



VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
July 13, 2023

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

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-6)**
- B. Approval of Minutes of June 8, 2023 (7-10)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Appointment of Liaisons and Alternates
 - 3. Board Members – Term Expiration Dates
 - a. Anderson, John G. – 7/1/2025
 - b. Edelstein, Janice A. – 7/1/2024
 - c. Guyton, Vera L. – 7/1/2025
 - d. McFarland, Rosalyn L. – 7/1/2026
 - e. Saldivar Frias, Christian – 7/1/2023
 - f. Weinman, Robert W. – 7/1/2027
 - g. Zentz, Emily – 7/1/2023

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.).

- F. Presentation and Deliberation of Petitions for Summary Suspension and Designation of Hearing Official (11-105)**
 - 1. 8:15 A.M. APPEARANCE: Julie Zimmer, DLSC Attorney; Trevor Levenson, Attorney for Respondent; and M.D., Respondent: 22 NUR 831 – Marina Driza, R.N.

G. Credentialing Matters

1. Application Reviews (106-268)

- a. Andrew W. Bunn – FTP Review for RN Renewal Application **(106-208)**
- b. Destiny Green – CIB Review for RN Application **(209-268)**

H. Deliberation on Division of Legal Services and Compliance Matters (269-680)

1. Administrative Warnings (269-

- a. 22 NUR 006 – J.J.P. **(269-270)**
- b. 22 NUR 031 – J.J.G. **(271-272)**
- c. 22 NUR 243 – M.M.O. **(273-274)**
- d. 22 NUR 633 – T.M.G. **(275-276)**
- e. 22 NUR 673 – J.C.W. **(277-279)**
- f. 22 NUR 673 – J.M.T. **(279-280)**
- g. 22 NUR 736 – G.J.T. **(281-282)**
- h. 22 NUR 794 – R.M.B. **(283-284)**
- i. 23 NUR 122 – T.L.D. **(285-286)**
- j. 23 NUR 152 – R.K.W. **(287-288)**
- k. 23 NUR 158 – J.I.K. **(289-290)**

2. Case Closings (291-458)

- a. 22 NUR 008 – J.W. **(291-294)**
- b. 22 NUR 144 – R.M.B. **(295-302)**
- c. 22 NUR 245 – Unknown **(303-307)**
- d. 22 NUR 269 – Unknown **(308-312)**
- e. 22 NUR 270 – N.M.O. **(313-324)**
- f. 22 NUR 282 – Unknown **(325-331)**
- g. 22 NUR 316 – C.J.N. **(332-344)**
- h. 22 NUR 411 – F.S.S. **(345-349)**
- i. 22 NUR 440 – F.S.S. **(350-357)**
- j.** 22 NUR 484 – J.R. **(358-361)**
- k. 22 NUR 526 – B.M.S. **(362-367)**
- l. 22 NUR 539 – A.R.K., R.K.R., H.A.T. **(368-379)**
- m. 22 NUR 551 – J.A.L., J.A.F. **(380-387)**
- n. 22 NUR 636 – C.M.B. II **(388-395)**
- o. 22 NUR 659 – Unknown **(396-399)**
- p. 22 NUR 850 – K.E.T. **(400-410)**
- q. 23 NUR 007 – J.R.L. **(411-419)**
- r. 23 NUR 045 – D.A.F. **(420-423)**
- s. 23 NUR 057 – C.J.B. **(424-439)**
- t.** 23 NUR 141 – O.B.K. **(440-443)**
- u. 23 NUR 195 – R.R.K. **(444-448)**
- v. 23 NUR 210 – R.J.K. **(449-452)**
- w. 23 NUR 213 – E.G.T. **(453-457)**

3. Proposed Stipulations, Final Decisions, and Orders (458-679)

- a. 20 NUR 012 – Patricia M. Hobbins-Kemp, L.P.N. **(458-464)**
- b. 21 NUR 207 – Barbara Johnson Farmer, R.N., A.P.N.P. **(465-471)**
- c. 21 NUR 439 – Cheryl Smokowicz Salceda, R.N. **(472-480)**
- d. 21 NUR 480 – Erin K. Kusch, R.N. **(481-486)**
- e. 21 NUR 513 – Nicole E. Holton, R.N. **(487-498)**
- f. 21 NUR 555 – Chrystal L. Lutz, R.N. **(499-504)**
- g. 21 NUR 700 – Linda S. Beaber, R.N. **(505-511)**
- h. 21 NUR 718 – Teah M. Bersch, L.P.N. **(512-517)**
- i. 21 NUR 777 – Jessica N. Isler, R.N. **(518-525)**

- j. 21 NUR 810 – Luke E. Tankovich, R.N. (526-532)
 - k. 22 NUR 019 – Stephanie L. Mayer, R.N. (533-538)
 - l. 22 NUR 104 – Rachelle L. Bethards, R.N. (539-545)
 - m. 22 NUR 131 – Danielle D. Wynn, R.N. (546-553)
 - n. 22 NUR 196 – Shawana S. Zerwig, R.N. (554-560)
 - o. 22 NUR 331 – Molly M. Fitzgerald, L.P.N. (561-569)
 - p. 22 NUR 332 – Elaine S. Rud, R.N. (570-575)
 - q. 22 NUR 372 – Richelle A. Christianson, R.N. (576-582)
 - r. 22 NUR 392 – Stacie D. Patzwald, R.N. (583-589)
 - s. 22 NUR 432 – Tina M. Bellis, R.N. (590-596)
 - t. 22 NUR 510 – Kizzie R. Willingham, L.P.N. (597-603)
 - u. 22 NUR 599 – Rachael L. Dano, R.N. (604-610)
 - v. 22 NUR 707 – Jaclyn R. Vados, R.N. (611-617)
 - w. 22 NUR 725 – Sharon B. Johnson, R.N. (618-623)
 - x. 22 NUR 730 – Jan R. Hayden, R.N. (624-629)
 - y. 22 NUR 750 – Kristen C. Seyferth (f/k/a Staples), R.N. (630-635)
 - z. 22 NUR 817 – Hannah Joers, R.N. (636-645)
 - aa. 22 NUR 876 – Fatuma D. Adam, R.N. (645-651)
 - bb. 23 NUR 017 – Julie M. Swonger, R.N. (652-660)
 - cc. 23 NUR 068 – Stephanie M. Lesperance (McClain), RN (661-672)
 - dd. 23 NUR 222 – Jennifer S. Berning, R.N. (673-679)
4. **Monitoring Matters**
- a. **Monitor Wagner (608-732)**
 - 1. Carrie Buchholz, R.N. – Requesting Full Licensure (608-703)
 - 2. Jaymie Malik, R.N. – Review of AODA Assessment (704-722)
 - 3. Todd Mehroff, R.N., A.P.N.P. – Requesting Full Licensure (723-732)
 - b. **Monitor Olson (733-**
 - 1. Mackenzie Campbell, R.N. – Petitioning for Full Licensure (733-756)
 - 2. James Hansen, R.N. – Requesting Full Licensure (757-773)
 - 3. Julie Huse, R.N. – Requesting Full Licensure (774-789)
 - c. **Monitor Krogman (790-915)**
 - 1. Julie Baisa, R.N. – Requesting Termination of AA/NA Meetings and Job Setting Restrictions (C.22.) (790-823)
 - 2. Stephanie Bylsma, L.P.N. – Requesting Full Licensure (824-834)
 - 3. Kelly Clemence, R.N. – Requesting a Reduction in AA/NA Meetings to twice per month & AODA Treatment to Once a Month (835-866)
 - 4. Abby Gifford (Harris), R.N. – Requesting Full Licensure (867-885)
 - d. **Monitor Heller (886-1153)**
 - 1. Sarah Cenicerros, R.N. – Requesting Full Licensure (886-897)
 - 2. Amber (Resch) Fleming, R.N. – Requesting Termination of Treatment per the Treater (898-915)
 - 3. Christine Hamilton, R.N. – Requesting Reduction in Drug/Alcohol Screens & Termination of Direct Supervision (916-950)
 - 4. Dana Hintz, L.P.N. – Requesting a Reduction in Drug/Alcohol Screens, Reduction in AA/NA meetings, termination of the work settings C.22, and the termination of treatment per the treater (951-976)
 - 5. Tia McCurley, R.N. – Requesting Full Licensure (977-992)
 - 6. Kristin McGuire, R.N. –Board Liaison Request for AODA Assessment Review (993-1020)
 - 7. Derek Norkol, R.N. – Requesting Reinstatement of his Registered Nurse License (1021-1077)

8. Lobsang Phintso, R.N. – Requesting Access to Controlled Substances & Reduction in the Drug Testing Frequency **(1078-1102)**
9. Kimberly Reilly, R.N. – Requesting Full Licensure **(1103-1127)**
10. Noelle Stone, L.P.N. – Review of AODA Assessment and Requesting Initial Stay of Suspension **(1127-1153)**

I. Deliberation on Proposed Final Decision and Order (1154-1165)

1. Susan Drzewiecki, R.N. – SPS-23-0008, 21 NUR 148

J. Deliberation on Matters Relating to Orders Fixing Costs (1166-1185)

1. Clifton W. Davison, R.N. – SPS-22-0028, 19 NUR 504

K. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. 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. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
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

L. Consulting with Legal Counsel

1. Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

N. 2022 RN Survey, Wisconsin Center for Nursing- Discussion and Consideration (1186)

1. Presentation by Susan Zahner, PhD Principal Investigator

O. Education and Examination Matters – Discussion and Consideration (1187-1218)

1. Herzing University – Review of Plan for Improvement of NCLEX Pass Rates (ADN) **(1188-1192)**
2. Bryant & Stratton College – Review of Plan for Improvement of NCLEX Pass Rates (ADN) **(1193-1206)**

3. Columbia College – Mt. Mary University – Review of Plan for Improvement of NCLEX Pass Rates (BS) (1207-1218)

P. Legislative and Policy Matters – Discussion and Consideration

Q. Administrative Rule Matters – Discussion and Consideration (1219-1260)

1. Discussion of N 6, Relating to Delegated Acts (1219-1257)
2. Pending and Possible Rulemaking Projects (1258-1260)

R. Newsletter Matters – Discussion and Consideration (1261)

S. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration (1262)

1. Travel Report: NCSBN Executive Officers Leadership Summit, Newport Beach, CA – June 21-23, 2023 – Brad Wojciechowski

T. Nurse Licensure Compact (NLC) Update – Discussion and Consideration

U. Liaison Reports – Discussion and Consideration

V. Discussion and Consideration of Items Added After Preparation of Agenda:

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

W. Public Comments

X. Open Session Items Noticed Above Not Completed in the Initial Open Session

- Y. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
- Z. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: AUGUST 10, 2023

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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dps.wi.gov>. 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. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JUNE 8, 2023**

PRESENT: John Anderson, Janice Edelstein, Christian Saldivar Frias (*excused at 9:17 a.m.*), Robert Weinman, Emily Zentz

EXCUSED: Vera Guyton, Rosalyn McFarland, Linda Scott

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Katlin Schwartz, Bureau Assistant; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 8:07 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- OPEN Session: REMOVE
 - Item F.2) Bryant & Stratton College – Review of Plan for Improvement of NCLEX Pass Rates (ADN)
 - Item F.5) Rasmussen College – Green Bay – Review of Plan for Improvement of NCLEX Pass Rates (ADN) (Corrections to 2022 NCLEX Report Resulted in an 80% or Greater Pass Rate)
 - Item F.6) Columbia College – Mt. Mary University – Review of Plan for Improvement of NCLEX Pass Rates (BS)
- CLOSED Session: REMOVE item N. Presentation and Deliberation of Petitions for Summary Suspension and Designation of Hearing Official

MOTION: Janice Edelstein moved, seconded by Robert Weinman, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES MAY 11, 2023

MOTION: John Anderson moved, seconded by Janice Edelstein, to approve the Minutes of May 11, 2023 as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

Recognition of Emily Zentz, Registered Nurse

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to recognize and thank Emily Zentz for her years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Appointments of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing	Rosalyn McFarland, Janice Edelstein, Vera Guyton (<i>LPN Reviews</i>), Robert Weinman <i>Alternate:</i> Vera Guyton
Monitoring	John Anderson <i>Alternate:</i> Robert Weinman
Professional Assistance Procedure (PAP)	Robert Weinman
Legislative Liaison	John Anderson, Robert Weinman
Newsletter Liaison	Janice Edelstein <i>Alternate:</i> Vera Guyton
Board Practice Liaison	Robert Weinman
Board Education Liaison	Janice Edelstein
Controlled Substances Board as per Wis. Stats. §15.405(5g)	Robert Weinman <i>Alternate:</i> Rosalyn McFarland (Primary)
Wisconsin Coalition for Prescription Drug Abuse Reduction	Rosalyn McFarland
Travel Authorization Liaison	Robert Weinman (Chair)
Military Medical Personnel	Robert Weinman
COMMITTEE MEMBER APPOINTMENTS	
Legislation and Rules Committee	Janice Edelstein, Robert Weinman (Chair), John Anderson

BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION	
Administrator of the Nurse Licensure Compact	Robert Weinman <i>Alternate:</i> Janice Edelstein

SCREENING PANEL APPOINTMENTS	
Alternates	Robert Weinman
2023 Screening Panel Rotation	
January – March	Janice Edelstein, Vera Guyton
April – June	Robert Weinman, John Anderson
July – September	Robert Weinman, Christian Saldivar Frias
October – December	Robert Weinman, John Anderson

EDUCATION AND EXAMINATION MATTERS

Cardinal Stritch University – Ruth S. Coleman College of Nursing - Review of Plan for Improvement of NCLEX Pass Rates (ADN)

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to acknowledge and thank Lori Stutte, Department of Nursing Program Chair, of Cardinal Stritch University – Ruth S. Coleman College of Nursing, for appearing before the Board. Motion carried unanimously.

MOTION: Emily Zentz moved, seconded by Christian Saldivar Frias, to accept the NCLEX Pass Rates improvement plan of Cardinal Stritch University – Ruth S. Coleman College of Nursing. Motion carried unanimously.

Herzing College – Review of Plan for Improvement of NCLEX Pass Rates (ADN)
(Corrections to 2022 NCLEX Report Resulted in No ADN Test Takers for 2022)

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to acknowledge and thank Steve McEvoy, Academic Dean, and Tina Dorau, Nursing Program Chair, of Herzing College, for appearing before the Board. Motion carried unanimously.

MOTION: Robert Weinman moved, seconded by John Anderson, to accept the NCLEX Pass Rates improvement plan of Herzing College. Motion carried unanimously.

Lac Courte Oreilles Ojibwe Community College – Review of Plan for Improvement of NCLEX Pass Rates (ADN)

MOTION: Robert Weinman moved, seconded by John Anderson, to acknowledge and thank Jamie Gohde, Nursing Program Director of Lac Courte Oreilles Ojibwe University, for appearing before the Board. Motion carried unanimously.

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to accept the NCLEX Pass Rates improvement plan of Lac Courte Oreilles Ojibwe Community College. Motion carried unanimously.

(Christian Saldivar Frias was excused at 9:17 a.m.)

The meeting adjourned at 9:35 a.m. due to loss of quorum.



PUBLIC AGENDA REQUEST FORM

Instructions:

1. Fill out this form, and then save to your device.
2. Return to the “[Suggest an Agenda Item](#)” page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed “Public Agenda Request” form and send.

First Name: Barbara

Last Name: Nichols

Association/Organization: Wisconsin Center for Nursing

Subject: 2022 RN Survey

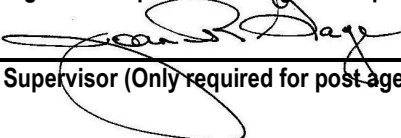
Date of Meeting: May 11, 2023

Issue to Address:

Suzan Zahner, PhD Principal Investigator to present results of the 2022 RN Survey. TO present at the May 11, 2023 BON Meeting.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Joan Gage		2) Date when request submitted: 06/02/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 07/13/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? School Exam Assessment Reports and Plans for Improvement.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: HERZING UNIVERSITY - KENOSHA – PN BRYANT & STRATTON COLLEGE – ADN COLUMBIA COLLEGE - MT MARY UNIVERSITY – BS			
11) Authorization			
Joan Gage		06/02/2023	
Signature of person making this request 		Date 06/02/2023	
Supervisor (Only required for post-agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			



HERZING
UNIVERSITY

5800 7th Ave, Kenosha, WI 53140
P 262.671.0675 • www.herzing.edu

June 28, 2023

Ms. Joan Gage
Program Manager
Office of Education and Examinations
Division of Policy Development
WI Department of Safety & Professional Services
Hill Farms State Office Building
4822 Madison Yards Way
Madison, WI 53705

Re: Herzing University – Kenosha NCLEX PN Pass Rate Improvement Plan

Dear Ms. Gage:

This letter is in response to the Wisconsin Board of Nursing notification received on April 13, 2023, regarding the PN 2022 NCLEX pass rate of 79.76%. Please accept our 2022 NCLEX Pass Rate Improvement Plan. The faculty and program chair completed a thorough review of the curriculum, objectives, assessments, and faculty development to create a plan to address any deficiencies that may have contributed to our low pass rates for the 2022 academic year.

Maintaining a quality learning environment is an important program outcome for the nursing program. To create nursing students who are able to manage quality, safe, evidenced-based, skilled, and patient-centered care utilizing the nursing process, an annual review and modification of the nursing curriculum are important in remaining in compliance with nursing practice.

This letter speaks to these deficiencies as well as interventions being implemented to ensure a return to the all-time 80% pass rate recommended by the Board of Nursing standards for nursing program compliance. The plan below is broken down by Organizational and Student focus points.

ACTIONS	DATE IMPLEMENTED	EVIDENCE	STATUS												
ORGANIZATIONAL ACTIONS															
Herzing University – Kenosha	April 13, 2023	Received a warning letter pertaining to the 2022 NCLEX-PN results	Response Pending												
Assembled a team to review the PN graduate NCLEX testing results.	Program start	The Program Chair and Academic Dean met to monitor and discuss the trend of PN test results for 2020-2021 and improvements made to date.	NCLEX Review Committee was formed to review the data. Ongoing weekly meetings with the Associate Dean of Nursing Operations, NCLEX Coach, Academic Dean, Campus President, and Program Chair.												
Concern: In 2022, the PN Program’s Pass Rates fell below the required 80% for all-time testers.	N/A	<table border="1" data-bbox="678 615 1068 709"> <thead> <tr> <th>Year</th> <th>Delivered</th> <th>Pass</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>75</td> <td>58</td> <td>77.63</td> </tr> <tr> <td>2022</td> <td>84</td> <td>67</td> <td>79.76</td> </tr> </tbody> </table>	Year	Delivered	Pass	%	2021	75	58	77.63	2022	84	67	79.76	Ongoing weekly meetings with the Associate Dean of Nursing Operations, NCLEX Coach, Academic Dean, Campus President, and Program Chair.
Year	Delivered	Pass	%												
2021	75	58	77.63												
2022	84	67	79.76												
Mountain Measurement data informs course review and revisions.	Summer 2023	Subscription access gained for program to review performance in NCLEX-PN blueprint categories.	In progress												
STUDENT FOCUS – CURRENT STUDENTS															
Monitoring and facilitation of student engagement	Implemented from the start of the program and ongoing	<p>Students are encouraged to meet with Faculty and/or Program Chair to monitor progress and remediate as needed during their program.</p> <p>Every course includes a mid-course connection with every student that includes a review of student performance and referral to resources to support success in the course and program. Students scoring below 76% on any exam, are required to meet with faculty for remediation and academic coaching prior to their next exam. In addition, each semester, every student meets with their Academic Advisor to review goals and progress in the program.</p>	<p>In progress</p> <p>Administration and Faculty review of academic advising, mid-course connections, and student attendance in the classroom, with remediation implemented when needed</p>												
Various forms of remediation (tutoring, faculty office hours, and open lab hours) are available for those students who fall below the required 76% within a course.	Implemented from the start of the program and ongoing	<p>Test Remediation is documented via <i>Beacon</i> (an online student contact monitoring program).</p> <p>The Weekly Student Success Meeting (WSSMs). The meetings are held weekly, and each meeting focuses on a unique cohort, and all faculty that connect with that cohort during the term participate in the meeting as well.</p>	In progress – Students are advised to attend tutoring, faculty office hours, and open lab hours, and are encouraged to create study group sessions with classmates. Faculty provide scheduled office hours each week, and additional tutoring hours are available as needed through either the instructor or the campus nursing tutor to provide remediation for those students scoring below 76% in a course. Students scoring below 76% on												

ACTIONS	DATE IMPLEMENTED	EVIDENCE	STATUS
			any exam, are required to meet with faculty for remediation and academic coaching prior to their next exam.
Fostered stability among the faculty nursing team	Implemented from the start of the program and reviewing faculty assignments each semester	Several of the faculty have been identified and are available to assist the PN students through tutoring, mentorship, and NCLEX preparation.	In progress
Curriculum Progression Milestone Exams implemented. The purpose of the nursing progression milestone exams and policy is to ensure the preparation of the student for the NCLEX exam. This process validates knowledge acquisition and application through standardized, third-party exams. Students will be required to complete three progression milestone exams at key points in the curriculum as well as an exit exam during the final semester. Each progression milestone exam is a comprehensive assessment of all content covered in the program up to exam administration and requires that students achieve a benchmark score which is determined by the system School of Nursing. If the benchmark score on the first formal attempt is not attained, a plan for remediation is developed.	Spring 2022	Students' results from the milestones by cohort	In progress
STUDENT FOCUS – GRADUATE STUDENTS			
An NCLEX Coach is assigned to assist graduates who haven't tested or have not been successful.	Program start	To date, a total of 18 PN graduates remain who have not attempted the NCLEX-PN exam or have not been successful on the examination. An NCLEX Coach has been assigned to assist these graduates on a 1 to 1 basis and help guide them to NCLEX success. See Table 1.1 for detailed information regarding each student contact this year (Deidentified to protect private information).	In progress – Since graduation, we have made continual attempts to contact and support these students through the NCLEX testing process. Outreach has been made to the PN graduates who had the potential to sit for the NCLEX-PN since graduation to offer ongoing support to prepare for the NCLEX-PN. We continue to

ACTIONS	DATE IMPLEMENTED	EVIDENCE	STATUS
			support the PN graduates who are interested in sitting for the
Retesting Assistance is provided by the Program Chair/NCLEX Coach	Program Start	In the event of an NCLEX Failure, the NCLEX Coach/Program Chair reviews the results email from DSPS with the graduate and devises a new study plan focusing on the graduate's weakest areas seeking to support for retest ready at the minimum 45-day point as prescribed by the BON/DSPS.	NCLEX-PN examination. Herzing University Kenosha will continue to offer support to those previous graduates who have not yet attempted or passed the NCLEX and who intend to pursue licensure.
Additional product support	Spring 2022	NurseAchieve and PassPoint are provided to students who are not successful in their first attempts. These products provide students feedback from the performance of adaptive quizzes taken and help improve weaknesses in content.	Complete.
Additional faculty support	Spring 2022	Appoint an individual faculty as the point of contact for the re-testers to develop an individualized success plan.	In progress, reviewing faculty qualifications and workload for assignment.

Table 1.1 Student Contact Points 2022.

Graduate	Outreach
DG	Outreach on multiple occasions, unfortunately no response. Program Chair has emailed grad multiple times and attempted calls monthly. Sent email 8/16/22 regarding process; emailed 5/15/23; 5/16/23 spoke on the phone, given access to PassPoint, set up plan; 5/31/23 emailed for update and awaiting response.
MG	Given PassPoint, responds infrequently, NCLEX contract and study plan/calendars sent, starts plan but doesn't follow through. New plan and calendar sent 2/5/23, NEW plan 4/26/23; Met 5/3 has new plan, plan to take NCLEX end of June; Follow up continues.
KR	Outreach, given PassPoint PN, NCLEX success contract and study plan/calendars sent, predictor 7/11; 8/1 (not engaged in PassPoint or following plan) Program Chair has emailed grad multiple times and attempted calls monthly. Sent email 8/16 with plan; emailed 5/15/23 awaiting response.
NL	Audited NP280 Spring 2023 - has PassPoint PN; (used all ATI predictors), NCLEX success contract and study plan/calendars sent; 5/16 back in 280 with new plan in PassPoint.
AE	Invited to audit NP 280 in B term, infrequent communication; predictor 7/8 77% Sent email 8/16 regarding process and was notified student is hospitalized. Program Chair has emailed grad multiple times and attempted calls monthly. Emailed 5/15 awaiting response.
BR	Outreach – student is using Archer, repeater NCLEX success contract and calendars sent, predictor 4/12/22 15%; 6/14 6% Sent email 8/16/22 about process, infrequent communication- wants to start study plan (responded 1/28/23)- has PassPoint now; emailed 5/15 ; meeting 5/30 was rescheduled for June 15th.
MTG	Scheduled outreach, given PassPoint PN; NCLEX success contract and study plan/calendars sent. New schedule sent 10/11/22 restarting plan; Program Chair has emailed grad multiple times and attempted calls monthly with no response.
JS	Outreach, waiting on response, Program Chair has emailed grad multiple times and attempted calls monthly. No response as of 4/17/23; emailed 5/15/23.
ERM	Outreach, student using has Hurst, NCLEX success contract and study plan/calendars sent, predictor 2/22/23 67%; Outreach- student using Nurse Achieve, NCLEX success contract and study plan/calendars sent; emailed 5/9/23 & 5/12/23 and no response; responded and meeting 6/4/23. Study Plan updated.

Graduate	Outreach
RB	Outreach – using PassPoint PN, was out of town and not starting study plan until 6/29/22, NCLEX success contract and study plan/calendars sent; 7/27/22 74% Sent email 8/16/22 with plan, Program Chair has emailed grad multiple times and attempted calls monthly. Email sent 5/15/23 no response.
DL	No response to outreach since 1/26/2022 despite repeated attempts. Program Chair has emailed grad multiple times and attempted calls monthly. Sent email 8/16/22 regarding process; emailed 5/15/23.
SW	Outreach - no response until 5/15/22, has PassPoint, NCLEX success contract and study plan calendars sent, holding studying due to personal life 5/31/22; sent email 8/16/22 about process, met with student 11/23/22. Starting study plan 11/29/22. Outreach - has PassPoint, is going to do Sylvan (T/TH), NP 280 on Tues 13--1600; emailed 5/9/23 & 5/12/23 and no response;5/16/23 plan to meet next week; New plan and choosing date in June.
MN	Outreach - given PassPoint PN, NCLEX success contract and study plan/calendars sent. Not studying due to significant personal issues. Now ready to study, the new plan sent 12/8/22; Program Chair has emailed grad multiple times and attempted calls monthly. Meeting 5/17/23 and new plan give.
SC	Outreach - has Archer (still has access to PassPoint), 2 day rapid review, contract, and study plan/calendars sent; met on 5/15/23 and gave new plan.
MD	Outreach - has Hurst, PassPoint, NCLEX success contract and study plan/calendars sent, predictor 11/19/22-canceled- starting to communicate more and getting back on track 2/21/23; Outreach - has Nurse Achieve, NCLEX success contract and study plan/calendars sent; met on 5/10/23 gave new plan.
DC	Outreach - has Hurst, NCLEX success contract and study plan/calendars sent. Sent new calendar/plan 2/5/23; meeting 5/17/23; New plan given.
SS	Outreach - met on campus 5/28, has Nurse Achieve, NCLEX Success contract and study plan/calendars sent; emailed 5/9/23 & 5/12/23 and no response.
DM	Outreach - has Nurse Achieve, NCLEX success contract and study plan/calendars sent; met on 5/10/23 gave new plan and will choose date in June or July to test.

In summary, we continue to be committed to serving the needs of the community and the state and to producing safe and competent nurse generalists. We will continue our outreach to Herzing graduates that have not taken the NCLEX examination to date.

Thank you for your continued support.

Respectfully,

Dr. David P. Zapencki

Digitally signed by Dr. David P. Zapencki
 DN: cn=Dr. David P. Zapencki, o=Herzing University Kenosha,
 ou=Nursing Program Chair, email=dzapencki@herzing.edu, c=US
 Date: 2023.06.28 16:13:07 -05'00'

David P. Zapencki, DNP, MSN/Ed, CNE, CCRN-K, RN
 Nursing Program Chair
 Herzing University – Kenosha Campus

Bryant & Stratton College Action Plan for ADN Program NCLEX Pass Rate Improvement

The NCLEX licensure pass rate is one of our main program outcomes to monitor, and to meet expectations for the Board of Nursing as well as our accrediting body, the Accreditation Commission for Education in Nursing (ACEN). We take this outcome seriously and monitor data on a regular, frequent basis, throughout the year. Our 2022 NCLEX pass rate did not meet the expectations for the Board of Nursing. This report will describe what our faculty have been implementing in order to improve the pass rate, and the new initiatives that we have planned. The level of expectation is that the annual pass rate for all testers is 80% or higher and our ADN pass rate with this criteria was identified by the Board of Nursing as 79.41%. There were some errors noted on the NCSBN report and the follow-up was provided by the Dean of Nursing to the Board. Based on the Dean of Nursing's report, we had 155 total testers and of those, 120, or 77.4% passed the NCLEX. See Appendix A – NCLEX Pass Rates 2022.

The Dean of Nursing regularly monitors graduates' licensure application status for NCLEX results, on a weekly or bi-weekly basis. Faculty are informed as data is gathered, on the decline or improvement, and in this way, action plans can be developed and implemented throughout the year, rather than waiting until the official annual report is provided in March or April. Faculty are not satisfied with an 80% pass rate and have worked diligently in the past two (2) years to develop action plans that will lead to much greater success. The remainder of the report will describe what has occurred in the past two (2) years and what faculty have agreed to implement in the Spring and Fall terms for 2023.

In February 2021 our annual pass rate met the 80% benchmark, but faculty identified action plans for increasing this because we were just at 80% and not satisfied with this result. We utilize ATI (Assessment Technology Institute) products throughout our program which is essentially an NCLEX success product. This product includes practice questions, modules, proctored exams, and a plethora of resources. The proctored exams are used in the program to determine the students' predictability of passing NCLEX. Prior to taking the proctored exam, students take two (2) practice exams on their own. Since 2021 the ATI has incorporated more resources and NextGen style materials and questions into its test bank. As a result of just meeting the NCLEX pass rate for 2021 the faculty began to require students to complete remediation activities on all practice exams. Upon completion of a practice exam students will see a report that indicates areas needing improvement, meaning they did not answer questions on that specific topic correctly. Faculty began to require that students remediate on all those areas needing improvement for each practice exam, in order to be eligible to take the proctored exam. ATI provides templates for remediation and faculty required students to use these templates and to hand write the remediation to reduce the chance that students would just copy and paste information into these documents. Faculty identified that many students in the beginning of the program, NURS 103 Nursing Fundamentals, were not utilizing ATI resources, so the instructor of this course began incorporating more resources from ATI into class activities to encourage students to engage in ATI. In August 2021 unfortunately we saw a downward trend in our NCLEX pass rate based on the monitoring by the Dean of Nursing. Faculty identified additional action plans to be implemented in Fall 2021 (which would directly impact 2022 NCLEX pass rates):

1. Change in Grading Policy- Students must earn 70% in order to pass their NURS courses (no change from previous, and consistent with the College policy); however, we added a stipulation that students must also earn 70% overall average in their exam points in order to pass a NURS course. This meant students could not pass a NURS course if they earned an overall failing grade in exams

but passed because of homework or other assignments. Students were informed of this change prior to Fall 2021 semester beginning.

2. Faculty agreed that they would eliminate or limit study guides for exams and they would not offer review sessions which specifically address exam topics. Faculty agreed that any review sessions they conducted would be essentially led by students' questions about topics they wanted to review.
3. Faculty agreed that the majority of courses should have the overall grade based on 90% exams and 10% non-exam points. There were three (3) exceptions to this. In first or second semester NURS 125 Lifespan Development and Nursing Practice, and final semester NURS 230 Nursing Issues, Leadership and Research, and NURS 270 Nursing Internship. Each of these courses have numerous alternative activities such as ATI Capstone (thorough review of all NURS course content) and written papers or presentations to provide evidence of achieving our end-of-program student learning outcomes which is a requirement of our accrediting bodies.
4. Final semester students will complete 50 Board Vitals questions each week and provide evidence of this to the clinical instructor. Board Vitals questions are a resource from ATI which allows students to practice NCLEX style questions and to customize the questions to topics they are struggling with the most.
5. We increased the rigor in NURS 103 Nursing Fundamentals exams. The faculty agreed to an exam policy to prepare students for the NCLEX and to increase rigor as students progress in the program. We felt the exams could be increased in rigor earlier, and that the faculty would prepare students for this style of questioning through their in-class activities. See Appendix B for the most current exam policy that faculty utilize. The faculty also included a plan for incorporating NextGen NCLEX style questions in order to adequately prepare our graduates for this new exam in April 2023.
6. Students tend to not appreciate the value of ATI and Carry Ramel, instructor in BSN program and Nursing Program Director, agreed to attend ADN classes and show students how to maximize their utilization of ATI.
7. NurseTim has been a valuable resource for faculty professional development so a renewed subscription for 2022 was added to the nursing program budget.
8. Lastly, faculty identified they would increase NCLEX practice questions into class sessions, along with a discussion of rationale to guide students in their critical thinking.

With the change in the grading policy and other plans as noted above, for Fall 2021 we did see a decline in final semester pass rate. We had 22 graduates this semester and there were 20 who passed the NCLEX on the first attempt with an overall pass rate of 90%. The two (2) graduates who did not pass on the first attempt, did pass on the second, resulting in a pass rate of 100% for first-time and repeated testers. Unfortunately, during this Fall 2021 term with the increased expectation for exam points for passing courses, we also saw and heard from students, an increase in cheating in ATI exams. There were reports of students finding questions online and of students sharing questions with others. We investigated and did notice a significant change in ATI proctored exam results for some cohorts as well as the amount of time students were taking to complete the ATI exam. We collaborated with ATI on our data and the reports from students.

Faculty had a serious discussion about ATI integrity following this and we were very concerned that the ATI products, especially the proctored exams, may be compromised, so we took the proctored exam

points out of our exam point calculations and included them in non-exam points. The students still took the proctored exams in class and they were still worth the same amount of points, but they were in the non-exam points category.

We saw an increase in our graduate numbers for Winter 2022 but a decline in the pass rate with 52 graduates and 42 passing on the first attempt (80%). The Winter semester ends at the end of April, so these graduates were taking NCLEX in May, June, and July for the most part. Five (5) of these graduates passed on the subsequent attempt yielding an NCLEX pass rate of 90% (47/52). The July 2022 faculty meeting included sharing examples of the various NCLEX Next Gen questions and faculty were considering how to best incorporate these into their current Blackboard exams. We did invite NurseThink representatives on campus in Spring 2022 to share their resources with our faculty team. NurseThink is another valuable resource for faculty, but more importantly, for students to prepare for the NCLEX. Faculty appreciated their resources and incorporated many of their suggestions and resources into their courses.

The Spring 2022 graduates increased in number to 59, however, this was during the time that the DSPS was undergoing a hardship in turnover and staffing, so despite looking for NCLEX results weekly, the Dean of Nursing was not able to gather data and many of these graduates who have not been successful were unknown to the program faculty until we received the NCSBN report in April 2023. Our Spring 2022 first-time testing pass rate is 67% and to our knowledge the pass rate for repeaters is 85% (47/55). Prior to the NCSBN report, the Dean of Nursing was very optimistic and reporting to faculty that the pass rate was very high. The Fall 2022 graduate pass rate for the NCLEX is at 65% for first-time testers and 77% for repeaters, which again was unknown to the Dean of Nursing due to the delay in posting licensure information in a timely manner.

During our Winter 2023 in-service we held faculty in-service sessions to discuss the NextGen clinical judgement model and comparison to the nursing process, exam writing in Blackboard to incorporate NextGen style questions, and ATI resources into teaching and learning activities.

Faculty have identified the new activities that were a part of the curriculum in an attempt to improve NCLEX pass rates and student success in the program:

1. NURS 103 Nursing Fundamentals clinical- bedside assessments, SBAR reporting, role playing care scenarios, simulation (high and low-tech), case studies, ATI questions, case studies
2. NURS 211 Medical Surgical Nursing Lab- NCLEX practice questions, medication calculation, pharmacology and pathophysiology assessment discussions related to each skill being learned
3. NURS 211 Medical Surgical Nursing Clinical- Review of NextGen NCLEX questions on post-conference, especially those related to topics being covered in lecture that week
4. Many faculty incorporated the NurseThink case studies and activities into class and/or clinical post-conference learning experiences

We offered a significant increase in faculty tutoring for students in Winter 2023 term with 10 faculty offering tutoring for 31 hours each week on varying days, times, and campus locations. We have had faculty attend NurseTim conferences which provide valuable resources and information on helping nursing programs and students to be successful and we held ATI sessions on campus to showcase the resources available and to inform faculty of the opportunities to maximize ATI in their courses. During our Spring in-service, faculty who attended the ATI session were able to provide additional information to

those faculty who could not attend. We also reviewed the Mountain Measure Report for the past two (2) quarters to identify content areas that needed to be addressed in our program specifically. Beginning in the Spring 2023 term the following action plan will be implemented for each course in the ADN Program:

1. Faculty realized that students were not taking ATI seriously because they were not so “high stakes” by being included in the non-exam points so we did add the proctored exams back to the exam points. Essentially if a student does not level on ATI and receive the points needed, they would have to earn 78% average on course exam points in order to pass the course, which still seemed reasonable to faculty. We are also requiring students who do not score a level 2 or higher to submit remediation to their clinical instructor on the first day of clinical the following term, in order to provide students an opportunity to improve their knowledge of areas needing improvement and to also provide faculty with information on areas that students are struggling with so they may create activities to address these areas. Students were notified in advance of this change of grading.
2. Faculty have expressed a concern that there has been student cheating on exams so they are monitoring exam days more diligently. We have purchased privacy screens that can be placed at the student desks to prevent students from viewing the computer next to them. We have upgraded the software for monitoring students’ computer screens during exams, and the testing accommodation center has been informed of our concern and will do more frequent rounding to ensure students are not accessing inappropriate sites during exams. Faculty will monitor student scrap papers more closely to ensure they are not notes, to increase success on exams.
3. We will be increasing the number of pharmacology questions on course unit exams, specifically NURS 211 Medical Surgical Nursing I and NURS 223 Medical Surgical Nursing II
4. NURS 103 Nursing Fundamentals will include ATI Practice A exam and require remediation; case studies will be incorporated into class activities
5. NURS 211 Medical Surgical Nursing I is planning to incorporate more Next Gen style case studies in class and is adding dynamic quizzing and assessment builder (ATI resources) throughout the semester
6. NURS 215 Pharmacology for Nursing will incorporate Pharmacology Made Easy from ATI as well as the assessment builder to add more NCLEX style questions. One of the instructors is piloting some interactive learning activities with a Mnemonic Study Guide for psychiatric medications and a Top 200 Drugs Made Easy to help students with creating ways of remembering pharmacology in a fun, interactive manner.
7. NURS 202 Family Child Nursing will incorporate all 880 dynamic quiz questions into class activity requirements (400 for OB and 480 for Peds) throughout the term
8. NURS 222 Geriatric and Mental Health Nursing will revise the pre-work to include 55 ATI questions each week for gerontology or mental health concepts each week for 9 weeks
9. NURS 223 Medical Surgical Nursing II will continue the 50 Board Vitals questions each week
10. NURS 230 Nursing Issues, Leadership and Research is incorporating 50-100 dynamic quizzing or custom made ATI questions weekly; Next Gen questions added in course exams, especially case study format
11. NURS 270 Nursing Internship increasing the points allotted for the ATI Predictor exam which will prevent a student from passing the course if they fail the Comprehensive A, B, and the Predictor exams.

12. Clinical faculty will increase their incorporation of concepts of fundamentals of nursing based on the Mountain Measure Report
13. In the Fall term we will implement the "traveling case study" which was introduced to faculty from attendance at the NurseTIm conference to help incorporate fundamentals and medical surgical concepts throughout the program
14. The RN NCLEX Review Book by Saunders will be required earlier in the program in order to give students more practice with these NCLEX prep questions
15. The Dean of Nursing has made a deliberate effort to ask graduates who have passed the NCLEX to share their experience and advice with current students, graduates, and faculty. These messages have then been sent to the faculty and to the nursing students/graduates.
16. We did make a change in our curriculum in Winter 2023; we offered a one credit course focused on medication calculation and medical terminology which replaced the NURS 100 Introduction to Nursing course. The concepts in that course were repeated in NURS 103 Nursing Fundamentals, so faculty and students did not see the value in that course. Faculty anticipated with a course dedicated to medication calculation and medical terminology we would see improved student program completion.
17. Faculty will continue to conduct exam analyses after all sections have taken an exam in order to identify revisions needed for the next semester
18. Lastly, we have a couple of students who are interested in being designated as Student ATI Champions so we will utilize these students to promote ATI and to engage current students in the NCLEX prep product.

The Bryant & Stratton College faculty and Dean of Nursing fully anticipate these actions will improve our NCLEX pass rates. We take great pride in our program and in preparing students for success on the NCLEX and in their careers. We also realize that we have to see significant improvement quickly because our last two (2) cohorts have not performed well on the NCLEX. Faculty are committed to their students and to the program, so we are very optimistic that these results will meet the BON requirements in the next year.

Appendix A

ADN NCLEX Pass Rates 2022

BSC-ADN Program NCLEX First Time Test-Taker in 2022

Graduate	Pass/Fail on 1 st or repeated attempt	Comment
Aamodt	Pass	
Adesanya	Pass	
Adu	Fail	
Ali	Pass	
Ankerstein	Pass	
Arivett	Pass	
Arneson	Pass	Listed on BSN Report
Baranowski	Pass	
Barg	Pass	
Barribeau	Pass	
Bartos	Pass	
Baus	Pass	
Bayiga	Pass	
Boozer	Pass	
Brown	Pass	Listed on BSN Report
Casas-Hoerter	Pass	
Ceballos	Pass	
Chandler	Pass	
Chaparas	Pass	
Child	Pass	
Chovanec	Pass	Listed on BSN Report
Cobb	Pass	
Cunning	Pass	
Curry	Fail	Listed on BSN Report
Dafetta	Fail	
Dahl	Pass	Listed on BSN Report
Dess	Pass	
Dimpas	Pass	
Early	Pass	
Ebersole	Pass	
Estrada	Pass	
Farah	Fail	
Figueiredo	Pass	
Frank	Pass	
Franklin-Mull	Fail	
Frey	Pass	
Fuentes Almaguer	Pass	
Garcia	Pass	
Geibel	Pass	Listed on BSN Report
Gibas	Pass	
Grewal	Pass	
Grudowski	Pass	

Haque	Pass	
Harris, B	Pass	
Harris, A	Pass	
Harris, J	Pass	
Hayes	Fail	
Hernandez	Pass	
Hollis	Pass	
Jennerjohn	Pass	
Joseph	Pass	
Kathrein	Pass	
Kelley	Pass	
Kendrick	Fail	
Knepprath	Pass	Listed on BSN Report
Krauss	Pass	
Lawson	Pass	
Lemishko	Pass	
Lingad	Pass	
Loeper	Pass	
Malone, T	Pass	
Malone, A	Fail	
Mamedova	Pass	
Martinez	Pass	
Martinez-Labra	Pass	
Mauer	Pass	
McCarthy	Pass	
McGee	Fail	
Mcneal	Pass	
Menden	Pass	
Mewes	Pass	
Misuraco	Pass	
Moore	Pass	
Moses	Pass	
Nieuwenhuis	Fail	
Nold, A	Pass	
Nold, B	Pass	Listed on BSN Report
Oakley	Pass	
Ortega	Pass	
Ortiz	Pass	Listed on BSN Report
Otukoya	Fail	
Peck	Fail	Listed on BSN Report
Perry	Pass	
Pugh	Pass	
Ramos	Pass	Listed on BSN Report
Rasmussen-Wirkus	Pass	
Richards	Pass	
Ridderbush	Pass	Listed on BSN Report

Rivera	Pass	
Roberson	Pass	
Ross	Pass	Listed on BSN Report
Ross Dampha	Pass	
Schaff	Pass	
Selby	Pass	Listed on BSN Report
Shaw	Pass	Listed on BSN Report
Shurn	Pass	
Simmons-Tillman	Fail	
Smith, J	Pass	
Smith, F	Pass	
Smith, S	Pass	
Sommer	Fail	
Spangler	Pass	
Springfield	Pass	
Sprinkman	Fail	
Stadler	Pass	
Stine	Pass	
Suliman	Pass	
Thao, Kathy	Fail	
Thao, B	Fail	
Thao, Kevin	Pass	
Tibbits	Fail	
Toshner	Pass	
Uecker	Pass	
Veasy	Pass	
Volm	Fail	
Von Allmen	Pass	
Walker	Pass	
Washington	Pass	
Watke	Pass	
Wegner	Pass	Listed on BSN Report
Williams	Fail	
Wulff	Pass	Listed on BSN Report
Yang, J	Pass	
Yang, M	Pass	
Yang, P	Pass	
Yefremov	Pass	
Zielinski	Pass	
Zimmerman	Pass	
Zoeller	Pass	Listed on BSN Report
Zuniga	Fail	

Total ADN grads that tested first time in 2022 and passed on first or repeated attempt= 109/130=83.8%

Total ADN grads that tested first time prior to 2022 and again in 2022- 11/25 passed

Total of all testers 120/155= 77.4%

Graduates listed on ADN report that are not from BSC:

Dumars

Gray

Herrington

Holloway

Johnson

Rinella

Vogelpohl

Graduate listed on ADN report that should be on BSN report: Reidenbach

Appendix B
Faculty Exam Policy

Exam Policy

The exam policy was reviewed and voted upon. This policy is an internal, faculty only policy, which can be used as a guide for course leads in creating exams. (Last Update 8/22)

- 1. All exams will follow a consistent format of computerized testing, if possible**
- 2. The length of all exams will be between 30-100 questions per exam with students allowed 1.5 minutes per question overall for testing time. Faculty may want to remind students that ATI proctored exams allow for one minute per question. See #14 regarding time allotted for scenario-based new gen style questions.**
- 3. There will be between 3-6 exams including the final for each nursing course (exceptions for NURS 234, 407, 403)**
- 4. Faculty should request peer review of exams prior to the administration of the exam whenever possible. Distracters should be realistic, plausible, and of similar length. Faculty should conduct and review the exam item analysis after each exam. If on the item analysis less than 30% of all students answered the item correctly, the question will be peer reviewed to determine if revisions should be made in the item for future exams. For all items where 80% or more students answered the item correctly, a peer review of the item will occur with an analysis and discussion regarding future use of or revision of the exam item. If a distracter is not chosen by any student, it should be revised before the next implementation of the exam. No points will be awarded back to students unless the instructor keyed the response incorrectly. In this situation, each student's exam must be reviewed individually and only those students who were not awarded points will receive the change in score for that particular item. If faculty strongly feel points on the exam should be awarded back to students, they will submit the documentation of peer review and rationale for the request to either Lynn or Carry, and to Linda.**
- 5. All exams will be formatted as per the NCLEX exam:**

DO NOT USE	USE THIS
proper names	"A client"
Physician or doctor	Provider or healthcare provider
pronouns unless necessary	gender neutral language
"mother" or "father"	"a parent"
"Which of the following...?"	"Which is...?"
"except" in the stem (negative question)	Positive language (change question format if needed)
CNA certified nursing assistant	UAP unlicensed assistive personnel
Trade medication names	Generic medication names
Should	Would

Consider chain of command: charge nurse, manager, then supervisor

Always bold these words in the stem: **"select all that apply"** **"first"** **"question"** (as in which should the nurse question?) **"rounding"** **"immediate"**

- 6. 90% of the course grade will be based upon exams. The courses that have an exception to this include NURS 125, NURS 270, NURS 234, NURS 403, NURS 407, and NURS 470**

7. Math rounding should be indicated in the question stem. Math questions should be fill-in-the-blank rather than multiple choice. Medication calculation questions should have a medication label posted as part of the question. Students will be required to just write the numbers for the response, no labels.

8. Study guides are not required to be provided by the instructor

9. All course exams will include a cover page with standard language including, but not limited to:

- You will have XX minutes to complete the exam.
- Please take your time and answer each question carefully.
- All exam rules and expectations as describe in the course syllabus are applicable
- No cell phones or smart watches
- No additional browsers may be open on the computer screen
- Violation of these rules will result in a score of 0 on the exam

10. Questions will be randomized, one question at a time, and No backtracking

11. Select All That Apply style questions will be scored as either correct or incorrect

12. The exam options should show “choose” in the section for students to review the exam after completion (located toward the end of the exam option menu)

13. New Generation Style NCLEX questions will be incorporated into exams beginning in Winter 2022 with NURS 103 for ADN program. For the BSN program, all courses through semester 5 (NURS 301/302) should be incorporating new gen style questions in Winter 2022. Each semester thereafter, the next in sequence NURS course will add new gen questions.

14. New Gen style questions can be 10-50% of the alternative item exams. These questions should be worth the same points as other items, and no partial credit to be allowed. Additional time may be allotted for those questions that use a scenario (1-1.5 additional minutes per question).

ADN exam rigor expectations

	Remember	Understand	Apply	Analyze/ Synthesize/ Evaluate	Alternative Item
N100	25%	60%	15%		
N103	0	0	30%	50%	20%
N125	15%	45%	30%	10%	
N211	0	0	25%	55%	20%
N215	0	0	50%	30%	20%
N202	0	0	15%	55%	30%
N222	0	0	15%	55%	30%
N223	0	0	0	70%	30%
N230	0	0	0	70%	30%

PN Exam Expectations

Course	Remember	Understand	Apply	Analysis and Higher	Alternative Style
LPVN 100	0	15%	30%	45%	10%
LPVN 101	0	0	15%	55%	30%
LPVN 105	0	0	15%	55%	30%
LPVN 110	0	0	15%	55%	30%
LPVN 115	0	0	0	70%	30%
LPVN 120	0	0	0	70%	30%
LPVN 130	0	0	0	70%	30%

BSN Exam Expectations

Course	Remember	Understand	Apply	Analysis or Higher	Alternative Items
N102	15%	60%	15%	0	10%
N125	15%	45%	30%	10%	
N234	0	15%	30%	45%	10%
N235	0	15%	30%	45%	10%
N231	0	15%	30%	45%	10%
N232	0	30%	45%	15%	10%
N215	0	0	50%	30%	20%
N301	0	0	25%	55%	20%
N302	0	0	15%	55%	30%
N303	0	0	15%	55%	30%
N304	0	0	15%	55%	30%
N401	0	0	0	70%	30%
N402	0	0	15%	55%	30%
N407	0	0	50%	30%	20%
N403	0	0	0	70%	30%
N404	0	0	15%	55%	30%
Electives	0	0	15%	55%	30%



To: Mr. Robert W. Weinman, RN, CCHP, Chairperson, Wisconsin Board of Nursing
Ms. Joan R. Gage, Education and Examinations Office

FROM: Elizabeth S. Markham, PhD, RN, Chief Nurse Administrator and Department Chair
Mt. Mary University

Date: May 30, 2023

Mt. Mary University appreciates the Warning Letter related to NCLEX-RN Pass from the Board of Nursing, dated April 13, 2023. We were very concerned to learn that any students associated with Mt. Mary University had sat for the RN licensure examination as our nursing program had been granted approval to offer a traditional pre-licensure bachelor's nursing program in Fall 2021. We were excitedly anticipating the graduation of our first class in May 2024 (and now December 2023 with the acceptance of some transfer students from the closure of the Carinal Stritch program). We, therefore, were and still are concerned about the 33.3% pass rate report we received.

Prior to presenting the plan for NCLEX-RN pass rate achievement, it is important that the following facts become a part of the official record with the Board of Nursing.

- Mt. Mary entered into a partnership contract with Columbia College of Nursing to offer an option for enrolled students of Mt. Mary to complete a nursing degree through their school in 2002. The partnership had Mt. Mary offering the liberal arts core and science core courses and Columbia offering the nursing component of the program. Mt. Mary and Columbia College would issue a joint BSN degree. Pending challenges occurring with the partnership, Mt. Mary terminated the partnership with Columbia College of Nursing in Fall 2013 when Columbia College became its own degree granting institution. The relationship time line and formal letter of dissolution from 2016 is attached (Appendix A and B).
- Mt. Mary embarked on the establishment of its own BSN prelicensure program as follows:
 - Having an already approved 1-2-1, RN-BSN completion agreement with Milwaukee Area Technical College, the decision was made to plan and seek approval to create Mt. Mary's own prelicensure BSN program.
 - June 15, 2020, The Higher Learning Commission, approved the proposal of by Mt. Mary to offer a prelicensure Nursing BSN program (See Document) (Appendix C).
 - On March 11, 2021, Kara Groom, the Department Chair, notified MMU Administrative leaders that the BON had given authorization for Mt. Mary to admit students to its prelicensure nursing program. Also, in 2021, Mt. Mary was listed as an approved prelicensure program (See attachments) (Appendices D and E)
 - The first students were admitted to the prelicensure program in Fall 2021 with expected graduation in May 2024.
- Upon notification of non-compliance for required pass rates, we at Mt. Mary began to search records to determine if these students were our graduates. A review and listing of all Mt. Mary-Columbia College graduates from Mt. Mary was prepared by Jonathan Hertig, Mt. Mary University Registrar. We were unable to find the students listed in the National Council reports as graduates from Mt. Mary nor find them having been at the University at all (Appendix F). We then contacted other schools with whom we were aware of relationships with Columbia College of Nursing to determine if these students graduated from their program. The search was



negative (See Appendix G). We can only assume that these students' degrees were awarded by Columbia College themselves.

A very interesting point found in the review was that Mt. Mary University was and never has had its own NCSBN identification number. A number should have been issued with approval. It appeared easy to assign Mt. Mary responsibility while ignoring relationships with other schools of nursing.

As for as activities in place and to be added to promote NCLEX-RN pass rate outcomes that meet or exceed the 80% standard required by the Wisconsin Board of Nursing, we will be engaged in the following activities to include students, faculty, and curriculum with our 2024 graduates and those whom we have just accepted from Cardinal Stritch University who may graduate in December 2023:

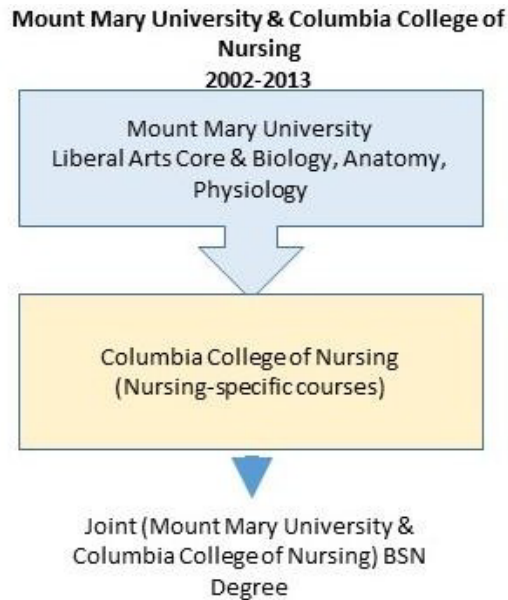
- We are currently adding faculty in focused specialty areas to assure that we have the breadth and depth needed to assure appropriate instruction to the nursing students.
- We have revised our nursing curriculum to consider flow and building blocks for learning in its structure. The initial work was completed in early March 2023 and we are currently making the last refinement to the curriculum flow. At Mt. Mary, students start their initial prelicensure courses in the Sophomore year of enrollment thus allowing for exposures and activities in both inpatient and community/population-based learning.
- Our nursing program provides concurrent tutoring and academic support systems to students as desired or recommended while they are concurrently enrolled in nursing courses.
- We have altered the placement of our HESI posttests to give a truer picture of achievement and achievement gaps so that appropriate remediation plans may be provided or attained by the students.
- We will have live, in-person required exit NCLEX-RN prep reviews required of all graduates.
- Faculty Development and Planning:
 - Faculty: All current faculty have been provided with an own campus presentation and resources related to the revision in the NCLEX-RN examination effective April 1, 2023. Inclusive in this was test construction information, management of clinical settings, organization and presentation of materials, and hints at improved class and clinical management of students.
 - All faculty are actively involved in syllabi and instructional/classroom management.
 - All faculty have input into the redesign of student manuals, policies, and our newly revived Freshman and Sophomore Boot Camps.
 - We have moved to remove from credit extra points and prolonged delayed acceptance of late work as well as the management/auditing of materials to monitor student submissions.

We believe that we will be in successful in meeting required outcomes for our prelicensure program. We are requesting that Mt. Mary be assigned its own NCSBN number to avoid further confusion related to grade reporting.



APPENDIX A Mt. Mary-Columbia College Time Line

Mount Mary BSN degree partnership we had with Columbia College of Nursing from 2002-2013



Our formal partnership with CCON ended in spring 2013. The ending of the formal agreement occurred in conjunction with CCON becoming their own degree granting institution in the fall of 2013.



APPENDIX B: COLUMBIA COLLEGE-MT. MARY LETTER OF DISSOLUTION



COLUMBIA
COLLEGE OF NURSING

4425 North Port Washington Road

Glendale, Wisconsin 53212

Phone: (414) 326-2330

Fax: (414) 326-2331

www.ccon.edu

July 16, 2015

Eileen Schwalbach, PhD
President
Mount Mary University
2900 North Menomonee River Parkway
Milwaukee, Wisconsin 53222-4597

Dear Dr. Schwalbach:

The purpose of this letter is to confirm that Mount Mary College and Columbia College of Nursing entered into an agreement to provide a joint BSN degree, with the first class enrolling in this program in the Fall of 2002. A few years ago, this agreement changed, and Mount Mary University and Columbia College of Nursing have determined that the final graduates of this joint degree program will be matriculating in December of 2015.

Best regards,

Jill M. Berg, PhD, RN, FAHA

Mount Mary
UNIVERSITY



Elizabeth S. Markham, PhD, RN
Chief Nurse Administrator and Department Chair
414-930-3290
markhame@mtmary.edu

2900 N. Menomonee River Parkway, Milwaukee, WI 53222 | mtmary.edu/nursing

President and Dean



APPENDIX C: HIGHER LEARNING COMMISSION APPROVAL FOR PRE-LICENSURE BSN



HIGHER LEARNING COMMISSION

230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1411
312.263.0456 | 800.621.7440
Fax: 312.263.7462 | hlcommission.org

June 22, 2020

Dr. Christine Pharr
President
Mount Mary University
2900 Menomonee River Parkway
Milwaukee, WI 53222

Dear President Pharr:

This letter serves as formal notification and official record of action taken concerning Mount Mary University by the Institutional Actions Council of the Higher Learning Commission at its meeting on June 15, 2020. The date of this action constitutes the effective date of the institution's new status with HLC.

Action. IAC concurred with the evaluation findings and approved the institution's request to offer the Bachelor of Science in Nursing (BSN) pre-licensure program.

In taking this action, the IAC considered materials from the most recent evaluation and the institutional response (if applicable) to the evaluation findings.

In two weeks, this action will be added to the *Institutional Status and Requirements (ISR) Report*, a resource for Accreditation Liaison Officers to review and manage information regarding the institution's accreditation relationship. Accreditation Liaison Officers may request the ISR Report on HLC's website at <https://www.hlcommission.org/isr-request>.

Within the next 30 days, HLC will also publish information about this action on its website at <https://www.hlcommission.org/Student-Resources/recent-actions.html>.

Please note: Revisions to HLC's Criteria for Accreditation will go into effect on September 1, 2020. Institutions will be evaluated against the revised Criteria for all reviews conducted after that date, including reviews related to previously assigned monitoring. Institutional reports submitted after September 1, 2020, that reference the Criteria should be written to the revised version. More information about the revised Criteria, including a crosswalk between the current and revised versions, is available on HLC's website at <https://www.hlcommission.org/criteria>.

If you have any questions about these documents after viewing them, please contact the institution's staff liaison Linnea Stenson. Your cooperation in this matter is appreciated.

Sincerely,

Barbara Gellman-Danley
President

CC: ALO



APPENDIX D: Department Chair Report of Approval by WBON

From: Kara K Groom <groomk@mtmary.edu>

Sent: Thursday, March 11, 2021 10:45 AM

To: Cheryl P Bailey <baileyc@mtmary.edu>; Karen Friedlen <friedlek@mtmary.edu>; Christine Pharr <pharrc@mtmary.edu>

Subject: Wisconsin Board of Nursing Update

Hello,

Good news – I attended the Wisconsin Board of Nursing (BON) meeting this morning the BON granted final approval for our RN to BSN program! This means our RN to BSN program is fully approved and our new MMU BSN program has Step 2: Authorization to Admit.

We are all set from a Wisconsin Board of Nursing perspective until after we have had at least one graduating class from our new 4-year BSN program at which point we will seek final approval for that program.

Please let me know if you have any questions.

Thanks!

Kara

APPENDIX E: WBON LISTING OF APPROVED PROGRAMS

Approved In-state Nursing Schools				
** Authorized to Admit Students, Not Yet Board Approved				
Nursing School	Educational Administrator	City	Telephone Number	Email Address
Alverno College	Patricia Varga, PhD, RN, CNE	Milwaukee	(414) 382-6277	patricia.varga@alverno.edu
Bellin College of Nursing	Mary Rolloff, PhD, MSN, BSN	Green Bay	(920) 433-6639	mary.rolloff@bellincollege.edu
Blackhawk Technical College	Deborah Pessoa, MN, BSN	Janesville	(608)-757-7678	dpessoa2@blackhawk.edu
Bryant and Stratton College	Linda Krueger, EdD, MSN, RN	Milwaukee	(414) 302-7007 Ext. 502	lmkrueger@Bryantstratton.edu
Cardinal Stritch University	Gloria Jacobson	Milwaukee	(847) 209-4397	gajacobson@stritch.edu
Carroll University	Teresa Kaul, BSN, PhD, MSN	Waukesha	(262) 650-4924	tkaul@carrollu.edu
Carthage College	Frank Hicks, PhD, MSN, RN	Kenosha	262) 551-6038	fhicks@carthage.edu
Chippewa Valley Technical College	Gwendoline Amoapim, MSN, RN	Eau Claire	(715) 831-7236	gamoapim@cvtc.edu
College of Menominee Nation	Lori Kroenke, MSN, BSN	Keshena	(715) 799-6226 Ext 3269	lkroenke@menominee.edu
Columbia College of Nursing	Heather Vartanian	Milwaukee	(414) 326-2301	heather.vartanian@ccon.edu
Concordia University Wisconsin	Sharon Chappy, PhD, RN, CNOR	Mequon	(262) 243-4246	Sharon.Chappy@cuw.edu
Edgewood College	Margaret Noreuil, RN, PhD	Madison	(608) 663-2292	mnoreuil@edgewood.edu
Fox Valley Technical College	Barbara Timmons, MSN, RN	Appleton	(920) 996-2834	timmons@fvtc.edu
Gateway Technical College	Victoria Hulback, MSN, RN	Kenosha	(262) 564-2694	hulbackv@gtc.edu
George Williams College**	Pamela Taylor, PhD, APRN, FNP-BC	Williams Bay	(630) 844-5262	phtaylor@aurora.edu
Herzing University-Brookfield	Deborah Ziebarth	Brookfield	(262) 457-7624	dziebarth@herzing.edu
Herzing University-Kenosha	David Zapencki, MSN, RN	Kenosha	(262) 649-170	dzapencki@herzing.edu
Herzing University-Madison	Annmarie Lyles, PhD, RN	Madison	(608) 395-3439	alyles@herzing.edu
Lac Courte Oreilles Ojibwe Community College**	Lisa Munive	Hayward	(715) 634-4790 Ext. 132	lmunive@lco.edu
Lakeland University	Kerry Hamm, MSN, RN	Plymouth	(920) 565-1000 Ext. 2903	HammKL@Lakeland.edu
Lakeshore Technical College	Lori Hertel, MSN, RN	Cleveland	(920) 693-1207	lori.hertel@gotoltc.edu
Madison Area Technical College	Ernise Williams, PN, PhD, MS, BS	Madison	(608) 616-3380	ewilliams2@madisoncollege.edu
Maranatha Baptist Bible College	Susan Rasmussen, BSN, MSN	Watertown	(920) 206-4043	susan_rasmussen@mbu.edu
Marian University	Interim - Kimberly Udilis, PhD, BSN, MSN	Fond du Lac	(920) 923-8597	kaudlis48@marianuniversity.edu
Marquette University	Janet Wessel Krejci	Milwaukee	(414) 288-3812	janet.krejci@marquette.edu
Mid-State Technical College	Deborah Johnson-Schuh MSN, RN	Wis. Rapids	(715) 422-5613	deb.johnsonschuh@mstc.edu
Milwaukee Area Technical College	Denise Owens MSN, RN	Milwaukee	(414) 297-7840	owensd@matc.edu
Milwaukee School of Engineering	Carol Sabel, PhD, BSN	Milwaukee	(414) 277-7338	sabel@msoe.edu
Moraine Park Technical College	Kelly Shafaie, MSN, BSN	Fond du Lac	(262) 335-5757	kshafaie@morainepark.edu
Mount Mary University	Kara Groom, PhD, MSN, BSN	Milwaukee	(414) 930-3391	groomk@mtmary.edu
Nicolet Area Technical College	Candace Dailey, RN, MSN, BSN	Rhineland	(715) 365-4539	csdailey@nicolecolleage.edu
Northcentral Technical College	Marlene Roberts, MSN, BSN	Wausau	(715) 803-1620	robertsm@ntc.edu
Northeast Wisconsin Technical College	Brian K. Krogh, MSN, RN	Green Bay	(920) 498-7131	brian.krogh@nwtc.edu
Rasmussen College-Green Bay	Julie Williams, ADN, BSN	Green Bay	(920) 883-2135	julie.williams@rasmussen.edu
Rasmussen College-Wausau	Jennifer Koback, MSN, RN	Wausau	(715) 841-8057	jennifer.koback@rasmussen.edu
Silver Lake College	Brianna Neuser	Manitowoc	(920) 686-6213	brianna.neuser@sl.edu
Southwest Wisconsin Technical College	Cynde Larsen, RN, MSN, BSN	Fennimore	(608) 822-2642	clarsen@swtc.edu
University of Wisconsin-Eau Claire	Linda K. Young, PhD, RN, CNE, CFLE	Eau Claire	(715) 836-4904	younglk@uwec.edu
University of Wisconsin-Green Bay	Christine Vandenhouten, PhD, MSN, BSN	Green Bay	(920) 434-1576	vandenhc@uwgb.edu



APPENDIX E: LETTER FROM THE MMU REGISTRAR



Mount Mary
UNIVERSITY

May 23, 2023

Jonathan Hertig, Registrar
Mount Mary University
2900 N Menomonee River Parkway
Milwaukee, Wisconsin, 53222

Dear Wisconsin Board of Nursing,

We received notice of three students that did not pass the 2022 NCLEX exam under the CCON/Mount Mary dual degree program. We have extensively searched for these students in our Jenzabar database back to 2000 and do not see any of the student names in our records.

Diana Rose Navarro
Miranda Turner
Jessica Vrasich

Thank you,


Jonathan Hertig
Registrar
Mount Mary University
414-930-3268
hertigj@mtmary.edu



APPENDIX F: RESPONSE FROM CARROL UNIVERSITY AND ALVERNO COLLEGE RELATED TO SEARCH FOR STUDENTS APPEARING IN THE BON REPORT

Re: [EXT] Re: Graduation Confirmation Needed for the Following Nursing Students

Elizabeth R Markham <markhame@mtmary.edu>

Tue 5/23/2023 3:52 PM

To: Gianna M. Pacioni <gianna.pacioni@alverno.edu>; Mary M Hensel <mhensel@carrollu.edu>; Cynthia Willman <cwillman@carrollu.edu>; Carroll University Registrar <reg@carrollu.edu>; Teresa L Kaul <tkaul@carrollu.edu>

Unfortunately, I do not have any other names nor do we have information on how to contact them. I just know that none of the names appear on our detailed listing of graduates to which we awarded degrees did not contain their names. I will continue to see what I can find out and share that information.

Beth M.

From: Elizabeth S. Markham, PhD, RN <epacioni@alverno.edu>

Chief Nurse Administrator and Department Chair

Mount Mary University

To: Elizabeth R Markham <markhame@mtmary.edu>; Mary M Hensel <mhensel@carrollu.edu>; Cynthia Willman <cwillman@carrollu.edu>; Carroll University Registrar

Prege@carrollu.edu; Teresa L Kaul <tkaul@carrollu.edu>

p: 414-930-3290 (campus); 919-824-0887 (c)

e: markhame@mtmary.edu

Subject: Re: [EXT] Re: Graduation Confirmation Needed for the Following Nursing Students

a: 2900 North Menomonee River Parkway, Milwaukee, WI 53222

[EXTERNAL] - This email was sent from an external address. Please exercise caution when opening links or attachments.

Mount Mary

I looked into our records and was not able to find transcripts for any of the students listed below. Do you have any other names the students could be listed under that you can provide?

Thanks,
Gianna

Gianna Pacioni

gianna.pacioni@alverno.edu

Records Coordinator-Registrar's Office

P: 414-382-6073 F: 414-382-6478



From: Elizabeth R Markham <markhame@mtmary.edu>

Sent: Wednesday, May 17, 2023 3:30 PM

To: Mary M Hensel <mhensel@carrollu.edu>; Cynthia Willman <cwillman@carrollu.edu>; Carroll University Registrar <reg@carrollu.edu>; Teresa L Kaul <tkaul@carrollu.edu>

Cc: Gianna M. Pacioni <gianna.pacioni@alverno.edu>

Subject: [EXT] Re: Graduation Confirmation Needed for the Following Nursing Students

** External Email **

Thank you so much for the follow-up. This is helpful and thank you for forwarding to Alverno.

Beth M.

From: Elizabeth S. Markham, PhD, RN <epacioni@alverno.edu>

Chief Nurse Administrator and Department Chair

Mount Mary University

To: Elizabeth R Markham <markhame@mtmary.edu>; Mary M Hensel <mhensel@carrollu.edu>; Cynthia Willman <cwillman@carrollu.edu>; Carroll University Registrar <reg@carrollu.edu>; Teresa L Kaul <tkaul@carrollu.edu>; Elizabeth R Markham

p: 414-930-3290 (campus); 919-824-0887 (c)

e: gianna.pacioni@alverno.edu <gianna.pacioni@alverno.edu>

e: markhame@mtmary.edu

Subject: Re: Graduation Confirmation Needed for the Following Nursing Students

a: 2900 North Menomonee River Parkway, Milwaukee, WI 53222

[EXTERNAL] - This email was sent from an external address. Please exercise caution when opening links or attachments.

Mount Mary

We don't see any of the students listed in either our current or older student data system. Unless we would have them under another name, I don't think these students went to Carroll. Here is what I found on the web for them if you want to try to them for more information. I have also copied in Gianna Pacioni from Alverno to see if there is any chance they have a record of these students.

Diane R Navarro – Couldn't find
Miranda Turner

NPI No Physicians Clinics Hospitals


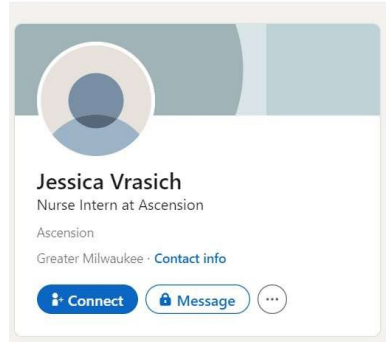
Home / All Providers / All Nurses / Registered Nurse / W

Miranda Turner - 1790439669 Profile Details

Miranda Turner is a Registered Nurse based out of **Waukesha, Wisconsin** and her medical specialization is **Registered Nurse**. She practices in **Waukesha, Wisconsin** and has the professional credentials of **RN**. The NPI Number for Miranda Turner is **1790439669** and she holds a **License No. 228325-30 (Wisconsin)**.

Her current practice location address is **W227n2590 Meadowood Ln, , Waukesha, Wisconsin** and she can be reached out via phone at **262-408-8798** and via fax at -. You can also correspond with Miranda Turner through mail at her mailing address at **W227n2590 Meadowood Ln, , Waukesha, Wisconsin - 53186-8840** (mailing address contact number -- -).

Jessica Vrasich

Jessica Vrasich
Nurse Intern at Ascension
Ascension
Greater Milwaukee · [Contact info](#)

[Connect](#) [Message](#) [...](#)

Jessica Vrasich A Overview

Jessica Vrasich A in 2021 was employed at Mchenry County and had a reported pay of \$25,426 according to public records. This pay is 51 percent lower than aver and 46 percent lower than median salary in Mchenry County.

Thank you,

Mary M. Hensel
Assistant Registrar
Veteran Certifying Official
she, her, hers

Office: 262-524-7575
Fax: 262-650-4851
carrollu.edu



100 N. East Avenue | Waukesha, WI 53186



Elizabeth S. Markham, PhD, RN
 Chief Nurse Administrator and Department Chair
 414-930-3290
markhame@mtmary.edu
 2900 N. Menomonee River Parkway, Milwaukee, WI 53222 | mtmary.edu/nursing

From: Cynthia Willman <cwillman@carrollu.edu>
Sent: Tuesday, May 16, 2023 7:16 AM
To: Carroll University Registrar <reg@carrollu.edu>
Subject: FW: Graduation Confirmation Needed for the Following Nursing Students

Hello
 Would anyone be able to verify that the below students are graduates?
 I don't know how else to help her and Teri is out of the country right now. Thanks.

Thank you,
Cindi Willman
 Administrative Assistant - Department of Nursing
cwillman@carrollu.edu
 Office: 262-524-7381
carrollu.edu



100 N. East Avenue | Waukesha, WI 53186

From: Elizabeth R Markham <markhame@mtmary.edu>
Sent: Monday, May 15, 2023 4:50 PM
To: Teresa L Kaul <tkaul@carrollu.edu>
Cc: Cynthia Willman <cwillman@carrollu.edu>
Subject: Graduation Confirmation Needed for the Following Nursing Students

CAUTION: This e-mail originated from outside of Carroll University. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Terri:

Mt. Mary has received notification from the Board of Nursing that we are out of compliance with pass rates. Unfortunately, we have not had any graduates from our program yet. We had a partnership with Columbia College of Nursing that was dissolved in 2013. We have reviewed all of our records of degrees awarded and these students do not match anyone on our list. I really need to know if they are your grads so that we can straighten this out with the Board of Nursing. need to get the report in by early next week of the June agenda.
 Here are the students from the National Council report (attached):

Candidate Last Name			NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
Navarro	Diane Rose	24097076	6/2020			Yes	Wis (50)
Turner	Miranda	23169406		1/4/2022 8:23:35 AM	Pass	Yes	
Vrasich	Jessica	23972045		1/4/2022 7:55:07 AM	Fail	Yes	
Vrasich	Jessica	23972045		8/18/2022 1:20:18 PM	Fail	Yes	

I copied your Administrative Assistant on this email as backup as I realize how busy you are.
 Talk later.

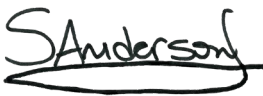
Beth M.

Elizabeth S. Markham, PhD, RN
 Chief Nurse Administrator and Department Chair
 Mt. Mary University
 p: 1 414-930-3290 (campus); 919-824-0887 (c)
 e: markhame@mtmary.edu
 a: 2900 North Menomonee River Parkway, Milwaukee, WI 53222



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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 7/2/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: July 13, 2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Chapter N 6 2. Related laws document. 3. Guidelines for RN delegation to UAPs. 4. DHS guidelines for RNs delegating med administration to unlicensed personnel. 5. Nursing rule projects chart.			
11) Authorization			
		07/02/2023	
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.			

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

[N 6.01](#) Authority and intent.

[N 6.02](#) Definitions.

[N 6.03](#) Standards of practice for registered nurses.

[N 6.04](#) Standards of practice for licensed practical nurses.

[N 6.05](#) Violations of standards.

N 6.01 Authority and intent.

(1) This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and [\(4\)](#), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

(a) The patient's clinical condition is predictable;

(b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

(c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

(a) The patient's clinical condition is not predictable;

(b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

(c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

- (5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse.
- (6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.
- (7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.
- (8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.
- (9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.
- (10) "Protocol" means a precise and detailed written plan for a regimen of therapy.
- (10m) "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

Note: There was an inadvertent error in [CR 15-099](#). "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. [441.16](#), Stats. The error will be corrected in future rulemaking.

- (11) "R.N." means a registered nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.
- (12) "L.P.N." means a licensed practical nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

N 6.03 Standards of practice for registered nurses.

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

- (a) Accept only those delegated acts for which there are protocols or written or verbal orders.
- (b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.
- (c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.
- (d) Perform delegated acts under the general supervision or direction of provider.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- (b) Provide direction and assistance to those supervised.
- (c) Observe and monitor the activities of those supervised.
- (d) Evaluate the effectiveness of acts performed under supervision.

N 6.04 Standards of practice for licensed practical nurses.

(1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform.
- (b) Provide basic nursing care.
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient.
- (d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.
- (e) Perform the following other acts when applicable:
 1. Assist with the collection of data.
 2. Assist with the development and revision of a nursing care plan.
 3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.
 4. Participate with other health team members in meeting basic patient needs.

(2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

DHS 129.07 Standards for nurse aide training programs.

https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/129/ii/07

(1) Curriculum for a nurse aide training program. The training program shall include theory and practice in all of the following care areas:

(a) *Interpersonal communication and social interaction.* The program shall include the theory of and practice in communicating and interacting on a one-to-one basis with a client; serving as part of a team implementing client care objectives; demonstrating sensitivity to a client's emotional; social and psychological needs through directed interactions; and skills that enable expressions of age-appropriate behavior by allowing a client to make personal choices and by reinforcing behavior that supports a client's sense of dignity. After completion of this portion of the training program, a nurse aide shall do all of the following:

1. Identify the components of a caregiver-client relationship and be able to recognize and demonstrate understanding of all of the following:

- a.** The uniqueness of each client, in terms of that person's age, disability, family status, financial status, gender, marital status, race, and sexual orientation, and cultural, generational, social, ethnic, religious or other background, values or characteristics.
- b.** The needs of a client with Alzheimer's disease, dementia, mental illness, intellectual disability, or other cognitive disabilities or impairments.
- c.** Ways both nurse aides and clients can cope with stress.
- d.** What constitutes caregiver misconduct.
- e.** The messages conveyed by body language, speech and facial expressions.

2. Demonstrate an ability to establish effective relationships with clients and be able to do all of the following:

- a.** Communicate with clients in a respectful manner that affords clients dignity.
- b.** Explain procedures and activities to clients before carrying out those procedures or beginning those activities.
- c.** Demonstrate concern for clients who have long-term or disabling illnesses or who are dying.
- d.** Identify developmental tasks associated with the aging process.

3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with clients and be able to do all of the following:

- a.** Recognize effective listening techniques.
- b.** Distinguish assertive from aggressive responses.

c. Identify the difference between non-acceptable and acceptable touching during job performance.

d. Identify therapeutic interventions and specialized techniques for responding to client's wandering and confusion.

4. Recognize common barriers to communication, including language, vision changes, hearing loss, speech problems, memory loss, disorientation and pain.

5. Demonstrate an ability to promote the independence of clients within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.

6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for client emotional support.

(b) Basic nursing skills. The program shall include the theory of and practice in basic nursing skills, including bed making, taking vital signs, measuring height and weight, caring for the client's environment, measuring fluid and nutrient intake and output, assisting in the provision of proper nutritional care, walking or transferring the client using body mechanics and appropriately selected equipment with regard to principles of client care ergonomics, and maintaining infection control and safety standards. A nurse aide shall do all of the following:

1. Use acceptable personal hygiene.

2. Recognize the components of working relationships.

3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency.

4. Use proper body mechanics.

5. Demonstrate an understanding of the meaning of common medical terms and abbreviations.

6. Observe and report changes in client behavior and physical status, including signs and symptoms of common diseases and conditions.

7. Recognize when a client may be choking and respond appropriately.

8. Recognize the normal physical and psychological changes associated with aging.

9. Identify the basic principles of nutrition and hydration.

10. Recognize and report deviations from a client's normal food and fluid intake and output.

11. Recognize the basic requirements of commonly prescribed therapeutic diets.

12. Use common measures to promote a client's skin integrity, considering the client's ethnicity, race and age.

13. Demonstrate appropriate techniques in walking, transferring, positioning and transporting clients.
14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails.
15. Recognize and respond appropriately to emergency situations including following emergency evacuation procedures.
16. Demonstrate appropriate hand washing techniques.
17. Understand and use commonly used alternatives to restraints in accordance with current professional standards.
18. Maintain the safety and cleanliness of client care areas.
19. Make use of proper isolation technique.
20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions.
21. Make occupied and unoccupied beds.
22. Measure temperature, pulse and respiration.
23. Measure a client's weight and height.
24. Record objective information.
25. Apply nonprescription ointments to unbroken skin areas.
26. Recognize the general effects of prescribed routine medications.
27. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions.
28. Assist with care of clients when death is imminent.
29. Assist with post-mortem care.
30. Maintain the safety and cleanliness of areas where food is stored.

(c) *Personal care skills.* The program shall include the theory of and practice in basic personal care skills, including bathing, mouth care, grooming, dressing, toileting, and assistance with eating, hydration and skin care. A nurse aide shall demonstrate the ability to do all of the following:

1. Give a complete or partial bed bath to a client and assist a client in taking a bath or a shower.
2. Provide care of the client's perineal area.
3. Apply appropriate oral hygiene practices when assisting a client with oral hygiene, including caring for the client's dentures.

4. Care for a client's nails, hair and skin.
5. Shave and shampoo a client, including applying nonprescription medicated shampoos.
6. Dress and undress a client.
7. Prepare a client for meals.
8. Assist in feeding a client, including helping a client use adaptive devices and feeding utensils and encouraging a client to eat nutritionally balanced meals.
9. Assist a client with bowel and bladder elimination.

(d) Basic restorative services. The program shall include the theory of and practice in providing restorative services. Basic restorative services include the application of assistive devices for ambulation; eating and dressing; maintenance of range of motion through appropriate exercises; proper turning and positioning both in bed and chair; proper transferring techniques; bowel and bladder training; and care and use of prosthetic devices such as hearing aids, artificial eyes and artificial limbs. A nurse aide shall demonstrate the ability to do all of the following:

1. Recognize the importance of bowel and bladder programs.
2. Recognize the method for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to do all of the following:
 - a. Position clients by use of pillows, towel rolls, padding and footboards.
 - b. Perform simple range of motion exercises.
 - c. Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.
3. Transfer clients safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer clients.

Note: Equipment used to transfer clients includes, but is not limited to, mechanical lifts, friction reducing devices; wheelchairs and gait belts.
4. Reinforce breathing exercises, including coughing and deep breathing.
5. Help clients use hearing aids and visual aids.

(e) Rights of clients.

1. The program shall provide instruction on the principles of and requirements relating to clients' rights. The nurse aide shall demonstrate an understanding of all of the following obligations:
 - a. Providing privacy for clients in treatment, living arrangements and personal care needs.
 - b. Maintaining the confidentiality of client health and personal records.

- c. Allowing clients to make personal choices to accommodate the clients' needs.
- d. Providing help clients need in getting to and participating in activities, including client and family group meetings.
- e. Maintaining the personal possessions of clients in good and secure condition.
- f. Interacting with clients without abusing or neglecting the clients.
- g. Interacting with clients without misappropriating the clients' property.
- h. Immediately reporting to appropriate facility or agency staff every instance of abuse or neglect of a client or misappropriation of a client's property as defined in s. [DHS 13.03 \(1\)](#), [\(12\)](#), and [\(14\)](#).

2. The nurse aide shall demonstrate behavior that recognizes that clients have rights and that the aide respects those rights. The nurse aide shall do all of the following:

- a. Demonstrate respect and concern for each client's rights, preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational and religious differences.
- b. Show respect for cultural, ethnic and religious food preferences.
- c. Recognize what constitutes abuse of clients and demonstrate an understanding of how to interact with clients without abusing them or without appearing to abuse them.
- d. Demonstrate prevention and intervention skills with combative clients that balance appropriate client care with a need to minimize the potential for injury to the aide and others.
- e. Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating complaints of abuse of client property.
- f. Demonstrate an understanding of the process by which a client or staff member may file a complaint on behalf of a client and seek redress for a perceived violation of client rights.
- g. Recognize the role of client advocacy groups as client resources.
- h. Demonstrate awareness of how to file a complaint with the department regarding operations within the provider setting.

(f) *Dementias*. The program shall include instruction about dementia and specific techniques for meeting the basic needs of clients with dementia. The nurse aide shall demonstrate an understanding of all of the following:

1. The nature of dementia, including the cause, course and symptoms of the impairment. The effects that brain changes have on the person's moods, abilities and functioning.
2. The effects on the client of staff verbal and nonverbal communication with the client and means of modifying these communications and approaches to facilitate effective interaction between clients and staff.
3. The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems.
4. The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability.
5. Possible causes of dementia related symptomatic behavior changes, specifically focusing on understanding behavior as an attempt to communicate unmet needs and then how to address the unmet need including an understanding of how pain impacts behavior.
6. Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine and the incorporation of the person's life story and past interests, routines, tastes, values and background.
7. The stress involved for the client, family and nurse aide in caring for a client with dementia and techniques for coping with this stress and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

DSH 105.14 (4) (4) Orientation and training.

[https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14\(4\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14(4))

(a) *Orientation.* Before performing any job duties, all employees shall receive appropriate orientation to their job responsibilities and to the ADCC and its policies, including emergency and evacuation procedures, participant rights, and prevention and reporting any allegation of participant abuse, neglect, and misappropriation of participant property.

(b) *Training.*

1. Within 90 days of employment, the ADCC shall provide, obtain or otherwise ensure each caregiver receives training in all the following areas:
 - a. Meeting the physical, social and mental health needs of each participant group served by an ADCC. Specific training shall include, as applicable, activities, safety risks, managing and responding to challenging behaviors, environmental considerations, disease processes, communication skills, and nutritional needs.
 - b. Recognizing and responding to changes in condition including first-aid.

c. Use of a fire extinguisher.

2. The ADCC shall provide, obtain, or otherwise ensure each caregiver receives and successfully completes specific task training prior to assuming these job duties, including all of the following:

a. Personal care training for all caregivers who provide assistance with activities of daily living. Training shall be appropriate to the care and services provided. Specific training topics may include toileting and incontinence care, mobility and transferring, eating, bathing, and dressing.

b. Standard precaution training for all caregivers who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood.

c. Medication administration and management training for all caregivers who manage, administer, or assist participants with prescribed or over-the-counter medications.

(c) *Caregiver supervision.* Until a caregiver has completed all required training, the caregiver shall be directly supervised by the program director or by a qualified caregiver.

(d) *Continuing education.* The program director and every caregiver shall receive at least 10 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following:

1. Standard precautions.
2. Participant rights.
3. Prevention and reporting of abuse, neglect and misappropriation.
4. Emergency and evacuation procedures.

DHS 105.14 (7) (d) (d) Medication administration.

[https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14\(7\)\(d\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.14(7)(d))

1. The ADCC shall have a written policy for medication management and shall designate which caregivers are authorized and trained to administer medications. The caregiver administering medications shall be 18 years of age or older. The policy shall indicate the program's role in the supervision of self-administered medications and caregiver administered medications.

2. Self-administered medications may be supervised by a caregiver who may prompt the participant and observe the participant taking the medication. To self-administer medications, the participant shall have the physical and mental capacity to obtain, dispense, and ensure the correct medications are taken in the prescribed dosages. When medications are self-administered, the medication list shall be reviewed and updated annually by the prescribing practitioner, physician, physician's assistant, or nurse practitioner.

3. Caregiver-administered medications shall be stored, obtained, and assembled for the participant. The caregiver is responsible for ensuring the correct medication, in the correct dose, at the correct time is administered to the correct participant. Medications administered by a caregiver shall meet all of the following conditions:

- a.** A written order from the prescribing practitioner shall be in the participant's record.
- b.** A listing of current medications with the dosage, frequency, and route of administration shall be in the participant's record.
- c.** Over-the-counter and prescription medications shall remain in the original labeled containers and be stored in a locked, safe place.
- d.** Non-licensed caregivers shall consult with the prescribing practitioner or pharmacist about each medication to be administered.
- e.** Written information describing side effects and adverse reactions of each medication shall be kept in the participant's record.
- f.** The administration of medications shall be documented in the participant's permanent record to include the name of the medication, dosage, method of administration, date and time administered, and name of the caregiver who administered the medication.
- g.** Medication administration by routes to include: injectable, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license, or may be delegated to a non-licensed caregiver pursuant to s. [N 6.03 \(3\)](#).

DHS 107.11 (2) (b) (b) Home health aide services are:

[https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.11\(2\)\(b\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.11(2)(b))

1. Medically oriented tasks which cannot be safely delegated by an RN as determined and documented by the RN to a personal care worker who has not received special training in performing tasks for the specific individual, and which may include, but are not limited to, medically oriented activities directly supportive of skilled nursing services provided to the recipient. These may include assistance with and administration of oral, rectal and topical medications ordinarily self-administered and supervised by an RN according to [42 CFR 483.36](#) (d), chs. [DHS 133](#) and [N 6](#), and assistance with activities directly supportive of current and active skilled therapy and speech pathology services and further described in the Wisconsin medical assistance home health agency provider handbook;

2. Assistance with the recipient's activities of daily living only when provided on conjunction with a medically oriented task that cannot be safely delegated to a personal care worker as determined and documented by the delegating RN. Assistance with the recipient's activities of daily living consists of medically oriented tasks when a reasonable probability exists that the recipient's medical condition will worsen during the period when assistance is provided, as documented by the delegating RN. A recipient whose medical condition has exacerbated during care activities sometime in the past 6 months is considered to have a condition which may worsen when assistance is provided. Activities of daily living

include, but are not limited to, bathing, dressing, grooming and personal hygiene activities, skin, foot and ear care, eating, elimination, ambulation, and changing bed positions; and

3. Household tasks incidental to direct care activities described in subds. [1.](#) and [2.](#)

Note: For further description of home health aide services, refer to the Wisconsin Medical Assistance Home Health Agency Provider Handbook.

DHS 106.16 (2) (2) Home health aides.

[https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.16\(2\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20105.16(2))

(a) Assignment and duties. Home health aides shall be assigned to specific recipients by a registered nurse. Written instructions for patient care shall be prepared by a registered nurse, a physical or occupational therapist or a speech and language pathologist, as appropriate. Duties shall include medically oriented tasks, assistance with the recipient's activities of daily living and household tasks as specified in s. [DHS 107.11 \(2\) \(b\)](#) and further described in the Wisconsin medical assistance home health agency provider handbook.

(b) Supervision. A registered nurse shall make supervisory visits to the recipient's home as often as necessary, but at least every 60 days, to review, monitor and evaluate the recipient's medical condition and medical needs according to the written plan of care during the period in which agency care is being provided. The RN shall evaluate the appropriateness of the relationship between the direct care giver and the recipient, assess the extent to which goals are being met, and determine if the current level of home health services provided to the recipient continues to be appropriate to treat the recipient's medical condition and if the services are medically necessary. The supervising RN shall discuss and review with the recipient the services received by the recipient and discuss the results of the supervisory visit with the LPN, home health aide or personal care worker. The results of each supervisory visit shall be documented in the recipient's medical record.

(c) Training. Home health aides shall be trained and tested in accordance with the requirements of s. [146.40](#), Stats., and ch. [DHS 129](#). Aides shall not be assigned any tasks for which they are not trained, and training and competency in all assigned tasks shall be documented and made part of the provider's records.

DHS 129.24 Standards for nursing home medication aide training programs.

<https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20129.24>

(1) Curriculum.

(a) Minimum requirements. A training program shall include at least the following 6 areas, specified in pars. (b) to (h):

(b) Introduction.

1. To the course.
2. To the role of medication aides.

(c) Legal and ethical considerations.

1. Federal and state nursing home standards, regulations, statutes, and administrative rules.
2. Standards of Practice for Registered Nurses and Licensed Practical Nurses, ch. N 6 specific to registered nurse delegation.
3. Professional and staff roles and liabilities.
4. Resident rights regarding administration of medications.
5. Confidentiality of information related to residents.
6. Facility policies and procedures for administration of medications.

(d) Overview of body systems related to routes of medication administration and the classes of medications.

1. Anatomy of body structures that pertain to medication administration, including structure of the eye, ear, nose, mouth, vagina, rectum, and skin, which are necessary to administer medication correctly via these routes.
2. Functions of these body structures that impact medication administration and effectiveness.
3. Diseases of these body structures that impact medication administration and medication effectiveness.

Note: Examples of anatomy, function and diseases are provided in the curriculum development guide.

(e) Medication fundamentals, including:

1. Medication orders.
2. Medication mathematics, weights and measures.
3. Dosage forms, including pills, capsules, ointments, patches, and suppositories.
4. Drug effects and actions.
5. Classes or types of commonly used medications in nursing homes.
6. Use of the drug or drug indication.
7. Side effects of the medications.
8. Specific medication administration requirements.

Note: Chemotherapy is not part of the basic medication aide course.

9. Medication packaging systems.
10. Medication storage, destruction or return of medication.

(f) Medication administration.

1. Techniques and procedures of various routes of medication administration.

Note: Injections, and medications administered via a tube, a nebulizer, or an oxygen route will not be evaluated as part of the basic nursing home medication aide curriculum.

2. Six "rights" of medication administration, including right patient, right drug, right dose, right route, right time, and right documentation.

(g) Observations, communication, and reporting. Requirements for timely reporting and documenting the administration of all medication, including the need for PRN medications and the resident's response, refusal to take medication, omission of medications, errors in the administration of medication and drug reactions and any change in the condition of a resident.

(h) Medication safety.

1. Prevention of medication errors.
2. Causes and reporting of medication errors.



Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel ©

**Wisconsin Nurses Association
2820 Walton Commons, West
Suite 136
Madison, WI 53178**

**info@wisconsinnurses.org
www.wisconsinnurses.org**

Guidelines for Registered Nurse Delegation

Developed by Nursing Delegation Workgroup September 2001- March 2002

Background:

There is generally a good deal of confusion concerning nurse delegation—among individuals, states, sites, and agencies (regulatory & provider). These problems around nurse delegation stimulated the formation of an ad hoc workgroup to clarify delegation issues. The Workgroup members are as follows:

Penny Schinktgen, RN, President (*Workgroup Chair*), WI Personal Services Assoc., Inc.

Gina Dennik-Champion, RN Executive Director, Wisconsin Nurses Association
Lynn Polacek, RN, Clinical Nurse Specialist, ElderCare/ WI Partnership Program,
Madison

Ann M. Pooler, RN, PhD, Clinical Director, Center for Excellence in Long-Term Care,
UW-Madison School of Nursing

Burt Wagner, Attorney, Reinhart, Boerner, Van Deuren, Madison

Alice Mirk, CSW, Implementation and Technical Assistance Manager

WI Dept. of Health & Family Services (DHFS), Office of Strategic Finance

Center for Delivery Systems Development

Sue Jones, RN, Director, DHFS Bureau of Developmental Disabilities

Melanie Foxcroft, Policy Analyst, DHFS Bureau of Aging & LTC Resources

Workgroup members supplemented their diverse perspectives with research on nurse delegation policies and protocols in other states. The following summarizes our discoveries:

1. States vary in their treatment of nurse delegation. Some states specifically limit it to certain tasks and/or settings. (For example, some states will not let anyone but a nurse assist with pills, while other states have unlicensed workers caring for people using ventilators.)
2. National advisory entities such as the National Council of State Boards of Nursing provide general descriptions of the delegation process without citing specific tasks.
3. Wisconsin's Nurse Practice Act is very broad and open to interpretation.
4. Wisconsin's Board of Nursing has sometimes limited delegation to specific tasks or settings based on interpretations of broad statutory language.
5. Actual practice in Wisconsin varies widely, from very little delegation (in some institutions) to limited to no nurse involvement for people with disabilities living in community settings—even when unlicensed staff are performing health-related tasks for consumers unable to direct the cares.
6. Delegation is a skill in which nurses have various levels of competence.
7. Some states have developed statutes to clarify that consumer self-directed supports involves an absence of nurse delegation, because the consumer directs, not the nurse.
8. Clarification of delegation is needed for consumers who are not wanting or not able to fully direct their own cares. In other words, clear delegation protocols are needed for delegating tasks in community settings even with consumers who cannot direct the cares or workers.
9. Facility "downsizing" (reducing nursing staffs) and managed care's focus on cost effectiveness cause some nurses to be concerned that they will be forced to delegate tasks against their better judgment.
10. Different regulatory agencies have different perspectives about whether delegation is appropriate or allowable. Nurses commonly complain that their nursing practice is constrained by written restrictions or subjective interpretations by state regulators.

Since the majority of people prefer to live at home, in-home assistance must be as cost-effective as possible to help more people attain their desired quality of life. At the same time, consumers' safety and quality of care must be protected. Increasing proper nurse delegation can increase quality, safety, and cost-efficacy to support consumers' quality of life. Given all the confusions noted above, it appears that what is needed is a clear protocol or guideline for nurses and delegates to follow. The delegation workgroup has drafted such a guideline and is now

distributing it for review and feedback. It should be noted that this guideline focuses on best practice, which is separate from reimbursement issues. It is hoped that reimbursement and regulations will be adapted to be consistent with this perspective on delegation.

We found that Washington State went through a similar process several years ago, and had the same issues as Wisconsin does. They formed a workgroup that developed delegation guidelines, and funded a pre-and post-implementation study to assess the impact of use of the guidelines. The study showed that nurses, UAPs, and consumers and families felt more confident and comfortable with clear guidelines, and that nursing delegation was introduced where there had been no nurse oversight at all before.¹

Workgroup Analysis of Nurse Delegation in Wisconsin

The Wisconsin Nurse Practice Act is one of the most flexible in the United States. Chapter N6 of the Wisconsin Administrative Code (Standards of Practice for Registered Nurses and Licensed Practical Nurses) has language on delegation as follows:

“SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS. In the supervision and direction of delegated nursing acts an RN shall:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;
- (b) Provide direction and assistance to those supervised;
- (c) Observe and monitor the activities of those supervised; and
- (d) Evaluate the effectiveness of acts performed under supervision.”

(Admin. Code N6.03 (3))

In addition, the Wisconsin Statutes (441 Board of Nursing) under 441.115 state the following regarding the rules governing nursing practice:

“This chapter shall not be construed to affect nursing by friends, members of the family or undergraduates in an accredited school, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of such excepted persons while engaged in activities shall represent herself as a graduate nurse unless registered under this chapter 2.”

1. Young, Heather M., and Sikma S.K., “Evaluation of the Implementation of Nurse Delegation in Washington State Community-Based Residential Care Settings,” *Washington Nurse*, 29 (1): 34-6, 1999 Winter.

There are no more specific details on delegation within the Nurse Practice Act itself. There are numerous restrictions on delegation in statutes and administrative code regulating various licensed or certified residential settings (e.g., CBRFs, adult family homes, assisted living) and providers (e.g., personal care agencies, home health agencies). Medicaid and Medicare have additional, sometimes differing, restrictions on nurse delegation. The delegation workgroup did not seek to revise or coordinate these diverse regulations by different state agencies. Instead, the workgroup focused on developing clear delegation guidelines for nurses and delegates to follow. These guidelines detail the nursing process (assess, plan, implement, and evaluate) that takes place at all steps in the delegation process. This highlights that fact that decisions about delegation are made by the delegating nurse following proper nursing procedure and nursing judgment. The delegating nurse assesses the consumer, the situation, and the task; the potential delegatee, the training needed, the return demonstration of competence; the level of supervision and support needed and available; and the ongoing quality of the care delivered. The delegating nurse uses the nursing process to determine whether delegation is appropriate in a particular situation, given all these details.

The Wisconsin Nurse Practice Act requires delegation “commensurate with the educational preparation and demonstrated abilities” of the delegatee. “Educational preparation” is not defined, and is variously interpreted. Some interpretations—again, varying among different state agencies—mandate certification as nurses’ aid or as personal care worker, with mandatory standard curricula. It should be noted, however, that such general trainings and certification are not always sufficient training to perform a particular delegated task with a particular consumer in particular setting and circumstances. Nurse delegators must always assess whether a specific delegation to a certified delegatee is appropriate. Nurse delegators must always ensure that the delegatee understands the delegated task, its expected outcomes, how to respond to problems, and how to contact the nurse for questions. Nurse delegators must almost always provide consumer-specific training and have the delegatee demonstrate competence. (This may not be needed when a relatively simple task is taught in general trainings and no additional training is needed for a particular individual or situation.) All of these training steps are inherent to the delegation process no matter what other training or certification the UAP has. In fact, the nurse delegation process can be followed successfully with any willing and able individual. Safety and quality are built in to the delegation process, because at each step the nurse assesses the situation and proceeds accordingly. The delegating nurse provides adequate training to ensure safety and quality of care. It is this specific training that is necessary and sufficient for delegation to occur. It is the delegation workgroup’s position that the delegation process itself ensures adequate “educational preparation and demonstrated abilities” of the delegatee.

The Delegation Guideline

The Delegation Workgroup sought to develop a clear delegation protocol that:

- A. Provides a decision process to determine if delegation of a particular task is appropriate or not.
- B. Lays out the step-by-step process of delegation from assessment through implementation and evaluation and documentation.
- C. Reduces nurses’ confusions and liability fears by providing A and B.
- D. Clarifies responsibilities of delegates. The delegation process also demands close communication between nurse and delegates; this professional support and responsibility often improves direct care worker morale and retention.

We believe the attached “Delegation Decision Tree” and “Delegation Guideline” meet these criteria. They are intended to be very clear and appropriate for use by nurses and delegates. They are consistent with contemporary nursing practice.

GUIDELINE FOR REGISTERED NURSE DELEGATION TO UAP'S

I. Introduction

The purpose of this delegation guideline is to ensure that nursing care services have a consistent standard of practice upon which the public and profession may rely, to safeguard the authority of the registered nurse delegator to make independent professional decisions regarding the delegation of a nursing task, and to protect the safety of consumers.

A licensed registered nurse may delegate specific nursing care tasks to unlicensed assistive personnel (UAPs) who meet certain requirements. Before delegating a task, the registered nurse delegator must determine that specific criteria described in this guideline are met. The registered nurse delegator and the UAP are accountable for their own individual actions in the delegation process.

This guideline addresses delegation of specific tasks. It in no way replaces general legal and ethical responsibilities of providers, including but not limited to emergency response procedures, crisis intervention, and consumer participation in service plan development. This guideline does not apply to tasks that do not require delegation, such as assistance with bathing, dressing, or other activities of daily living. The registered nurse retains overall accountability for the nursing care of the consumer, including nursing assessment, evaluation, and assuring documentation is completed. No person may coerce the registered nurse delegator into compromising consumer safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so.

All the steps of the delegation procedure may be done by one delegating nurse, or may be shared by several nurses.

II The Delegation Procedure

Step 1: Use the **Delegation Decision Tree** to determine whether delegation of particular task is appropriate. If not, do not delegate. If task is generally appropriate for delegation, continue.

Step 2: The RN should delegate only in accordance with her/his education, training and experience. If necessary, the RN should seek consultation from a knowledgeable RN.

Step 3: Assess the consumer and situation including the environment and available resources to ensure that there are no unique factors that could make outcomes of the delegated task unpredictable.

Step 4: Assess the UAP's willingness and potential ability to perform the task with this consumer. The registered nurse delegator shall:

- a. Consider the psychomotor and cognitive skills required to perform the nursing task.
- b. Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and to accept responsibility for her/his actions.
- c. Analyze the complexity of the nursing task and determine the required training or additional training needed by the UAP to competently accomplish the task.

- d. Assess the level of interaction required, considering language or cultural diversity that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.

Step 5: Provide training for the UAP. Upon discretion, the RN may also require a demonstration of competence by the UAP.

Step 6. Provide clear and specific instructions to the UAP including when and how to contact the delegating nurse or back-up nurses.

Step 7: *Implement and Evaluate Delegation*

- a) The registered nurse delegator must ensure that the performance of the UAP is supervised and evaluated.
- b) The method of supervision is at the discretion of the registered nurse delegator.

Step 8: *Document the delegation according to agency policies.*

Note: The documentation of the tasks to be delegated will depend upon the complexity of the tasks, the setting and the agency practice guidelines and or protocols.

III Procedure for Implementing Changes in Delegated Tasks

- A. If a delegated task is changed or added, the registered nurse delegator must review the criteria and process for delegation prior to delegating the new or revised task to the UAP.
- B. The registered nurse delegator maintains the authority to decide if the new or altered medication, treatment, or procedure can be delegated immediately.
- C. Document the rescinding of the delegation

IV. Rescinding Delegation

- A. The registered nurse delegator may rescind delegation of the nursing task whenever the nurse believes that consumer safety is being compromised or for other reasons according to the judgment of the nurse.
- B. In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to ensure continuity for the provision of the task.
- C. Document the rescinding of the delegation.

DEFINITIONS

- 1. "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.
- 2. "Complex task" means that a nursing task may become more complicated because of the interrelationship between the following criteria:
 - (a) The consumer's condition
 - (b) The setting
 - (c) The nursing care task and involved risks, and
 - (d) The skill level required to perform the task.

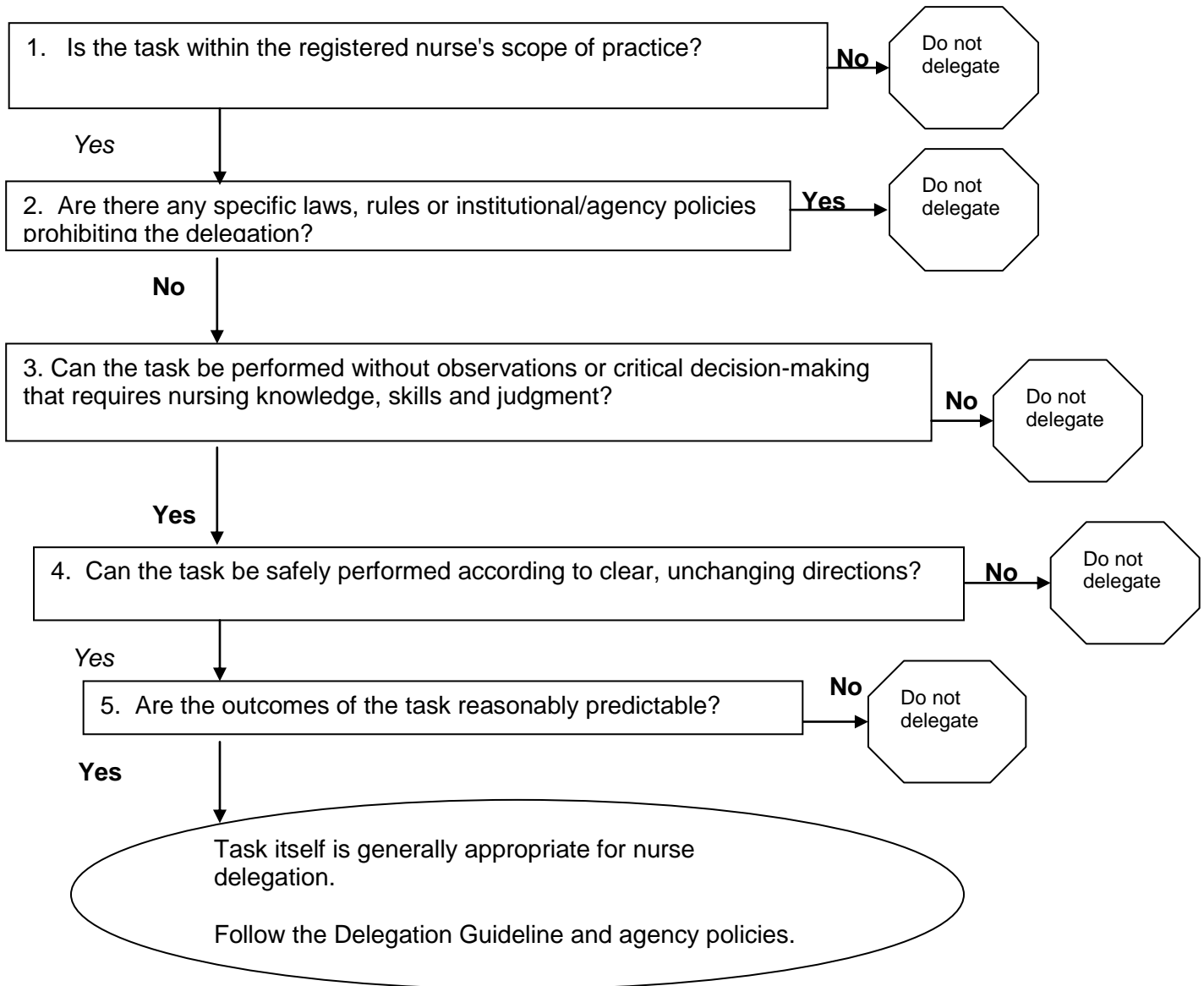
The registered nurse delegator must identify the need for and facilitate procurement of additional training of the UAP prior to delegation in these situations. The registered nurse delegator may decide the task is not delegatable because it is too complex.

3. "Consumer" means the individual recipient of the tasks. In community settings, "consumer" is the preferred word instead of "patient."
4. "Guidelines" are systematically developed statements to assist practitioner and consumer decisions about appropriate health care for a specific clinical condition.
5. "Outcome" means the end result or consequence of an action after following an established plan of care.
6. "Procedure" means a series of steps by which a desired result is obtained, a particular course of action or way of doing something.
7. "Protocol" means an explicit, detailed written plan specifying the procedures to be followed in providing care for a particular condition.
8. "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent UAPs in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the consumer.
9. "Supervision" means the provision of guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity as outlined in this guideline including the initial direction of the task or activity, periodic inspection of the actual act of accomplishing the task or activity, and the authority to require corrective action.
 - a) "Direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another" (Wisconsin Administrative Code N6.
 - b) "General supervision means regularly to coordinate, direct and inspect the practice of another" (Wisconsin Administrative Code N6).
10. "Stable and predictable condition" means a situation in which the consumer's clinical and behavioral status is known through the registered nurse delegator's assessment to be non-fluctuating and consistent, including a terminally ill consumer whose deteriorating condition is predictable. The registered nurse delegator determines that the consumer does not require their frequent presence and evaluation.
11. "UAP" means unlicensed assistive personnel. It includes certified nurse assistants, personal care workers, daily living assistants, supportive home care workers, adult family home owners and staff, unlicensed workers in community-based residential facilities, assisted living facilities. UAP can be broadly interpreted to include any person paid to provide supports in community. Nurses' training of family members to perform tasks is training, not delegation.

DECISION TREE FOR NURSE DELEGATION

This decision tree is to assist Registered Nurses in determining if it is appropriate to delegate a particular nursing task in a particular setting to an Unlicensed Assistive Personnel (UAP) using these Delegation Guidelines.

It is assumed that a nurse has assessed the consumer and situation completely in order to answer the questions in this decision tree.



MEDICATION ADMINISTRATION BY UNLICENSED ASSISTIVE PERSONNEL (UAP)

Guidelines for Registered Nurses Delegating Medication Administration to Unlicensed Assistive Personnel

Home Health Agency, Hospice, Hospital, Nursing Home, Community-Based Residential Facility, Adult Family Home, Residential Care Apartment Complex, Facility for the Developmentally Disabled or Intermediate Care Facility for Persons with Intellectual Disabilities, End-Stage Renal Dialysis Unit, Ambulatory Surgical Center



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance

P-01908 (05/2023)

Introduction

This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains resources that licensed registered nurses may find useful when delegating medication administration to unlicensed assistive personnel (UAP). This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of January 1, 2016.

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration, to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs).

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aide, nurse aide, or home health aide. The scope of duties for UAPs in regulated entities such as hospitals, nursing homes, assisted living, and community facilities is generally defined by the facility requirements and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which an RN works. This publication reviews the use of unlicensed assistive personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to facility or agency regulations under which the entities operate laws and regulations that define the scope of nursing practice, the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs, and supervising UAPs in the performance of delegated duties.

Healthcare providers, nurses, administrators, and others routinely ask the Division of Quality Assurance (DQA) about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

Common Questions and Answers

1. What types of nursing acts may be delegated and to whom?

There is not a state statute listing nursing tasks that are appropriate for delegation to an UAP. The decision to delegate the nursing task is based on the nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the patient, and the educational preparation and demonstrated abilities of the UAP. In addition, specific facility regulations may limit what acts may be delegated or to whom acts can be delegated.

2. What are some of the criteria that a nurse might use in determining if a nursing related task may be delegated?

The delegated nursing task must be within the responsibilities of the nursing license. The nurse must have the nursing education, training, and experience to delegate the nursing task. The nursing task that is delegated must be commensurate with the educational preparation and abilities of the employee accepting the delegation. The nurse must provide supervision, direction, and assistance to the employee and provide observation and monitoring of the delegated tasks (Wis. Admin. Code ch. N 6). The Wisconsin Nurse's Association (WNA) has provided an algorithm for decision-making regarding delegation. The National Council of State Boards of Nursing (NCSBN) has an available delegation decision-making tree.

3. What is the difference between training and delegation?

Training is the process of providing general health information to others regarding a health skill, condition, injury, medication, or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing act. (Wis. Admin. Code ch. N 6).

Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

- Wis. Admin. Code ch. N 6: http://docs.legis.wisconsin.gov/code/admin_code/n/6.pdf
- WNA Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel: http://www.wisconsinnurses.com/work_advoc/pdf_files/uaps.pdf
- NCSBN Delegation Concepts and Decision-Making Process Position Paper: https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

GUIDELINES FOR REGISTERED NURSES DELEGATING MEDICATION ADMINISTRATION TO UAP PROVIDER CHART

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 133.02(4) “Home health aide” means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse.</p> <p>DHS 133.02(5) “Home health aide services” means personal care services which will facilitate the patient’s self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse.</p> <p>DHS 133.06(4)(b) Employees. Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license.</p> <p>DHS 133.06(4)(e) Continuing Training. A program of continuing training shall be provided to all employees as appropriate for the client population and the employee’s duties.</p> <p>DHS 133.08(2)(d) Policies. To be fully informed of one’s own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research.</p> <p>DHS 133.17(2)(g) Duties. Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications.</p> <p>DHS 133.17(3) Assignments. Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. DHS 133.20. These instructions shall be reviewed by the immediate</p>	<p>All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [42 CFR 484.14(e)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse (nurse aide assignment sheet). [(DHS 133.17(3) and 42 CFR 484.36(c)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b) and 42 CFR 484.36(c)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)] 5. Patients must be informed prior to delivery of service that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) and 42 CFR 484.10(c)(1)] <p>Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</p>	<p>UAPs (HHA and PCWs) may administer oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member; 2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and 3. All General Requirements 1-6 are met (previous column). <p>Home Health Aide (HHA) Medication Administration</p> <p>HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met:</p> <ol style="list-style-type: none"> 1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)] 2. The patient receiving the medication is a self-

HOME HEALTH AGENCY (HHA)

UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>supervisors with their aides.</p> <p>DHS 133.17 Home health aide services. (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p> <p>DHS 133.20(2) Contents of Plan. Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.</p> <p>42 CFR 484.10(c)(1) The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.</p> <p>i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>42 CFR 484.14(e) Personnel policies. Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.</p> <p>42 CFR 484.36(c) Standard: Assignment and duties of the home health aide. (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p>		<p>directing adult (18 or older) or a responsible adult is physically present to direct the home health aide in the administration of the medication;</p> <p>3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and</p> <p>4. All General Requirements 1-6 are met (previous column).</p> <p>For patients who have Medicaid, some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</p>

HOSPICE

UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 131.13(12) “Nurse aide” means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse.</p> <p>DHS 131.19 Patient rights. (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights: (b) To participate in planning care and in planning changes in care. (c) To select or refuse care or treatment. (L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children. (m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services.</p> <p>DHS 131.31(4) DUTIES. Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate.</p> <p>DHS 131.31(5) CONTINUOUS TRAINING. A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families.</p> <p>DHS 131.28 Governing body. (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week.</p> <p>DHS 131.32 Medical director. (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice.</p> <p>DHS 131.26 Non-core services. (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows:</p> <p>(a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as</p>	<p>All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The UAP must have taken a state-approved medication administration course. 2. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. 3. There is a written delegation of this nursing act (medication administration) by the registered nurse. 4. There is documentation to support the educational preparation of the caregiver who administers medications. 5. There is immediate and accessible supervisory support available to the caregiver administering medications. 6. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 7. Supervision and delegation of the delegated nursing act meets the requirements of the Wis. Admin. Code. Ch. N 6. 	<p>A state-approved hospice medication administration course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications (e.g., nebulizers, injections, oxygen, medication via a G-tube, insulin), they must receive additional training, and that training must be documented.</p>

HOSPICE

UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>specified under par. (c).</p> <p>(b) Plan of care. The nurse aide shall provide care in accordance with the patient's plan of care. Nurse aide services consist of, but are not be limited to all of the following:</p> <p>5. Assisting patients with self-administration of medications.</p> <p>6. Administering medications to patients if the aide has completed a state-approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse.</p> <p>42 CFR 418.106(d) Standard: Administration of drugs and biologicals. (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.</p> <p>(2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.</p>		

HOSPITAL

UAPs: Nurse Aide, Medication Technician, Diagnostic Medication Assistants, Nurse Technician, Various Other Titles that Hospitals Use for UAP

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>42 CFR 482.23(c) Standard: Preparation and administration of drugs. Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice.</p> <p>All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p>	<p>All hospitals providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)] 2. A registered nurse shall assign nursing care of each patient to other nursing personnel in accordance with the patient’s needs and the preparation and competence of the available nursing staff. 3. There is immediate and accessible supervisory support to the UAP administering medications, when needed. 4. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP. 5. Supervision and delegation of medications by nurses meets the requirements of Wis. Admin. Code ch. N 6. 	<p>The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.</p>

NURSING HOME

UAPs: Medication Aide / Nurse Aide (MANA)

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 132.60(5)(d)1. Administration of medications. Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner as defined in s. 450.07(1)(d), Stats., or a person who has completed training in a drug administration course approved by the department.</p> <p>DHS 132.62(2)(a)3. Duties. The director of nursing services shall be responsible for:</p> <ul style="list-style-type: none"> a. Supervising the functions, activities, and training of the nursing personnel; b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel; c. Coordinating nursing services with other resident services; d. Designating the charge nurses provided for by this section; e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each. <p>42 CFR 483.45 The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [(DHS 132.62(2)(a)3] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3] 3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.45] 5. Residents must be informed, prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>A state-approved nursing home medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>

COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 83.35 Assessment, individual service plan and evaluations. (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2. Medications the resident takes and the resident's ability to control and self-administer medications.</p> <p>DHS 83.37 Medications. (2) MEDICATION ADMINISTRATION. (b) Medication administration supervised by a registered nurse, practitioner, or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:</p> <ol style="list-style-type: none"> 1. The registered nurse, practitioner, or pharmacist coordinates, directs, and inspects the administration of medications and the medication administration system. 2. The registered nurse, practitioner, or pharmacist participates in the resident's assessment under s. DHS 83.35(1) and development and review of the individual service plan under s. DHS 83.35(3) regarding the resident's medical condition and the goals of the medication regimen. <p>(c) Medication administration not supervised by a registered nurse, practitioner, or pharmacist. When medication administration is not supervised by a registered nurse, practitioner, or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.</p> <p>(e) Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments, or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).</p>	<p>All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident's condition, and the identification of the person administering medication. 2. When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse. 3. There is documentation to support the educational preparation of the caregiver who administers medications. 4. There is accessible supervisory support available to the caregiver administering medications. 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 83.32(2)(a)2] 6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>If the CBRF is a nurse-supervised facility, the CBRF must assure the following:</p> <ol style="list-style-type: none"> 1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents. 2) Injections, nebulizers, stomal and enteral, vaginally or rectally administered medications are delegated by an RN (can be supervised by a LPN) to qualified CBRF staff.

ADULT FAMILY HOME (AFH)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 88.06 (3)(c) The assessment shall identify the person’s needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.</p> <p>DHS 88.06(3)(d) The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need.</p> <p>2. Identification of the level of supervision required in the home and community.</p> <p>3. Description of services provided by outside agencies.</p> <p>4. Identification of who will monitor the plan.</p> <p>5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.</p> <p>(e). A copy of the individual service plan shall be provided to all persons involved in the development of it.</p> <p>DHS 88.07(2)(c) Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide.</p> <p>DHS 88.07(3)(c) If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.</p> <p>(d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident’s file.</p> <p>(e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident,</p>	<p>All adult family homes providing administration of a medication by UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [DHS 88.07(3)(e)] 2. When contracted nursing services include nurse responsibility for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 88.06(3)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)] 4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) and 88.07(2)(c)] 5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>If licensee provides medication administration, staff can only administer medications for which they were trained, for which they have orders, and for which the resident or resident’s guardian have provided consent.</p> <p>If licensee has a registered nurse administering medications, they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.</p>

ADULT FAMILY HOME (AFH)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.</p> <p>2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication.</p> <p>DHS 88.10(3)(j) Treatment choice. To receive all treatments prescribed by the resident’s physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident’s guardian is required for any treatment administered by the adult family home.</p>		

RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 89.13(21) “Medication administration” means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner.</p> <p>DHS 89.13(22) “Medication management” means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration.</p> <p>DHS 89.13(24) “Nursing services” means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stat., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse.</p> <p>DHS 89.23(4)(a) Service providers. 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act.</p> <p>Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist.</p> <p>DHS 89.28 Risk Agreement. (2) Content (a) 3. What the facility will and will not do to meet the tenant’s needs and comply with the tenant’s preference relative to the identified in the course of action.</p> <p>4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition.</p> <p>5. The agreed-upon course of action, including responsibilities of both the tenant and the facility.</p> <p>6. The tenant’s understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.</p>	<p>All RCACs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22))] 2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [DHS 89.23(4)(a)] 3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)] 4. There is accessible supervisory support available to the caregiver administering medications. [DHS 89.23(4)(a)] 5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.</p>

**FACILITY FOR THE DEVELOPMENTALLY DISABLED (FDD) OR
INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

UAP: Medication Aide / Nurse Aide (MANA)

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>DHS 134.60(4)(a)1. Orders. Medications, treatments, and habilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident’s right to refuse them.</p> <p>DHS 134.60(4)(d) Administration of medications. 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident’s record.</p> <p>2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration.</p> <p>42 CFR 483.45 Pharmacy services. The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>	<p>All ICF/IIDs or FDDs providing administration of a medication by a UAP (medication aide/nurse aide) must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ICF/IID or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 134.60(4)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>A state-approved ICF/IID and FDD medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers.</p> <p>All unlicensed personnel who administer medications in an ICF/IID or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.</p>

END-STAGE RENAL DIALYSIS UNIT (ESRD)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>42 CFR 405.2136(f) Standard: Patient care policies. These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care.</p> <p>42 CFR 405.2136(f)(1)(vi) The patient care policies cover the following: (v) Pharmaceutical services.</p>	<p>All ESRDs providing administration of a medication by an UAP must meet the following conditions:</p> <ol style="list-style-type: none"> 1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)] 2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6. 	<p>The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

AMBULATORY SURGICAL CENTER (ASC)

UAP: Various

Applicable State and Federal Regulations	General Requirements – Plain Language for Facility	Scope of Duty – Plain Language for UAP and RN
<p>42 CFR 416.48 Condition for Coverage – Pharmaceutical services. (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.</p>	<p>All ASCs providing administration of a medication by UAPs must meet the following conditions:</p> <ol style="list-style-type: none">1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48]2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	<p>The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.</p>

**Board of Nursing
Rule Projects (Updated 07/02/2023)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (permanent rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	EIA Comment Period	Submission to Clearinghouse for review
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (permanent rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	EIA Comment Period	Submission to Clearinghouse for review

Emergency Rules

EMR Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
EmR 2215	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Extended until August 27, 2023	N/A

**Board of Nursing
Permanent Rules**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Final rule draft and legislative report submitted to Governor's office.	Submission to Legislature.

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Drafting rule	EIA comment period
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	

Board of Nursing

			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brenda Taylor, Board services supervisor		2) Date when request submitted: 6/26/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 7/13/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: <u>Newsletter Future Planning:</u> Based on the typical schedule of the Board, the next newsletter will be due out in September 2023 with a deadline for article submission on August 25, 2023. A newsletter deadline reminder will be sent to article authors on August 14, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below. <u>Articles/Ideas:</u> <ul style="list-style-type: none"> • Chair's Corner – Robert Weinman • Rotating Articles on Professional Nursing Roles • Rotating Articles on Nurse Administrative Code • Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman • New Member Introduction Articles/Photos <i>(As needed for new appointments, subject to new member appointments and oath receipts)</i> • Reminder to Update Contact Information – DSPS Staff • Board Orders since May 3, 2023 or last published date 			
11) Authorization			
<i>Brenda Taylor</i>		6/26/2023	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 7/5/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 7/13/2023	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration 1) Travel Report: NCSBN Executive Officers Leadership Summit, Newport Beach, CA – June 21 – 23, 2023 – Brad Wojciechowski	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: <Click Here to Add Description>			
11) Authorization			
 Signature of person making this request		7/5/2023 Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			