

Registration of Health Care Professionals Study Workgroup
February 2, 2010, 10:00 a.m. to 3:00 p.m.
Gold Seal Center, 4th Floor Conference Room
918 East Divide Avenue, Bismarck, North Dakota

Welcome and Introductions

Each member of the group introduced themselves and identified who they were representing. Darleen Bartz reviewed the documents in the information packet that was handed out to the work group. She also went over the purpose of the meeting and the ground rules.

Participants Present

- Darleen Bartz, PhD, Chief, Health Resources Section, NDDoH
- Bruce Pritschet, Director, Division of Health Facilities, NDDoH
- Lucille Torpen, Manager, Division of Health Facilities, NDDoH
- Bridget Weidner, Manager, Division of Health Facilities, NDDoH
- Constance Kalanek, PhD, Executive Director, NDBON
- Nelson (Buzz) Benson, President, NDBON
- JoAnne Sund, Board Member, NDBON
- Jerry Juerena, President, NDHA
- Trina Schilling, Wishek Hospital (Critical Access Hospital), Wishek
- Rick Gessler, Altru Health Systems (General Acute Hospital), Grand Forks
- Shelly Peterson, Executive Director, NDLTCA
- Rosanne Schmidt, Chairman, NDLTCA
- Char Schmidt, Administrator, Edgewood Senior Living Center (Assisted Living), Bismarck
- Tim Exner, Administrator, Rock of Ages, Inc.(Basic Care), Jamestown
- Rita Rafferty, Administrator, Good Samaritan Society (Skilled Nursing Facility), Larimore
- Joan Ehrhardt, State Ombudsman, ND DHS
- Marcia Sjulstad, Meritcare Home Care-Fargo (Home Health)
- Barbara Murry, Executive Director, ND Association of Community Providers (Developmental Disabilities)

Absent

- Char Christianson, Board Member, NDBON

Review of HB 1296 Section 3

- **Legislative Council Study.** During the 2009-10 interim, the legislative council shall study any steps necessary to enable the state department of health to administer the registry for certified nurse assistants, nurse assistants, and unlicensed assistive persons,

and examine the possibility of one registry, and a potential location for that registry. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-second legislative assembly.

LTC Interim Committee Study to Include

1. Gather and review information on the registration of certified nurse assistants, nurse assistants, and unlicensed assistive persons, including the registration maintained by the State Department of Health and the registration maintained by the State Board of Nursing.
2. Receive information from the State Department of Health and other representatives of the Department's health care registries workgroup on the workgroups discussions and recommendations.
3. Examine the possibility of one registry and potential location for that registry.
4. Receive information from interested persons regarding the registration of certified nurse assistants, nurse assistants, and unlicensed assistive persons.
5. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
6. Prepare a final report for submission to the Legislative Management.

The Purpose of this Meeting and Workgroup

- To study the steps necessary to enable the State Department of Health to administer the registry for certified nurse assistants, nurse assistants, and unlicensed assistive persons,
- To examine the possibility of one registry,
- To examine the potential location of the registry, and
- To report back to the Long Term Care Interim Committee regarding the recommendations of this workgroup.

Meeting Ground Rules

- It's your meeting (all participants)
- Everyone's comments will be considered equally (it is important for everyone to participate as we need to look at the whole picture)
- If you have something to say, please place your name tent card in a vertical position and you will be called upon to share when it is your turn
- Respect the time frames identified
- No relevant topic is excluded
- Respect each other's opinions (people think differently)
- Refrain from attribution (no placing blame)
- Silence is considered an agreement (so if you do not agree you need to voice your opinion)
- Work together toward common goals (finding a solution takes balance)

Opportunity for Public Comment

A public notice was placed for today's meeting; any public attending today's meeting will be given an opportunity to make comments. There were no individuals from the public present at the meeting.

Board of Nursing Registry Presentation

Dr. Kalanek gave a presentation regarding the Unlicensed Assistive Person (UAP) Registry. She emailed her presentation to the workgroup members following the meeting (see handout). Presentation summary:

- There are 1,405 UAPs and 233 technicians for a total of 1,638 individuals on the UAP registry.
- Individuals on UAP registry include UAPs in Acute Care, Home Health, Hospice, Dialysis Technicians, Medical Assistants, Surgical Technicians, Workers in correctional facilities, and Workers in the DD setting.
- Individuals meet status for registration through Competency Validation by employer or successful completion of the NNAAP.
- Individuals can obtain a 90 day temporary permit and work 4 months prior to registration.
- Fees: Initial registration is \$30, and renewal is \$30 (Late fee of \$60); Criminal History Record Check processing Fee of \$20 and BCI Fee of \$47.25.
- The BON staff members investigate all complaints.
- Disciplinary options include reprimand; revocation or suspension of registration, encumbrance or denial of registration.
- Online verification – Primary source – No charge.
- Online Examination, Endorsement, and Renewal.
- The NDBON registry recognizes the ND Department of Health CNA registry and the ND Department of Human Services QSP registry.

Dr. Kalanek went over the ND Board of Nursing website and reviewed how to verify a license. Connie encouraged everyone to visit the website www.ndbon.org.

Department of Health Registry Presentation

Bruce Pritschet gave a presentation on the Department of Health CNA Registry. Handouts were provided for workgroup participants (see handout).

Presentation summary:

- The State Survey Agency (department) has the responsibility of the federal Medicare/Medicaid Certified Nurse Aide Registry and related functions.
- There are 13,298 active CNAs on the Departments' registry, and 26,318 inactive CNAs.
- Individuals on the Departments' registry are eligible to work in federally certified skilled nursing facilities, and work in many other settings.

- Registry status is obtained through completing a state (department) approved nurse aide training (75 hours) and competency evaluation program, or a competency evaluation program; or through reciprocity with other state registries.
- There is no fee for registration on the Department’s registry or renewal.
- An individual who is in a department approved training program can work up to 4 months in a facility under the supervision of a nurse prior to obtaining registry status.
- The department reviews and investigates allegations of abuse, neglect, and misappropriation of resident property. Since 1992, 172 allegations have been validated.
- Validated findings of abuse that are placed on the department’s registry result in the nurse aide not being allowed to work in skilled nursing facilities, swing beds, and ICFs/MR.
- There is a process for removal of findings of neglect after one year.
- Online primary source registry verification, renewal, and address change available – No charge.
- The state (department) approves nurse aide training and competency evaluation programs and does onsite surveys of the programs every 2 years. There are 63 programs approved.
- The state (department) approves nurse aide competency evaluation test vendors – There are three test vendors approved by the department: Headmaster, Pearson Vue (Board of Nursing), and Prometric.

Bruce Pritchet went over the Department of Health’s certified nurse aide website and how a certification could be renewed and verified.

General Discussion

There was a discussion regarding disciplinary processes of an individual on the CNA or UAP registry for abusing drugs. Currently, the Department of Health does not take any actions unless there is a validation of resident abuse, neglect, or misappropriation of resident property. The ND Board of Nursing does discipline UAPs for this - the UAP’s license is suspended; after two years the UAP can apply for re-instatement after they provide proof they have gone through a treatment program. The Board of Nursing does not have a rehabilitation program for UAPs.

The group also discussed the repercussions of an expired certification/license and the CNA continues to work. The facility may be cited by the Department of Health and will need to submit a plan of correction that includes a plan for monitoring. With the Board of Nursing, the individual is given a notice the first time this happens and may be fined with subsequent occurrences. Often the individual cannot afford the fine and the facility will pay it for them. This is one of the reasons for the study.

Discussion Questions

1. What is the history behind the Legislative direction for this study?

Darleen Bartz and Shelly Peterson gave a brief history behind the Legislative direction for this study. When the Certified Nurse Assistant (CNA) registry was first implemented it was contracted with the NDBON. The Department of Health took over the CNA registry in 1992 and is funded through the federal government. The UAP registry was also started in 1992 and is funded through fees collected through initial application and renewals. Being a CNA on the Department of Health registry means they can work in Long Term Care. The discussion as to why there are two registries came up during a Long Term Care Advisory Committee meeting. There were also a lot of concerns with the renewal process and repercussions for the Unlicensed Assistive Persons (UAP) if their license has lapsed, as well as costs to the individuals. Dr. Kalanek added that while it was before her time with the BON, she had spoken to individuals who indicated that there were unresolved issues between the DoH and the BON which resulted in the DoH taking back the CNA registry.

Group Discussion:

- Members of the study group inquired if the healthcare bill will impact funding for the Department of Health registry and if the registration will remain free of charge?
- The cost of the UAP registry currently rested on the backs of the nurses.
- Comments were made related to the cost of registration on the BON registry, and that a little amount of money is a lot for a UAP. The cost of registration is a barrier.
- Some group members indicated that when a UAP is fined, in some instances, it is the facility that that pays because the UAP can't afford it and they need the UAP to work.
- Comments were made related to value of placement of individuals with disciplinary action or addiction on the OIG registry, and that this was in the best interest of the public.
- The members identified a need for connection between the Board of Nursing registry and the Department of Health CNA registry.

2. In what settings and capacities do individuals on the North Dakota Department of Health Nurse Aide Registry (CNA) and the State Board of Nursing Unlicensed Assistive Persons Registry (UAP) work?

CNA's are employed in LTC, acute care, home health care, hospice, developmental disabilities, basic care, assisted living, swing bed, hospice, clinics, and private home care settings. Nursing students are certified to meet a school requirement. CNAs with additional training also work in other capacities such as medication assistant, dialysis tech, surgical tech, and so forth.

There are different levels of UAPs, the technical level and the competency based level. UAP's are employed in acute care, home health care, hospice, basic care, assisted living, developmental disability settings, dialysis, surgery, correctional facilities, and as medical assistants.

3. What do you believe are the benefits of having two registries, the Nurse Aide registry operated by the Department of Health and the Unlicensed Assistive Persons registry by the Board of Nursing?

- No benefits were identified to having two registries.
- There is nursing oversight with both, which is important.
- Most states have one registry.
- It has been great to have both registries provide the online option.
- The main issue is the safety of the patient.

What are the benefits of the NDBON overseeing both registries?

- The NDBON reports disciplinary actions to the OIG site.
- The NDBON regulates all patient safety issues including chemical dependency. The group discussed the steps taken when an individual has a chemical dependency. While rehabilitation is not available through the BON for a UAP, a UAP can apply to be reinstatement after two years and if they have gone through a treatment program.

What are the concerns related to the NDBON overseeing both registries?

- The BON is more punitive to the individual.
- The BON is unable to seek change at a facility level.
- The increased cost related to the NDBON overseeing the registry.
- BON would not have the staff to go onsite to survey nurse aide training programs.

4. What do you see as the benefits of having one nurse aide registry that is operated by the Department of Health for the registry of certified nurse assistants, nurse assistants, and unlicensed assistive persons?

What are the benefits to having one nurse aide registry operated by the DoH?

- It would be more seamless and result in less confusion to have one entity to deal with.
- The most volume currently resides with the DoH.
- Less cost to the individuals.
- The DoH has the power to hold facilities accountable.
- The DoH has trained individuals to complete the onsite investigations/surveys of facilities, nurse aide training programs, and abuse investigations.
- The DoH has the staff available to handle the volume of registrants amongst other duties.
- The cost of DoH staff members currently is covered through Medicare/Medicaid. (There would need to be some additional state funding to cover the additional state work.)
- Infraction responsibilities are placed on the facility and they would have to put corrective actions in their plan of correction (POC).
- Based on federal requirements, the DoH must maintain the accountability of placing validated finding of abuse on the registry.

What are the concerns related to the NDDoH overseeing both registries?

- The DoH does not report validated findings to the OIG.
- The UAP registry is for more than just nurse aides.

5. What considerations do you believe the workgroup should examine when looking at the possibility of one registry?

- Lack of confusion
- Cost
- One entry point to verify certification/licensure
- Oversight responsibilities beyond abuse and neglect
- Compliance with federal regulations
- Consider the workforce and demands
- Tiered registry process
- Patient safety
- Background checks

6. What considerations do you believe should be examined related to the potential location of one registry?

- There should be one point of entry to access information
- May need to continue two registries because of cost
- Consider a hub-site; however it may be too expensive to continue with two registries and have information flow both directions.
- Decrease confusion in initial registration and renewal process
- Background checks process.

Next Meeting: Monday, March 22, 2010; 10:00 a.m. – 3:00 p.m.

Gold Seal Building, 4th Floor Conference Room

Topic Items:

- Medication Assistant and Technical Levels of UAPs Presentation – Dr. Connie Kalanek
- Review of Nurse Aide registries in other states – BON and DoH
- Categories of Disciplinary Actions – Dr. Connie Kalanek
- Review updated UAP and CNA registry comparison
- Continue Discussion

Meeting Adjourned: 3:00 p.m.