the applicant's fingerprint information required by 12 AAC 44.812;

(4) an additional application fee and fingerprint processing fee, if the submitted application has remained dormant for over one year from the original date of application;

(5) the nurse aide program verification form, completed by an official of the program attended; the form must be submitted directly to the department from the nurse aide training program; and

(6) at the written request of the board, additional information that is necessary to demonstrate that the applicant has met the licensing requirements of AS 08.68 and this chapter.

(b) An application for certification under 12 AAC 44.800 is also the application to take the competency evaluation required under 12 AAC 44.800(b).

(c) If an applicant applies for certification by endorsement under 12 AAC 44.805, the applicant shall provide certificate verification on a form provided by the department. The certificate verification must be completed by an official of the certifying jurisdiction in which the applicant was certified by examination and from the jurisdiction in which the applicant is currently certified. The jurisdiction that certified the applicant by examination must verify that the applicant obtained certification by successfully completing

(1) a state-approved nurse aide training program that meets the requirements set out under 42 C.F.R. 483.152; and

(2) a nurse aide competency evaluation that meets the requirements set out under 42 C.F.R. 483.154. (Eff. 2/14/99, Register 149; am 6/16/2002, Register 162; am 10/9/2002,

Register _____, _____ 2025 PROFESSIONAL REGULATIONS

Register 164; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am
____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.331

12 AAC 44.845(7) is amended to read:

(C) care of the cognitively impaired, **including** [;]

(i) techniques for addressing the unique needs and behaviors of an individual with dementia such as Alzheimer's or another neurodegenerative disease;

(ii) communicating with a cognitively impaired individual;

(iii) understanding the behavior of a cognitively impaired individual;

(iv) appropriate responses to the behavior of a cognitively impaired individual; and

(v) methods for reducing the effects of a cognitive impairment.

(Eff. 2/14/99, Register 140; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.331

12 AAC 44.965(b) is amended by adding a new paragraph to read:

(5) certified medical assistant.

(Eff. 10/14/2004, Register 172; am 11/4/2004, Register 172; am 12/23/2009, Register 192; am
12/27/2012, Register 204; am 8/10/2016, Register 219; am 2/26/2021, Register 238; am
7/18/2021, Register 239; am ____/____/_____, Register _____)

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

((Publisher: Please shift the conjunction “or” that follows 12 AAC 44.965(b)(3) to follow 12 AAC 44.965(b)(4) and change the period at the end of 12 AAC 44.965(b)(4) to a semicolon.)))

12 AAC 44.990 is amended by adding a new paragraph to read:

(34) “cognitively impaired individual” means an individual who has been diagnosed with dementia, Alzheimer's, or another neurodegenerative disease.

(Eff. 1/13/80, Register 73; am 10/8/81, Register 80; am 12/1/84, Register 91; am 4/2/86, Register 97; am 4/29/91, Register 118; am 7/28/95, Register 135; am 11/2/2001, Register 160; am 6/16/2002, Register 162; am 11/10/2002, Register 164; am 10/14/2004, Register 172; am 2/9/2007, Register 181; am 11/19/2008, Register 188; am 12/27/2012, Register 204; am 8/10/2016, Register 219; am 5/16/2018, Register 226; am 5/7/2020, Register 234; am ____/____/____, Register _____)

Authority: AS 08.68.100 AS 08.68.275 AS 08.68.805

((Publisher: Please change the period at the end of 12 AAC 44.990(33) to a semicolon.)))

Electronic Mail

November 12, 2024

Alison Osborne, Regulations Specialist
Division of Corporations
Business and Professional Licensing
P.O. Box 110806,
Juneau, AK 99811-0806
RegulationsAndPublicComment@alaska.gov

Re: Notice of Proposed Changes in the regulation of the AK Board of Nursing to Title 12, Chapter 44 of the Alaska Administrative Code various regulations

Dear Ms. Osborne,

For over 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and a growing number of healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska. Our mission is to advance the shared interests of Alaska healthcare to build an innovative, sustainable system of care for all Alaskans.

Today we write to express our support for the Board of Nursing proposed changes to regulation in Title 12, Chapter 44 of the Alaska Administrative Code. We believe these changes will reduce burden in the application process and make the process easier for applicants to navigate.

We specifically support the following:

- 12 AAC 44.290; 12 AAC 44.305; 12 AAC 44.317; 12 AAC 44.400; 12 AAC 44.800; 12 AAC 44.805.
- 12 AAC 44.317. Reinstatement of a Lapsed or Retired Status License
- 12 AAC 44.810. Application for Certification
- 12 AAC 44.845. Classroom Curriculum
- 12 AAC 44.850. Nurse Aide Competency Evaluation

We would like to thank the board for not adding in a requirement for a notarized signature and working to reduce the administrative burdens placed on CNAs applying for certification. In addition, updating the CNA education and competency requirements to align with federal laws without requiring additional training hours will enhance the quality of training and availability of testing.



We appreciate the Board of Nursing and Division of Licensing's efforts to streamline processes, reduce the administrative burdens placed on applicants, and expedite the licensing of qualified nursing personnel.

Thank you for your leadership and partnership in working to support Alaska's nurses and Certified Nurse Assistants. AHHA appreciates the work of the Board of Nursing to identify opportunities to eliminate workforce barriers and improve the ability for timely hire of qualified candidates.

Sincerely,

Cristan McLain

Cristan McLain, RN, BSN, CPHQ, CPPS
Director Quality and Performance Improvement
Alaska Hospital and Healthcare Association

CC: Patty Wolf, Executive Administrator Board of Nursing

November 22, 2024

Alison Osborne, Regulations Specialist
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
alison.osborne@alaska.gov

RE: Proposed Changes to Requirements on Application for licensure as an APRN or
CAN; Cognitive Impairment Definition

Dear Ms. Osborne,

Thank you for the opportunity to comment upon the proposed changes to the Board of Nursing regulations that update classroom curriculum requirements for certified nurse aide training programs to include the federal requirements for the care of a patient with dementia or other neurodegenerative disease.

The Trust is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust, to improve the lives of beneficiaries. Beneficiaries of the Trust include Alaskans who experience mental illness, substance misuse, intellectual and developmental disabilities, traumatic brain injury, Alzheimer's disease and related dementia (ADRD), and other neurodegenerative or brain-based disorders. The Trust uses its resources to help ensure that Alaska has a comprehensive, integrated mental health program.

One of the key priority areas for the Trust is workforce development, and we apply our resources to help ensure a capable and competent workforce is available for Trust beneficiary-related services. Nurses and nurse aides are an important part of the healthcare workforce providing care for Trust beneficiaries experiencing ADRD, as well as other neurodegenerative diseases or brain-based disorders.

We support the proposed amendment to 12 AAC 44.845 aligning the certified nurse aide training program classroom curriculum requirements with the federal requirements related to ADRD and other neurodegenerative diseases. We also support adding a definition for the term "cognitively impaired individual" in 12 AAC 44.990.

If you have any questions, we would be glad to clarify them and connect you with community partners who can also assist. Thank you for your time and consideration.

Respectfully,



Allison Biastock
Acting Chief Executive Officer

From: [Tonya Muldoon](#)
To: [Osborne, Alison S \(CED\)](#)
Subject: Regulation Changes 12AAC44.850
Date: Tuesday, November 26, 2024 4:53:11 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

You don't often get email from tmuldoon@jedc.org. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you, Alison, for the conversation regarding 12ACC.44.850 and the changes in the State of Alaska regulations for acting as a proctor for CNA courses.

Comment:

In Se Alaska, there has been discussions between the medical providers and UAS regarding the delivery of CNA courses. One of the challenges is the proctor examinations. In the region, Bartlett Regional Hospital, UAS (Ketchikan and Sitka Campuses), and SEARHC are all attempting to offer CNA courses. The expressed experience about working with Credentia is that they will not travel to Alaska to provide testing unless there is a minimum of three students in one location. There have been long waits for the testing by out-of-state proctors having to travel. The cost of the testing is high. There are long wait times for Credentia to respond to local providers for questions about testing and training. In addition, Bartlett and others have explored having locally trained nurses able to

conduct the testing. One nurse who has attempted to complete the process was required to be hired by Credentia and has had to undertake training for close to 9 months and has yet to be certified. This has been very cumbersome and challenging for the students who are having to wait extended times to test their knowledge while missing out on critical time to be employed in the field and further practicing their skills. Let alone the frustration of the nurse wishing to act as a proctor. There are three approved testing locations in Se Alaska through the UAS system. Everyone is very interested in having well-educated CNA's however having an additional barrier of long wait times for testing just further diminishes the success of the student for immediate workforce placement and could reduce the student interest in pursuing additional nursing or medical field education in Alaska.

I recongize that the regulation is not specific regarding which national certifying agency to utilize, but this is an practical example of how the regulation change may affect Alaska's future CNA's.

Thank you,

**Tonya Muldoon, BLA (She/Her) | Southeast Regional
Eldercare Coalition, Program Director**
[Juneau Economic Development Council](#)

Direct: 907-523-2331 | 612 West Willoughby Avenue

Invest in Juneau:

www.JEDC.org/investors



**** The Board needs to develop a final draft to move this regulation project forward. Notes from previous conversations added below to guide the discussion.**

12 AAC 44.965. DELEGATION OF THE ADMINISTRATION OF MEDICATION. (a) The administration of medication is a specialized nursing task that may be delegated under the standards set out in 12 AAC 44.950, 12 AAC 44.960, and this section.

(b) Administration of medication may be delegated only to a (Consider generic language- ULP's)

- (1) "home and community-based services provider" ~~as defined in 7 AAC 43.1110(8);~~
- (2) "residential supported living services provider" ~~as defined in 7 AAC 43.1110(15);~~
- (3) school setting provider; in this paragraph, "school setting provider" means a person who is employed at a school that provides educational services to students age 21 or younger; or
- (4) certified nurse aide employed by a long-term care facility licensed and certified by the Health Facilities Licensing and Certification section of the Department of Health.
- (5) [certified medical assistant \(CMA\)](#)

(c) The person to whom the administration of medication is to be delegated must successfully complete a training course in administration of **medication approved by the board. The training course in administration of medication approved by the board in this subsection will be reviewed by the board every two years.**

(d) To delegate to another person the administration of routinely scheduled oral, topical, transdermal, nasal, inhalation, optic, otic, vaginal, or rectal medications to a patient the written instructions provided to the person under 12 AAC 44.950(a)(7) must also include

- (1) directions for the storage and administration of medication, including the brand and generic name of the medication, the dosage amount and proper measurement, timing of the administration, recording the administration, the expected outcome of administration, and any contraindications to administration;
- (2) possible interactions of medications;
- (3) how to observe and report side effects, complications, errors, missed doses, or unexpected outcomes of the medications and appropriate response to such developments; and
- (4) if the delegating nurse is not available on-site, the action that the person must take when medications are changed by order of a health care provider, including how to notify the delegating nurse of the change, how the delegating nurse will receive verification from the health care provider of the medication change, and how the nurse is to notify the other person if the administration of the change of medication is delegated.

(e) The administration of PRN medication, **other than controlled substances**, may be delegated under this section if a nurse is not available on-site. Before the administration of PRN medications may be delegated, the nurse shall first assess the patient to determine whether on-site patient assessment will be required before administration of each dose of PRN medication. The written instructions provided to the person under 12 AAC 44.950(a)(7) must meet the requirements of (d) of this section, and must also include

- (1) when to administer the PRN medication to the patient;
- (2) the procedure to follow for the administration of the PRN medication, including dosage amount, frequency, and duration; and

(3) the circumstances under which the person should contact the delegating nurse.

Exception: Controlled Substances/ high risk:

Consider ideas already brought up

Identify which scheduled drugs? Or Drug names that could be delegated?

IE: Insulin or other meds administered by pen (verbiage?)

- Would need to add SQ somewhere
- ? J-Tube or peg tube?

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

Alaska Board of Nursing



Break

Alaska Board of Nursing

Agenda Item #13



UAF LPN Program, Curriculum request

UAF CTC Proposal

LPN IV Therapy Training

PRESENTED BY:

AUDREY MCDANIEL & ALICIA SURREY

Purpose & Objectives

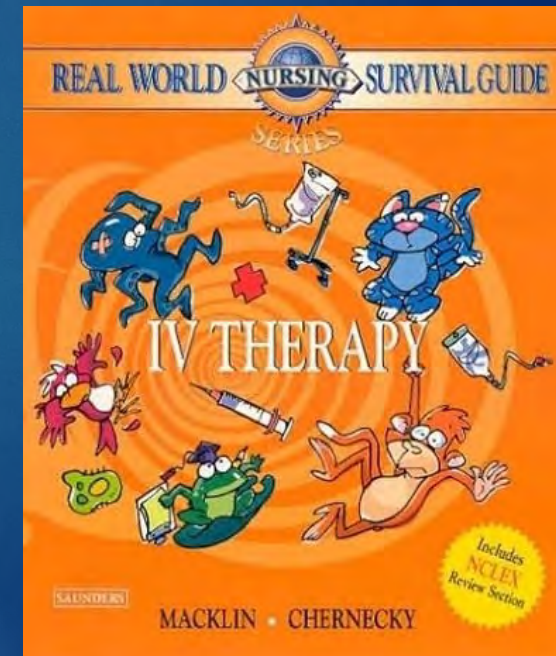
- ▶ Purpose: To incorporate structured IV training into LPN curriculum so that upon graduation, the students are “IV certified”.
- ▶ Objectives:
 - ▶ 1 – Demonstrate proper documentation of procedure.
 - ▶ 2 – IV insertion and IV complications.
 - ▶ 3 – Hands-on Skills lab.
 - ▶ 4 – Selecting a site for IV insertion.
 - ▶ 5 – Types of IV therapy equipment.

Requirements

- ▶ Alaska Board of Nursing LPN Scope of Practice Advisory Opinion
 - ▶ Examples NOT appropriate for the LPN to perform include but are not limited to:
 - ▶ #5 - Starting an IV or administering IV medication unless the proper IV education has taken place. The LPN must successfully pass such an education course, practice the skills, demonstrate competency, and provide evidence of continued competence on a yearly basis.

Curriculum

- ▶ Incorporate IV training into LPN F142, Skills II curriculum over four days encompassing 14 hours of didactic and skills lab instruction.
- ▶ Book: Real World Nursing Survival Guide: IV Therapy, 1st Edition
ISBN: 9780721697789
- ▶ Instructional Methods
 - ▶ Classroom lecture
 - ▶ Clinical experiences
 - ▶ Demonstration and return demonstration
 - ▶ Clinical competency check-off
 - ▶ Successfully insert IV therapy for 3 patients



Course Outline

- ▶ Introduction and orientation to IV therapy for the LPN.
- ▶ Roles and responsibilities of the IV Certified LPN.
- ▶ Techniques and procedures for initiating IV therapy.
- ▶ Fluid and electrolyte fundamentals related to IV therapy.
- ▶ Infusion equipment for IV therapy.
- ▶ Care, maintenance, and discontinuation of IV therapy.
- ▶ Infusion medication safety.
- ▶ Phlebotomy and infection control.
- ▶ Recognition and prevention of risks and complications in IV therapy.
- ▶ Special considerations and central line care.

Course Outcomes

- ▶ Upon completion of this course in IV therapy, students will be able to:
 - ▶ Review and relate the Alaska Board of Nursing Statutes and Regulations to the role of the LPN in performing the limited and expanded scope of IV therapy.
 - ▶ Recognize responsibility to the patient, the clinical facility, and the nursing process.
 - ▶ Discuss the relationship between IV therapy and the regulation of body fluid homeostasis.
 - ▶ Correlate fluid and electrolyte and acid base imbalances with patient clinical manifestations, and with prescribed IV therapy.
 - ▶ Understand the anatomy and physiology of the skin and veins and identify location of veins.
 - ▶ Describe best practices related to infection control and safety measures.
 - ▶ Discuss and demonstrate correct preparation (including appropriate equipment), correct vein and catheter selection, correct insertion technique, and correct maintenance (including accurate calculation of flow rate); accurately document all the same.
 - ▶ Discuss and demonstrate the correct procedures for the administration of IV medications, verbalize potential side effects, and identify adverse reactions and appropriate nursing interventions.
 - ▶ Recognize the signs and symptoms of local and systemic complications and describe the appropriate nursing interventions.

Competency Assessment



Competency Assessment: Starting Peripheral IVs

Student: _____ Unit: _____

Students must observe three (3) IV initiations at the clinical site prior to IV attempt.

Observations dates: Date: _____, Date: _____, Date: _____

1 st IV Insertion – Date:		
Before Procedure	YES	NO
1. Verifies order for peripheral IV.		
2. Checks for allergies.		
Setup for Procedure		
1. Gathers appropriate equipment.		
2. Washes hands.		
3. Correctly identifies patient, using two patient identifiers.		
4. Introduces self and explains procedure to the patient.		
5. Assesses patient and selects appropriate vascular access device.		
6. Prepares all equipment before venipuncture.		
Procedure		
1. Applies tourniquet properly.		
2. Selects site for venipuncture with regard to procedure/treatment constraints, patient preference, previous venipunctures, history of mastectomy/lymphadenopathy (when applicable).		
3. Correctly identifies need and properly applies warm packs.		
4. Cleanses area according to policy without subsequent contamination.		
5. Successfully performs venipuncture using angiocath.		
6. Connects tubing and cap. Verifies placement by aspirating blood and flushing. Maintains positive pressure flush by clamping tubing while flushing or withdrawing syringe while injecting.		
Post Procedure		
1. Dresses, tapes, and labels according to IV policy.		
2. Documents according to policy.		

Preceptor: _____

Questions

- ▶ Does this curriculum meet the Alaska Board of Nursing's intent for students to be "IV Certified"?
- ▶ Is there a special certificate or transcript requirement for students who complete this training?

Alaska Board of Nursing

Agenda Item #14



Strategic Plan and Annual Report
Review

Strategic Plan 2024- 202

1. Licensing	
	1A
	1B
	1C
	1D
	1E
	1F
2. Practice	
	2A
	2B
	2C
	2D
3. Education	
	3A
	3B
	3C
4. Governance	
	4A
	4B
5. Communication	
	5A
	5B

6. Organization
6A

27- Working document

Actively work to to enact passage of the Nurse Licensure Compact (NLC)

Identify licensure barriers in regulations

Reduce license turnaround time

Complete the CNA Certifications Regulations Project

Review types of licenses offered

Review requirements for renewal and continuing education to identify efficiencies.

Update LPN scope of practice

Review processes to address scope of practice questions

Review delegation regulations and develop guidelines for delegation

Review IV hydration clinics and related prescribing practices

Update RN and LPN program site visit process

Review education regulations

Review the possibility of LPN and/or RN apprenticeship programs

Create and implement a formal strategic plan

Formalize a system for board member education and onboarding

Engage with stakeholders (APRNA, AaNA, AHHA, etc.)

Increase communications with licensees

Reconsider the board structure for numbers and types of licensed individuals.
Support required legislation.

2024	2025

Supported the active bill for the NLC.	
November-Initiated a regulation project to streamline renewals by adjusting the timeframe that a reinstatement application would be required.	
Remained open to the board staffs suggestions about changes within regulation that could or will reduce license application time	
Regulation project completed through Public comment this year	
Regulation project in process	
Discussed at each meeting in 2024. Regulation project opened for Delegation of Medication Administration	
Board member is participating on the Med spa task force. Advisory opinion updated and approved in the interim.	
Initiated Discussion at the November meeting	
Completed	
The division created and updated tools and trainings for board members	What would the board like to see?
Collaborated with various stakeholders on topics and projects	
Offered a public board book for each meeting, trialed two public comment sessions in multiple quarterly meetings, board staff opened the main phone line for the BON	

Some ideas regarding formation, positions, and specialties discussed	

Department of Commerce, Community
and Economic Development

Division of Corporations, Business
and Professional Licensing

Alaska State Board of Nursing

Annual Report

Fiscal Year 2025



Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

P.O. Box 110806
Juneau, Alaska 99811-0806
Email: License@Alaska.Gov

This report is required under Alaska Statute 08.01.070(10).

**Board of Nursing
FY 2025 Annual Report**

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Board Membership

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Accomplishments

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Activities

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Needs

Page X

**Board of Nursing
FY 2025 Annual Report**

Board Membership *(as of the Date This Report was Approved)*

Date of Final Board Approval: [Click or tap to enter a date.]

[Click or tap here to enter text. (List all board members as of the date this report was approved.)]

**Board of Nursing
FY 2025 Annual Report**

Accomplishments

[Click or tap here to enter text. ("Accomplishments" include but are not limited to statutory or regulatory changes finalized, disciplinary matrices created, investigations conducted, public safety measures implemented, general descriptions of license actions taken for the sake of public safety, accomplishments by staff, accomplishments by board members, etc.)]

**Board of Nursing
FY 2025 Annual Report**

Activities

[Click or tap here to enter text. ("Activities" include but are not limited to board meetings, subcommittee or workgroup meetings, attendance at conferences, public speaking events, involvement in legislative hearings, in process statute or regulation changes, etc.)]

**Board of Nursing
FY 2025 Annual Report**

Needs

[Click or tap here to enter text. ("Needs" include but are not limited to changes to statutes, changes to regulations, trainings, board seats to be filled, executive administrator for the board, additional staff, travel to certain conferences, support, etc. Highly recommend also including the "why" for each listed need.)]



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Alaska Board of Nursing

Agenda Item #16



Review/Assign Action items

Alaska Board of Nursing



Chair Final Comments/Adjourn

Alaska Board of Nursing

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Nursing Executive Session



The public attendees will wait in the waiting room.

Alaska Board of Nursing

Agenda Item #19



Update Disciplinary Matrix, PDMP

The below verbiage was adopted by the medical board on the disciplinary matrix. The request is to adopt similar language for consistency in the flow of the discipline process for failure to register with the PDMP.

<p>Prescribing Issues:</p> <ul style="list-style-type: none"> • Failure of a licensee who has a DEA registration to register with the PDMP within 30 days after licensure. AS 08.64.326, 17.30.200, 12 AAC 40.967, 12 AAC 40.976 <p>See prescribing issues above for failure to register when prescriptions have been issued. See unlicensed practice issues below for unauthorized access to the PDMP.</p>	<p>Imposition of Civil Fine without censure or reprimand (technical violation not related to the delivery of health care); Discipline to be commensurate with the severity of the violation.</p> <ul style="list-style-type: none"> • Non-Disciplinary Letter of Advisement for 1 – 60 days out of compliance with registration. • \$500.00 Civil Fine for 61 – 120 days out of compliance with registration. • Fine will increase in \$500.00 increments for every additional 60 days out of compliance.
--	--

Adopted by Medical Board Jan.2001; Revised Apr. 2005;
 Oct.2010, Nov. 2016, August 2018, May 2019, May 2021,
 August 2024

Alaska Board of Nursing



Break

Alaska Board of Nursing
Agenda Item #20



Licensing Reports

LICENSING SUMMARY



FISCAL 2ND QUARTER 2025 (OCTOBER 1, 2024 – DECEMBER 31, 2024)



License Type	Method	2nd Quarter Total	Running Total YTD
RN	Exam	37	119
	Endorsement	595	1382
	Reinstate	39	79
	Total:	671	1580
		TOTAL ACTIVE:	18,018

FISCAL 2ND QUARTER 2025 (OCTOBER 1, 2024 – DECEMBER 31, 2024)



License Type	Method	2nd Quarter Total	Running Total YTD
LPN	Exam	0	7
	Endorsement	23	50
	Reinstate	8	10
	Total:	31	67
		TOTAL ACTIVE	655

FISCAL 2ND QUARTER 2025 (OCTOBER 1, 2024 – DECEMBER 31, 2024)



License Type	Method	2nd Quarter Total	Running Total YTD
APRN	Reinstate	8	10
	Initial	108	244
	Total:	116	254
APRN Preceptorship		12	24
		TOTAL ACTIVE APRN:	2300
		TOTAL ACTIVE PRECEPTORSHIPS:	61

PERMITS

FISCAL 2ND QUARTER 2025 (OCTOBER 1, 2024 – DECEMBER 31, 2024)



License Type	2 nd Quarter Total	Running Total YTD
RN	137	354
LPN	8	17
APRN	0	4
TOTAL:	145	375

FISCAL 2ND QUARTER 2025 (OCTOBER 1, 2024 – DECEMBER 31, 2024)



License Type	Method	2nd Quarter Total	Running Total YTD
Retired		37	38
		TOTAL:	261
	Grand Total: All license types	1012	2338
		Grand Total Active Nurse Licenses:	21,295

LICENSING STATISTICS BY FISCAL YEAR

Licensing Statistics	2023 Fiscal year	2024 Fiscal year	2025 YTD
RN Endorsement	3310	3100	1382
RN Examination	327	364	119
LPN Endorsement	116	91	50
LPN Examination	6	18	7
APRN	381	435	244

NCSBN EDUCATION PROGRAM SUMMARY

EDUCATED IN ALASKA

OCTOBER 1, 2024-DECEMBER 31, 2024

N.C.S.B.N. EDUCATION PROGRAM SUMMARY

Educated in Alaska

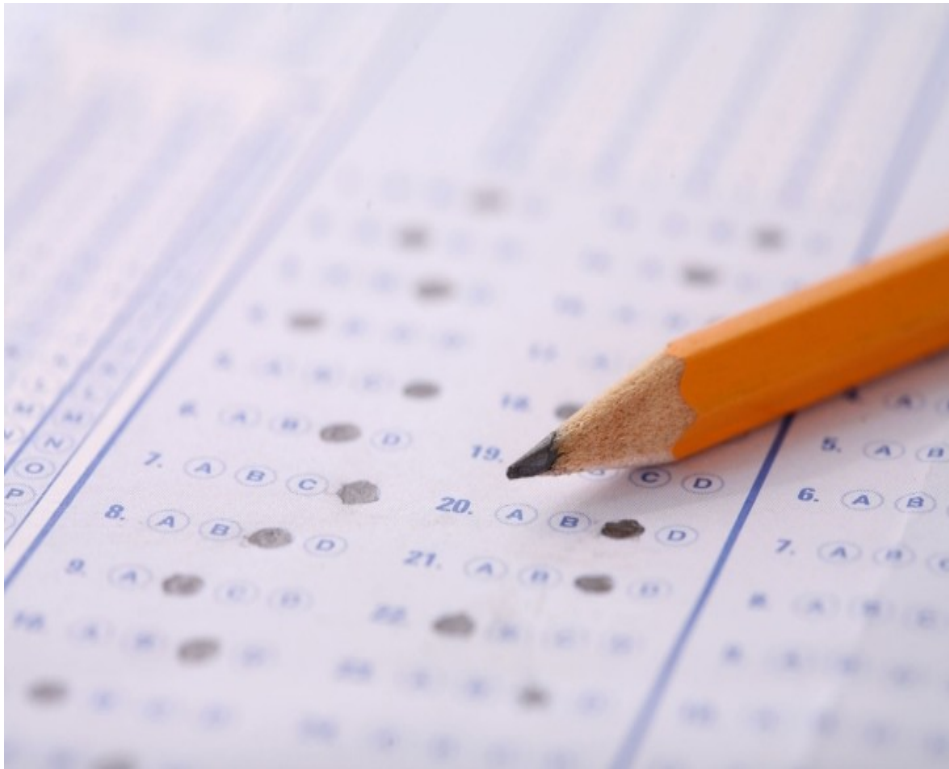
TESTED DURING 4th Quarter 2024 (October 1-December 31, 2024)

NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%	REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
UAA A.A.S	0	0	0%	0	0%	4	2	50%	2	50%
UAA B.S.N.	1	1	100%	0	0%	6	4	67%	2	33%
CHARTER A.D.N	18	16	89%	2	11%	8	2	25%	6	75%
APU ADN	0	0	0%	0	0%	0	0	0%	0	0%
APU LPN	0	0	0%	0	0%	0	0	0%	0	0%

*NOTE: NCSBN does not provide data on “repeat testers” taken in other states. “First time tester” data shown here reflects testing information from all states, whereas “repeat tester” data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

NCLEX PASS RATE YEAR TO DATE SUMMARY

NCLEX YTD SUMMARY



Nursing Program	2022	2023	2024
UAA AAS	90% (73/80)	83% (67/81)	94% (75/80)
UAA BSN	89% (59/66)	87% (102/117)	89% (99/111)
Charter ADN	91% (49/54)	80% (61/76)	90% (62/69)
APU ADN	73% (11/15)	60% (12/20)	100% (24/24)
APU LPN	--	78% (7/9)	96% (25/26)

THANK YOU

■ Laura Souders and Madeleine Henderson

Licensing Examiner 2

■ boardofnursing@alaska.gov





Nurse Aide Licensing & Training Program Report

February 2025

FY25 Q2 Quarterly Board Meeting

Alaska Board of Nursing

Licensing Report



Quarterly Nurse Aide Certification Statistics FY25 Quarter 2: October 2024 – December 2024



DATE: January 14, 2025
 TO: Alaska Board of Nursing
 FROM: Michelle Griffin – CNA Licensing Examiner
 SUBJECT: Nurse Aide Quarterly Report

Quarterly Nurse Aide Statistics **Fiscal 2025 - Quarter 2: Oct. 1st – Dec. 31st, 2024**
 Permanent certificates issued: **93**
 Reinstatements issued: **7**
 Temporary certificates issued: **30**
 Total permanent nurse aide certificates as of September 30, 2024: **2,523**

CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 24 Quarter 1 7/1/24 – 9/30/24	124	2	28	0	2,404
FY 24 Quarter 2 10/1/24 – 12/31/24	93	7	30	0	2,523
FY 24 Quarter 3 1/1/25 – 3/31/25					
FY 24 Quarter 4 4/1/25 – 6/30/25					

Training Program Report

The background features a light green gradient with several stylized, semi-transparent leaf motifs in white and light green. The leaves are arranged in a scattered pattern, with some showing detailed vein structures. There are also two small, solid light green circles, one in the upper left and one in the lower right.



- **34 State Approved Nurse Aide Training Programs**

*Complete list is available on the Alaska Board of Nursing website- “Nurse Aide Registry” page under Certification information.



The screenshot shows a navigation menu for the Alaska Board of Nursing. A blue arrow points to the 'Certification Information' link. The menu includes the following items:

- License Search
- Disciplinary Action Reports
- Public Records Requests
- License Expiration Dates
- Meetings & Regulation Notices
- Examination Notices
- Centralized Licensing Statutes
- Centralized Licensing Regulations
- Board Member Resources
- Division Reports
- DIVISION SECTIONS**
- Corporations

Certification Information

- [New Certificate Holder Information](#)
#08-4227, Revised 08/01/2018
- [State Approved Nurse Aide Programs](#)
Revised 02/2024
- [Credentia](#)
Nurse Aide Testing Services
- [Nurse Aide Exam Process Timeline](#)

Applications for Certification

Applications may be held in pending status for up to a year (after a year, a new form, fingerprint card and fees may be required). Applications inactive for more than a year are considered abandoned.

- [Certified Nurse Aide by Endorsement, Online Application](#)
Filed through MyAlaska account. [Online Application Instructions & Forms](#)
- [Application for Certified Nurse Aide by Endorsement, Paper Application](#)
#08-11170, Revised 11/18/2024

Newly Approved Instructors

12 AAC 44.840

FY25 Q2 (October - December 2024)

-
- **University of Alaska Ketchikan:** 1 New Instructor
 - **Alaska Veterans & Pioneers Home:** 1 New Instructor
 - **Alaska Native Medical Center:** 1 New Instructor
 - **Kachemak Bay Campus/KPC:** 2 New instructors
 - **Providence Seward Mountain Haven:** 1 New Instructor





12 AAC 44.840 Program Instructors



12 AAC 44.840. PROGRAM INSTRUCTORS. (a) In a non facility-based program,

(1) an instructor must be either a registered nurse or practical nurse licensed under AS 08.68 and have

(A) completed a course in teaching adults; or

(B) obtained experience in teaching adults or supervising nurse aides; and

(2) the program instructor or program director must have at least one year of experience in the provision of long-term care facility services.

(b) In a facility-based program,

(1) the training of nurse aides may be performed under the general supervision of

(A) a registered nurse who has at least two years of nursing experience; or

(B) the director of nursing for the facility who has at least one year of experience in a long-term care facility, but who may be prohibited from performing the actual training; and

(2) other persons may assist the instructor to meet program objectives for specific topics in training nurse aides, including physical and mental health care providers who have at least one year of experience in their fields.

**90+ Active Nurse Aide Instructors throughout
the State of Alaska**



Training Program Pass Rate

12 AAC 44.858

FY25 Q2 (October 2024 - December 2024)

- 88 Written Exams administered
- 88 Skills Exams administered
- 16 Programs had test takers
- 10 Programs had a quarterly pass rate above 80%
- 6 Programs fell below 80% pass rate
- 8 Programs had a 100% pass rate for this quarter

- ***Overall quarterly pass rate = 78.4% (FY24 Q2 74.5%)**



Exam Results by Program - FY25 Q2: October 2024 thru December 2024

All Programs

(Do not enter Data on this sheet - use individual Program sheets)

Program	ID #	First Time Skills	First Time Written	Passed Skills	Skills Pass Rate	Passed Written	Written Pass Rate	Passed Both	Overall Pass Rate
Alaska CNA Program (Anchorage)	02276	11	11	9	81.8%	11	100.0%	9	81.8%
Alaska Job Corps (Palmer)	02246	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Native Medical Center	02294	0	0	0	N/A	0	N/A	0	NO TESTS
ASD - King Tech HS (Anchorage)	02268	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Technical Center (Kotzebue)	02233	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Veterans & Pioneer Home	02292	0	0	0	N/A	0	N/A	0	NO TESTS
Bartlett Hospital (Juneau)	02286	5	5	3	60.0%	5	100.0%	3	60.0%
Bethel	02271	9	9	9	100.0%	7	77.7%	7	77.7%
Central Peninsula Hospital	02289	5	5	5	100.0%	5	100.0%	5	100.0%
Denali Center	02287	3	3	3	100.0%	3	100.0%	3	100.0%
Heritage Place (Soldotna)	02016	5	5	5	100.0%	5	100.0%	5	100.0%
Kachemak Bay CC (Homer)	02020	0	0	0	N/A	0	N/A	0	NO TESTS
Kenai Peninsula College / KPBSD (Soldotna)	02226	1	1	1	100.0%	1	100.0%	1	100.0%
Kodiak College	02011	0	0	0	N/A	0	N/A	0	NO TESTS
Kodiak HS	02283	0	0	0	N/A	0	N/A	0	NO TESTS
Mat-Su Career & Tech HS (MSBSD)	02259	0	0	0	N/A	0	N/A	0	NO TESTS
Mat-Su CNA (@ Maple Springs)	02285	6	6	5	83.3%	6	100.0%	5	83.3%
Petersburg Medical Center	02019	0	0	0	N/A	0	N/A	0	No Tests
Prestige Care - Anchorage	02284	6	6	6	100.0%	6	100.0%	6	100.0%
Providence (Anchorage)	02295	11	11	8	72.7%	9	81.8%	8	72.7%
Providence Seward Mountain Haven	02282	0	0	0	N/A	0	N/A	0	No Tests
PWSCC (Cordova)	02008	0	0	0	N/A	0	N/A	0	No Tests
SEARHC Sitka	02288	0	0	0	N/A	0	N/A	0	No Tests
SEARHC Wrangell	02009	0	0	0	N/A	0	N/A	0	No Tests
South Peninsula Hospital	02290	1	1	1	100.0%	1	100.0%	1	100.0%
UAA - CNA	02280	1	1	1	100.0%	1	100.0%	1	100.0%
UAF CTC (Fairbanks)	02241	11	11	8	72.7%	11	100.0%	8	72.7%
UAF Nome	02241	10	10	6	60.0%	8	80.0%	6	60.0%
UAS Juneau	02229	0	0	0	N/A	0	N/A	0	NO TESTS
UAS Haines	02291	0	0	0	N/A	0	N/A	0	NO TESTS
UAS Ketchikan	02236	1	1	1	100.0%	1	100.0%	1	100.0%
UAS Sitka	02223	2	2	2	100.0%	0	0.0%	0	0.0%
Valdez Combined	02275	0	0	0	N/A	0	N/A	0	No Tests
Q2 Totals		88	88	73	83.0%	80	90.9%	69	78.4%

12 AAC 44.858
Training Program
Pass Rate



12 AAC 44.858 Training Program Pass Rate



12 AAC 44.858. TRAINING PROGRAM PASS RATE. (a) An approved certified nurse aide training program must achieve at least an 80 percent cumulative annual pass rate.

(b) If an approved certified nurse aide training program fails to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of concern by certified mail, with return receipt requested, to the program. Within 90 days after receipt of a letter of concern from the board, the approved certified nurse aide training program must submit to the board a report that

- (1) analyzes the factors that are believed to be contributing to the low pass rate; and
- (2) sets out the program's plan to achieve at least an 80 percent cumulative annual pass rate.

(c) The board will reevaluate the program one year after a letter of concern has been issued to an approved certified nurse aide training program.

(d) If an approved certified nurse aide training program reevaluated by the board under (c) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of warning to the program. Within 90 days after receipt of a letter of warning from the board, the approved certified nurse aide training program must submit to the board a report that

- (1) analyzes the reasons the program's original plan to improve the low pass rate was unsuccessful; and
- (2) sets out the program's additional plan to achieve at least an 80 percent cumulative annual pass rate.

(e) The board will reevaluate the program one year after a letter of warning has been issued to an approved certified nurse aide training program.

(f) If an approved certified nurse aide training program reevaluated by the board under (e) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will place the certified nurse aide training program on conditional approval. The certified nurse aide training program will continue on conditional approval until

- (1) the certified nurse aide training program has achieved at least an 80 percent cumulative annual pass rate during two consecutive years; or
- (2) approval of the certified nurse aide training program is withdrawn under 12 AAC 44.862.

(g) For purposes of this section, a certified nurse aide training program achieves at least an 80 percent cumulative annual pass rate if the year-end data shows that at least 80 percent of the graduates of the approved nurse aide training program, taking the National Nurse Aide Assessment Program competency evaluation for the first time, successfully passed that competency evaluation.

(h) If the training program does not respond to the letter of concern within 90 days, as required under (b) of this section, the board will withdraw approval for the nurse aide program as set out in 12 AAC 44.862.

Authority: AS 08.68.100 AS 08.68.331

New Program Requests- No New Program Requests

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Other Updates &
Upcoming Events

14th Annual Nurse Aide Instructor Conference

December 11th & 12th, 2024



14th Annual
Nurse Aide Instructor Conference

Wednesday December 11th & Thursday December 12th, 2024

9:00 am – 4:00 pm

@

Atwood Conference Room (State Office Building)

550 West 7th Ave. Suite 1500

Anchorage, Alaska

& Presented Virtually

Presented by the Alaska Board of Nursing

(CEUs will be provided)

**Great turnout of instructors
and representation from all the
training programs!**

- No on-site reviews or self-evaluations were done during FY25 Q2

*Next on-site reviews and self-evaluations to be conducted FY25 Q4

If you are interested in becoming a Test Site or becoming a Nurse Aide Evaluator- please go to [Alaska | Credentia](#) or contact the Board of Nursing for any questions. Nurse aide test takers can also find helpful information on that site. If any additional contact information is needed from Credentia, please contact the BON.

Thank you



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Alaska Board of Nursing



Adjourned for Lunch

Alaska Board of Nursing

Agenda Item #22



Division Updates

Alaska Board of Nursing

Agenda Item #22



Delegate 1-2 Board Members to attend
Legislative Session when available.

Alaska Board of Nursing

Agenda Item #23



Working Session

Alaska Board of Nursing



For the Good of the Order

Alaska Board of Nursing



Chair Final Comments/Adjourn