



TELECONFERENCE/VIRTUAL MEETING
BOARD OF NURSING
Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
July 10, 2018

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

1:30 P.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of June 27, 2018 (4-5)

C. Administrative Matters – Discussion and Consideration

1. Department Updates
2. Board Members – Term Expiration Dates:
 - a. Paul Abegglen – 7/1/2019
 - b. Jennifer Eklof – 7/1/2021
 - c. Elizabeth Smith Houskamp – 7/1/2020
 - d. Peter Kallio – 7/1/2018
 - e. Sheryl Krause – 7/1/2018
 - f. Lillian Nolan – 7/1/2019
 - g. Luann Skarlupka – 7/1/2021
 - h. Cheryl Streeter – 7/1/2018
 - i. Pamela White – 7/1/2019

D. Legislative/Administrative Rule Matters – Discussion and Consideration (6-22)

1. Adoption of CR 17-095, Relating to Schools of Nursing Curriculum and Clinicals
2. Adoption of CR 17-096, Relating to School Approval
3. Update on Legislation and Pending or Possible Rulemaking Projects

E. Education and Examination Matters

F. National Council of State Boards of Nursing (NCSBN) Items – Discussion and Consideration

1. Update as to Nurse Licensure Compact (NLC) and Enhanced Nurse Licensure Compact (eNLC)
2. Update from the Nurse Practice Act (NPA) Education Workgroup

G. Board of Nursing Liaison Reports – Discussion and Consideration

H. Deliberation on Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Election of Officers
3. Appointment of Liaison(s)
4. Delegation of Authorities
5. Administrative Matters
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Legislative/Administrative Rule Matters
10. Liaison Reports
11. Board Liaison Training and Appointment of Mentors
12. Informational Items
13. Disciplinary Matters
14. Presentations of Petitions for Summary Suspension
15. Petitions for Designation of Hearing Examiner
16. Presentation of Proposed Stipulations, Final Decisions and Orders
17. Presentation of Proposed Final Decision and Orders
18. Presentation of Interim Orders
19. Petitions for Re-Hearing
20. Petitions for Assessments
21. Petitions to Vacate Orders
22. Requests for Disciplinary Proceeding Presentations
23. Motions
24. Petitions
25. Appearances from Requests Received or Renewed
26. Speaking Engagement(s), Travel, or Public Relation Request(s)

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. Division of Legal Services and Compliance (DLSC) Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Administrative Warnings
10. Review of Administrative Warnings
11. Proposed Final Decision and Orders
12. Matters Relating to Costs/ Orders Fixing Costs
13. Case Closings

- 14. Board Liaison Training
- 15. Proposed Interim Orders
- 16. Petitions for Assessments and Evaluations
- 17. Petitions to Vacate Orders
- 18. Remedial Education Cases
- 19. Motions
- 20. Petitions for Re-Hearing
- 21. Appearances from Requests Received or Renewed

K. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

L. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

M. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

N. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING DATE: AUGUST 9, 2018

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**BOARD OF NURSING
TELECONFERENCE
MEETING MINUTES
June 27, 2018**

PRESENT: Paul Abegglen (*via GoToMeeting*), Jennifer Eklof (*via GoToMeeting*), Sheryl Krause, Luann Skarlupka (*via GoToMeeting*) Pamela White (*via GoToMeeting*), Peter Kallio (*via GoToMeeting*), Lillian Nolan (*via GoToMeeting*)

EXCUSED: Elizabeth Smith-Houskamp, Cheryl Streeter

STAFF: Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Pete Anderson, Bureau Assistant.; and other DSPS Staff

CALL TO ORDER

Sheryl Krause, Chair, called the meeting to order at 2:00 p.m. A quorum of seven (7) members was confirmed.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- Open Session – The Clearinghouse Report was added to materials under item “D. 2:00 PM PUBLIC HEARING: Clearinghouse Rule 18-030, Relating to the Nurse Licensure Compact (Emergency and Permanent Rules)”

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

Amendments to the Minutes

- **Page 3 of the Minutes:** Under “Credentialing Matters; Consideration of a Renewal License: A.J.G. Number 232648-30” change the initials in the motion from C.M.B. to A.J.G.

MOTION: Paul Abegglen moved, seconded by Jennifer Eklof, to approve the minutes of June 14, 2018 as amended. Motion carried unanimously.

**2:00 P.M. PUBLIC HEARING CLEARINGHOUSE RULE 18-030 RELATING TO THE
NURSE LICENSURE COMPACT**

Review and Respond to Clearinghouse Report and Public Hearing Comments

MOTION: Peter Kallio moved, seconded by Pamela White, to reject Clearinghouse comment number(s) 2a, 2b, part of 2c with typo in Section 5 and 2d, and to accept all remaining Clearinghouse comments for Clearinghouse Rule 18-030, relating to the Nurse Licensure Compact. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to authorize the Chair to approve the Legislative Report and the Final Draft for Clearinghouse Rule 18-030, relating to the Nurse Licensure Compact, for submission to the Governor's Office and Legislature. Motion carried unanimously.

ADJOURNMENT

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:18 p.m.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 28 June 2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Adoption of CR 17-095 Relating to Schools of Nursing Curriculum and Clinicals 2. Adoption of CR 17-096 Relating to School Approval	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<p style="font-size: 1.5em; font-family: cursive;"><i>Sharon Henes</i></p>			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 17-095)

ORDER

An order of the Board of Nursing to repeal 1.08 (5) (a) 2., 1.08 (5) (a) 3.a., and 1.08 (5) (d) 2. and 3.; to amend N 1.08 (4) (intro.) and (c) 3., 1.08 (5) (a) (intro.) and 1., 1.08 (5) (a) 3., 1.08 (5) (a) 4. and 5., 1.08 (5) (b) and 1.08 (5) (d) 1.; to repeal and recreate N 1.08 (5) (a) 3. b. and d.; and to create N 1.02 (13), 1.08 (5) (d) 5. and 1.08 (5m) relating to schools of nursing curriculum and clinicals.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 441.01 (3), and (4) and 441.12, Wis. Stats.

Statutory authority: ss. 15.08 (5) (b) and 441.01 (3), Wis. Stats.

Explanation of agency authority:

The board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains.

Specifically, the board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of chapter 441, Wis. Stats.

Related statute or rule: ss. 441.01(3) and (4) and 441.12, Wis. Stats

Plain language analysis:

This rule specifically addresses the requirements for schools of nursing curriculum and clinical experiences, including simulation.

Section 1 defines “simulation”. Simulation uses patient simulation in an environment and conditions that create a realistic clinical situation in order to develop clinical judgment and assess learning.

Section 2 clarifies that curriculum can be developed by more than one faculty member and if for a graduate level by doctorally prepared faculty. Curriculum should be designed to teach students how to approach clinical decision making and safe patient care. The second provision amends the didactic content and supervised clinical experiences to be across the lifespan only in prelicensure programs.

Sections 3 and 4 clarify the patient experiences shall be at the level of licensure and removes redundant language.

Sections 5, 6 and 7 cleanup the language related to providing patient-centered culturally competent care. It removes the provision relating to respecting the patient. It recreates a provision that the patient or designee is in control and a partner in care and that education is to be at a level the patient understands.

Section 8 clarifies terminology by changing “quality” to “safe and effective” and “participating in” to “experience”.

Section 9 changes “cooperating agencies” to “entities” to better reflect the diversity of placements. It also clarifies that the entities must adhere to standards rather than just having standards.

Section 10 clarifies that development of skills takes place in the provision of direct patient care.

Section 11 repeals a redundant provision relating to making clinical judgments. It also repeals the requirement that the clinical practice is across the lifespan and recognizes that not all clinical experiences are preparing the student to care for populations across the lifespan.

Section 12 creates a requirement clinical practice include effective application of the nursing process.

Section 13 creates a new section pertaining to simulation. Simulation may be used to meet clinical requirements if all of the following are met: nursing faculty with education and training in the use of simulation develop, implement and evaluate the simulation experiences; faculty with subject matter expertise and simulation training conduct prebriefing and postbriefing; and each student has an opportunity to participate in the role of a nurse and not just watch. Simulation can't be used for more than 50% of the clinical learning requirements.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: In Illinois, the curriculum shall be based upon stated program purpose, philosophy and outcomes with levels of progression in relation to the state program outcomes. The coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes. The curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups. The entire curriculum shall be based on sound nursing, education and instructional principles. The curriculum shall be evaluated by faculty. Faculty of the nursing

education program and the staff of cooperating agencies used as clinical sites shall work together for quality patient care. Illinois does not have requirements for simulation.

Iowa: In Iowa, the curriculum shall: reflect the philosophy/mission and program outcomes supported by the nursing faculty; identify program outcomes and define how learning experiences support outcomes; reflect current standards of nursing practice and education; ensure sufficient preparation for the safe and effective practice of nursing; and include learning experiences and strategies that meet program outcomes. Iowa lists specific curriculum requirements for: prelicensure programs, postlicensure bachelor programs, and graduate programs. The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes. There shall be evidence that student experiences are coordinated when more than one program uses the same facility. Iowa does not have requirements for simulation.

Michigan: In Michigan, the curriculum requirements are: course level and terminal objectives to serve as guides in the development, implementation and evaluation of the curriculum; learning experiences and methods of instruction shall be selected to fulfill the stated outcomes of each nursing course; related clinical experiences and clinical lab hours shall be provided concurrently with or immediately after the theoretical presentation of the course content; and the director and faculty shall evaluate all aspects of the curriculum on a systematic basis. Course content and learning experiences shall promote student growth in the following: understanding the roles and responsibilities of the nursing profession; application of the principles of nursing and the sciences which are basic to nursing practice in the development of plans of care for the patient; recognition of physical, psychosocial and spiritual needs of diverse patient/client populations; understanding of health and the initiation, organization, and application of the principles underlying the nursing care provided; and developing skills and abilities in the administration of all aspects of nursing care. Clinical experiences shall be at a quality and quantity which will enable the student to meet the outcomes established for the clinical experience. Michigan adopts the standards of the International Nursing Association for Clinical Simulation and Learning (2013). Michigan allows any registered nurse program to substitute up to 50% of clinical hours in any single course with simulation laboratory experiences. A practical nurse program may substitute up to 50% of clinical hours in any single course with simulation laboratory experiences, except for pediatric and obstetric clinical hours which may substitute 100% clinical hours.

Minnesota: In Minnesota, the curriculum must provide diverse learning activities, including learning activities in clinical settings that are consistent with program outcomes. The curriculum shall enable the student to develop the competence necessary for the level, scope and standards of nursing practice consistent with the type of licensure. Practical, professional and advanced practice programs shall have the following: learning activities to acquire and demonstrate competence in clinical settings with patients across the life span and with patients throughout the whole wellness, acute and chronic illness continuum; and diverse learning activities including clinical simulations to acquire and demonstrate competence. Minnesota allows simulation to meet clinical requirements when: equipment and resources to support student learning are sufficient; nursing faculty with documented education and training in the use of simulation develop, implement, and evaluate the simulation experience; the design, implementation, and evaluation of the simulation is based on nationally recognized evidence-based standards for simulation; the simulation provides an opportunity for each student to demonstrate clinical competence while in the role of the nurse; prebriefing and debriefing are conducted by nursing

faculty with subject matter expertise and training in simulation using evidence-based techniques; and it is not utilized for more than 50% of the time designated for meeting clinical learning requirements.

Summary of factual data and analytical methodologies:

The Board considered the National Council of State Boards of Nursing’s model practice rules and the rules and processes of our neighboring states and Washington.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. N 1.02 (13) is created to read:

N 1.02 (13) “Simulation” means planned clinical experiences to develop clinical judgment and assess learning utilizing patient simulators in an environment and under conditions that provide a realistic clinical scenario.

SECTION 2. N 1.08 (4) (intro.) and (c) 3. are amended to read:

N 1.08 (4) CURRICULUM. The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by a nursing faculty member with a graduate degree and designed to teach students to use a systematic approach to clinical decision-making and safe patient care. Curriculum for graduate level courses shall be developed by nursing faculty with a doctoral degree. Curriculum shall be

revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

N 1.08 (4) (c) 3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients ~~across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.~~ Prelicensure programs shall include patients across the lifespan.

SECTION 3. N 1.08 (5) (a) (intro.) and 1. are amended to read:

N 1.08 (5) (a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:

N 1.08 (5) (a) 1. Integrating ~~patient safety principles throughout the didactic and clinical coursework~~ evidence based research with patient goals and values to produce optimal care.

SECTION 4. N 1.08 (5) (a) 2. is repealed.

SECTION 5. N 1.08 (5) (a) 3. is amended to read:

N 1.08 (5) (a) 3. Providing patient-centered culturally competent care ~~that recognizes that the patient or designee is the source of control and full partner in providing coordinated care~~ by doing all of the following:

SECTION 6. N 1.08 (5) (a) 3. a. is repealed.

SECTION 7. N 1.08 (5) (a) 3.b. and d. are repealed and recreated to read:

N 1.08 (5) (a) 3. b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.

d. Providing education at a level understandable by the patient.

SECTION 8. N 1.08 (5) (a) 4. and 5. are amended to read:

N 1.08 (5) (a) 4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality-safe and effective patient care.

5. ~~Participating in~~ Experience quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

SECTION 9. N 1.08 (5) (b) is amended to read:

N 1.08 (5) (b) All ~~cooperating agencies~~ entities selected for clinical experiences shall ~~have~~ adhere to standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

SECTION 10. N 1.08 (5) (d) 1. is amended to read:

N 1.08 (5) (d) 1. Development of skills in the provision of direct patient care.

SECTION 11. N 1.08 (5) (d) 2. and 3. are repealed.

SECTION 12. N 1.08 (5) (d) 5. is created to read:

N 1.08 (5) (d) 5. Effective application of the nursing process.

SECTION 13. N 1.08 (5m) is created to read:

N. 1.08 (5m) SIMULATION (a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.
2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
3. The simulation provides an opportunity for each student to participate while in the role of the nurse.

(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

SECTION 14. **EFFECTIVE DATE.** The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Board Chair
Board of Nursing

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 17-096)

ORDER

An order of the Board of Nursing to repeal N 1.04 (1) (d) 4. and 1.08 (3) (d) 3.d.; to amend N 1.02 (1), 1.02 (5g), 1.03 (1) (c), 1.04 (1) (a) and (b), 1.04 (1) (f) 1., 1.05 (1) (intro.), 1.05 (1) (b), 1.05 (5) (c), 1.07 (1), 1.08 (1) (d), 1.08 (2) (a) 2., 1.10 (1) (a), (b), and (c), 1.10 (3) (c), and (d) and 1.10 (4) (b), and (c); to repeal and recreate N 1.02 (12), 1.08 (2) (a) 3., 1.08 (2) (b), 1.08 (3) (b) 2., 1.08 (3) (d) (intro.), 1.08 (3) (d) 2., 1.08 (3) (d) 3. (intro.) and 1.09; and to create N 1.04 (1) (dm), and (em), 1.04 (1) (f) 3., 1.04 (2g), and (2r), 1.08 (2) (c), and (d), and 1.08 (3) (b) 3., relating to school approval.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 441.01 (3), and (4) and 441.12, Wis. Stats.

Statutory authority: ss. 15.08 (5) (b) and 441.01 (3), Wis. Stats.

Explanation of agency authority:

The board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains.

Specifically, the board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of chapter 441, Wis. Stats.

Related statute or rule: ss. 441.01 (3) and (4) and 441.12, Wis. Stats

Plain language analysis:

Section 1 amends the definition of “annual pass rate” to include the advanced practice certification examination to reflect the examination taken by applicants who attend graduate school.

Section 2 returns institution accreditation to a regional accrediting entity. The change to national occurred with CR 14-004. Since the change the Board's experience is the standards between regional and national are not comparable. With the withdrawal of federal recognition to at least one large national accrediting body, the Board does not want to create uncertainty for schools, students or clinical sites going forward. The return to requiring regional accreditation is in line with other health professional requirements.

Section 3 repeals and recreates the definition for school of professional nursing to clarify the definition includes graduate schools and postlicensure bachelor degree schools. Postlicensure bachelor degree schools are schools for an associate degree registered nurse to obtain a bachelor's degree in nursing.

Section 4 clarifies evidence of availability of sufficient clinical facilities is not a signed contract and that no contract can be signed until after the school receives authorization to plan a school of nursing.

Section 5 clarifies the educational administrator needs to meet the required qualifications. It also clarifies that the school only needs to show employment of faculty to teach the courses offered the first 6 months eliminating the need to hire faculty for all courses in the school prior to admitting students.

Section 6 repeals the requirement that the curriculum include a program evaluation plan.

Section 7 creates the requirement for documentation of a school evaluation plan and a plan for availability of student policies as part of the application for authorization to admit students.

Section 8 clarifies all contracts for clinical facilities contained in the application for authorization to admit shall be signed after the date the authorization to plan was granted.

Section 9 clarifies that clinical experiences shall represent all areas of nursing practice covered by the school of nursing's curriculum prior to being granted authorization to admit students.

Section 10 creates a mechanism for schools to notify the board on a quarterly basis of faculty hiring to ensure that sufficient faculty are in place beyond the first six months. It also creates a provision which clarifies the board may review schools that are authorized to admit students but are not fully approved in a similar manner as approved schools.

Section 11 removes a confusing provision for when a school may apply for approval.

Section 12 amends the systematic evaluation plan to include the NCLEX or advanced practice certification pass rates.

Section 13 removes a typographical error created by CR 14-004.

Section 14 removes an obsolete provision relating to nursing accreditation.

Section 15 removes the requirement for a contract and allows for documentation between the school of nursing and institutions for academic study, clinical facilities, and agencies for related services for students.

Section 16 creates a provision that the educational administrator at schools which offer a graduate degree nursing program holds a doctoral degree.

Section 17 repeals and recreates the educational administrator experience requirements. An educational administrator needs two years of experience as an instructor in the previous 5 years or if the person's graduate program included education preparation, then only one year of experience.

Sections 18 and 19 clarify the educational administrator is required to notify the board within 5 days of a vacancy or change in the position and failure to report is considered unprofessional conduct. The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days. An interim educational administrator who does not meet the qualification may request board approval. An interim educational administrator may only serve 6 months unless the board grants an extension due to hardship. The institution shall notify the board within 5 business days of the hiring of a permanent educational administrator.

Sections 20 and 21 clarify a graduate degree in nursing is required for faculty. Shared faculty in interprofessional schools teaching non-clinical nursing courses can have advanced education for that content instead of a nursing degree (for example, a pharmacist teaching pharmacology in a school of nursing).

Section 22 clarifies the board may grant exceptions to faculty requirements who do not teach graduate level courses as long as a minimum of 50% of the faculty meet the requirements. A faculty member who does meet the requirements is required to supervise any faculty members who receive an exception.

Section 24 clarifies the emergency exception is for a person with a bachelor's degree in nursing to teach in an emergency situation. It is for one semester and can't be renewed. If there is a second consecutive emergency request, the school shall provide the board with a plan regarding staffing levels, courses being offered and the extenuating circumstances.

Sections 26 and 27 revises the non-nursing master's degree exception for readability and clarification. This exception may be granted for a person who does not have a master's degree in nursing but does meet the needs of the school in a specific content area. It also removes the limitation that the school may only have one exception of this type.

Section 29 recreates the annual pass rate section. For schools of nursing ~~for~~ with prelicensure students, the pass rate is based on the annual NCLEX pass scores. If the school grants a certificate of completion, then the pass rate considers both the registered nurse and practical nurse NCLEX exams. For schools of nursing with graduate level programs, the pass rate is based on the advanced practice certification examinations. The pass rate standard is a minimum of 80% of all test takers shall pass the examination. If the annual pass rate standard is not met,

the school of nursing shall receive a warning letter. The school is required to submit an assessment of contributing factors and an institution plan for improvement. The plan must include outcomes and timeframes. The plan is to be submitted to the board within 45 days of the warning letter and acted upon by the board by July 15th. Failure to have a board approved plan by July 15 will result in a review of the school.

Section 30 indicates a date of February 1st for when annual self-evaluation reports are due. It also clarifies the school must only submit documents from nursing accreditation agencies related to compliance with accreditation standards. In addition, it clarifies the school must provide the board with notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

Section 31 updates provisions relating to when the board may review the school of nursing to determine whether standards are being met. When a complaint regarding conduct is received the board needs to “evaluate” the complaint instead of “validate”. In addition, the removal of “NCLEX” which only pertains to prelicensure schools and removal of “for more than 2 consecutive years”.

Section 32 updates language regarding review of the school for clarification purposes. A review may involve a “self-assessment” instead of “self-study”. In addition, a plan for improvement and any progress reports.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois approves prelicensure programs only. Illinois program approval process includes: a letter of intent, a feasibility study, hiring of a nurse administrator, submission of a curriculum proposal, and a site survey. Continued approval is based upon annual evaluation reports, full routine site visits and maintaining a NCLEX pass rate of 75% of first time test takers. Major and minor curricular changes are reported to the board. The standards for the school include institutional requirements, curriculum standards, clinical standards, nurse administrator and faculty qualifications (allows for variances to faculty standards) and student standards.

Iowa: Iowa approves all schools of nursing (prelicensure and graduate). Iowa program approval process includes: first step involves an application with information regarding the controlling institution and needs assessment; second step involves verification of employment of the head of program, submission of program’s philosophy and objectives, curriculum plan, letter of intent from clinical facilities, evidence of provision of faculty, proposed budget and timeframe for implementation; next step is interim approval based upon program proposal and site visit; final approval is upon graduation of first class and NCLEX pass rate results. Provisional approval may be granted to program until standards are met. Change of controlling institution and changes in administrative personnel in the program. The program shall submit annual reports. The standards for the school include institutional requirements, curriculum standards, clinical standards, nurse administrator and faculty qualifications, student standards and evaluation of the

program. NCLEX pass rate standard is a minimum of 95% of the national passing percentage based upon first time test takers within 6 months of graduation.

Michigan: Michigan approves prelicensure programs only. Michigan program approval process includes: the first step requires submission of a letter of intent, evidence of funding and other support, copy of Michigan Department of Career Development approval (if necessary), evidence of availability of clinical experiences, proposed number of students, proposed first date of admission, plans for recruiting director of the program and faculty and a site visit; initial approval involves a self-student report and annual progress reports; full approval is after the graduation of the 2nd class, but no later than graduation of the 4th class (a class for each 12 month period) and requires submission of a self-study report and a site visit. Every 4 years the school shall submit a self-study report and accredited schools shall follow the schedule of the accrediting agency. Program changes shall be submitted to the board. The standards for the school include institutional requirements, curriculum standards, clinical standards, nurse administrator and faculty qualifications (allows for variances to faculty standards), student standards, and evaluation of the program. NCLEX pass rate standard is 75% of first time test takers.

Minnesota: Minnesota approves prelicensure programs only. Minnesota program approval process includes: Phase I requires letter of intent including institution information, timetable for development and implementation, documentation of availability of academic facilities, impact on nursing programs in the area; Phase II involves a site visit and documentation of compliance with educational standards in order to be granted initial approval; Phase III is full approval and continual approval based upon meeting the minimum first time NCLEX success rate and acquiring national nursing education accreditation. Minnesota requires surveys of all schools on a periodic basis to maintain approval. NCLEX pass rate standard is 75% of first time test takers. Annual reports shall be submitted to the Board. The standards for the school include institutional requirements, clinical standards, nurse administrator and faculty qualifications, student standards, and evaluation of the program. The curriculum standard is the program must provide diverse learning activities that are consistent with program outcomes. Minnesota has an approval process for schools applying for innovative approaches which may require exemption from certain rules.

Summary of factual data and analytical methodologies:

The Board considered the National Council of State Boards of Nursing's model practice rules and the rules and processes of our neighboring states and Washington.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. N 1.02 (1) is amended to read:

N 1.02 (1) "Annual NCLEX pass rate" means the ~~NCLEX~~ pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.

SECTION 2. N 1.02 (5g) is amended to read:

N 1.02 (5g) "Institutional accreditation" means that the institution conforms to the standards of education prescribed by a regional ~~or national~~ accrediting commission recognized by the U.S. department of education.

SECTION 3. N 1.02 (12) is repealed and recreated to read:

N 1.02 (12) "School of professional nursing" means a school preparing nursing students at the associate, bachelor's, or graduate degree level. This includes schools granting any of the following:

- (a) Certificate of completion for practical nurse licensure or professional nurse licensure.
- (b) Postlicensure bachelor's degree.

SECTION 4. N 1.03 (1) (c) is amended to read:

N 1.03 (1) (c) Evidence of the availability of sufficient clinical facilities and resources. No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.

SECTION 5. N 1.04 (1) (a) and (b) are amended to read:

N 1.04 (1) (a) Verification of employment of an educational administrator meeting the qualifications in s. N 1.08 (2) (a).

(b) Evidence of ~~provision~~ employment of sufficient number of faculty meeting the qualifications in s. N 1.08 (3) to teach the courses offered for the first six months.

SECTION 6. N 1.04 (1) (d) 4. is repealed.

SECTION 7. N 1.04 (1) (dm) and (em) are created to read:

N 1.04 (1) (dm) Documentation of a school evaluation plan.

(em) Documentation of a plan for student or prospective student access to student policies.

SECTION 8. N 1.04 (1) (f) 1. is amended to read:

N 1.04 (1) (f) 1. ~~Letter of intent or contracts~~ Written agreements from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All written agreements shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the board.

SECTION 9. N 1.04 (1) (f) 3. is created to read:

N 1.04 (1) (f) 3. Documentation that clinical experiences are representative of all areas of nursing practice covered by the school of nursing's curriculum.

SECTION 10. N 1.04 (2g) and (2r) are created to read:

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting N 1.08 (3) standards to teach the courses offered four months from the date the report is due.

(2r) The board may review the school of nursing to determine whether s. N 1.08 standards are being met by requiring any of the following:

- (a) A site survey.
- (b) A self-assessment.
- (c) A plan for improvement and any progress reports.

SECTION 11. N 1.05 (1) (intro) is amended to read:

N 1.05 (1) A school of nursing may apply for approval of the school of nursing upon graduation of the first class ~~or eligibility to sit for the NCLEX~~, but may not apply later than graduation of the third class. The school of nursing shall submit all of the following:

SECTION 12. N 1.05 (1) (b) is amended to read:

N 1.05 (1) (b) The school of nursing's ongoing systematic evaluation plan. The systematic evaluation plan shall including include an evaluation of the NCLEX success annual pass rate of any graduates who took the NCLEX or an advanced practice certification examination.

administrator shall notify the board within 5 business days of the institution's hiring of the educational administrator.

SECTION 20. N 1.08 (3) (b) 2. is repealed and recreated to read:

N 1.08 (3) (b) 2. A graduate degree with a major in nursing.

SECTION 21. N 1.08 (3) (b) 3. is created to read:

N 1.08 (3) (b) 3. Notwithstanding subd. 2, interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

SECTION 22. N 1.08 (3) (d) (intro.) is repealed and recreated to read:

N 1.08 (3) (d) *Faculty exceptions.* An educational administrator may apply to the board for exceptions to faculty requirements who are not teaching graduate level courses. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions:

SECTION 24. N 1.08 (3) (d) 2. is repealed and recreated to read:

N 1.08 (3) (d) 2. 'Emergency exception.' A person with a bachelor's degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered and the extenuating circumstances to the board prior to the board approving another emergency exception.

SECTION 26. N 1.08 (3) (d) 3. (intro.) is repealed and recreated to read:

N 1.08 (3) (d) 3. 'Non-nursing master's degree exception.' A non-nursing master's degree exception is for a person who has a unique combination of knowledge, experience and skills that will best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:

SECTION 27. N 1.08 (3) (d) 3. d. is repealed.

SECTION 29. N 1.09 is repealed and recreated to read:

N 1.09 Annual pass rates. (1) GENERALLY. The school of nursing NCLEX pass rate includes all prelicensure students taking the NCLEX in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical

nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing.

(2) ANNUAL PASS RATE STANDARD. The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%.

(3) ANNUAL PASS RATE STANDARD NOT MET. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contributing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under s. N 1.10 (4).

SECTION 30. N 1.10 (1) (a), (b) and (c) are amended to read:

N 1.10 (1) (a) Annual self-evaluation reports by February 1.

(b) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.

(c) Notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

SECTION 31. N 1.10 (3) (c) and (d) are amended to read:

N 1.10 (3) (c) Complaints regarding the conduct of the school are received and it is necessary to ~~validate~~ evaluate the complaints.

(d) Failure to meet ~~NCLEX~~ annual pass rate standard in s. N 1.09-(1) ~~for more than 2 consecutive years.~~

SECTION 32. N 1.10 (4) (b) and (c) are amended to read:

N 1.10 (4) (b) A ~~self-study~~ self-assessment.

(c) A plan for improvement and any progress reports.

SECTION 33. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Board Chair
Board of Nursing