



When the State Board Calls: Part II Interview with Jay Douglas R.N., M.S.M., C.S.A.C. Executive Director, Virginia Board of Nursing

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This is the second article of a two-part series by the Center for American Nurses written to address topics related to the State Board of Nursing. The first article in this series presented the perspective of Latonia Denise Wright, R.N., B.S.N., J.D. (December 2007), who provides legal services such as defending nurses in licensure matters. The second part of this series offers the perspective of an Executive Director of a Board of Nursing.

The Board of Nursing exists primarily to protect the public. Each state has processes that regulate the practice of nursing. The Board of Nursing is responsible for establishing rules and regulations that govern professional practice. In order to more clearly understand current issues related to the regulation of nursing practice, the Center conducted an interview with Jay Douglas, R.N., M.S.M., C.S.A.C., Executive Director of the Virginia Board of Nursing, who provided an overview of the role of the Board of Nursing and discussed current issues regarding the regulation of nursing practice.

Although state jurisdictions vary in terms of their rules and regulations, usually a process is in place for following up and addressing complaints against nurses. The process for one state is presented as an illustration of the process.

The Center: One of the responsibilities of the Board is to protect the public and investigate complaints against nurses. Could you describe the investigation process?

Ms. Douglas: In the state of Virginia, all complaints are received by the Department of Health Professions Intake Unit. Complaints are reviewed by a Case Intake Analyst, who determines whether the Board has jurisdiction over the complaint lodged against a nurse. Many of the complaints made against nurses do not fall within the jurisdiction of the Board or are not violations of law and regulation. For example, if a complaint is filed that a nurse defaulted on her/his rent, this is outside the scope of the Board and would not be investigated by the Virginia Board of Nursing. If the complaint is outside the jurisdiction of the Board, it may be referred to the appropriate jurisdiction or authority. If it is determined that a possible violation of statutes or regulations governing nursing practice has occurred, a case is opened and is referred to an investigator. Cases that pose the greatest threat to the public are given priority. Once a case has been opened, the investigator may interview persons who have knowledge of the event and review relevant records, including medical and personnel records. The investigator summarizes all relevant findings and evidence in a report, which is forwarded to the Board of Nursing.

The Board then reviews the report; if there is insufficient evidence to indicate that a violation has occurred, the case is closed. However, if there is evidence of a violation, the Board may meet with the reported nurse or may offer a plan to resolve the matter. The outcome of the administrative proceeding may involve the following:

- Closing the case with no violation
- Sanctioning the nurse
- Referring the case to the full Board of Nursing for review

A formal Board hearing may be conducted for the following reasons:

- The reported nurse requests a hearing.
- The conference committee recommends a hearing.

The Center for American Nurses is a professional association whose mission is to create healthy work environments through advocacy, education, and research.

Disciplinary actions range from a reprimand or censure to revocation of a license; other disciplinary actions include fine or civil penalty, remedial or corrective action, probation, limitation or restriction of practice, and suspension or revocation of license. The Board is required to report certain licensure actions to the National Practitioner Data Bank.

The Center: With the evolution of technology, nurses may be licensed in one state and may respond to a question from a patient in another state, or they may provide nursing intervention telephonically to a patient in another state. How is regulation of the nurse's practice governed in this situation?

Ms. Douglas: The nurse who provides professional nursing care must check with the Board of Nursing in the state in which nursing care is being rendered. Typically, a license is required to provide nursing care in the state in which the patient is located, even if the nurse is located in a different state. Multistate licensure presents an advantage in this type of situation. A nurse who is licensed in a compact state and is providing care to a patient in a compact state would be authorized to provide care pursuant to the multistate licensure compact.

The Center: How frequently are complaints lodged against nurses?

Ms. Douglas: The number of complaints lodged against nurses is relatively low. For example, in the state of Virginia, 85,552 Registered Nurses and 28,229 Licensed Practical Nurses are practicing. Complaints filed over the last year totaled 1,113.

The Center: What advice do you have for nurses regarding the Nurse Practice Act?

Ms. Douglas: Upon acceptance of a nursing position in a particular state, review the Nurse Practice Act and become knowledgeable regarding the scope of practice for the state in which the nurse will be practicing. Nurse Practice Acts vary from state to state, and it is important for the nurse to comply with the rules and regulations for the state in which she or he is practicing. This is important for all nurses, even for those practicing in compact states, because variations have been noted in the licensure rules and regulations among the compact states.

Nurses must ensure that they notify the Board of any changes in address. In the event a complaint is lodged against a nurse, the Board seeks to notify the nurse. If the nurse has not notified the Board of an address change, the Board may not be able to contact the nurse, a complaint could be lodged, and an administrative proceeding may be scheduled without the nurse's knowledge.

Additionally, the Board may have to send information to the nurse regarding licensure issues and critical updates; if the nurse has not informed the Board of the correct address, she or he may not receive important communication from the Board.

Nurses may attend disciplinary proceedings and meetings of the Board because these are open to the public. Attendance at such meetings provides an opportunity for nurses to learn more about the Board's role in protecting the public.

References

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Jay Douglas is the Executive Director of the Virginia Board of Nursing. In this position, she oversees licensing and discipline for more than 162,000 licensees and certificate holders, including Registered Nurses, Licensed Practical Nurses, Advanced Practice Nurses, Massage Therapists, Nurse Aides, and Medication Aides. Before assuming her current position, Ms. Douglas served as Deputy Executive Director for discipline at the Board of Nursing for three and one-half years. Immediately before beginning her work with the Board of Nursing, Ms. Douglas served in a variety of roles, including Administrator for Medshares Home Care from 1994 to 1999. Jay is a Registered Nurse with a Master's Degree in Management, and she holds Certification in Substance Abuse Counseling.

This "Nursing That Works" article is not intended to take the place of any professional legal advice. For more information, please contact your State Board of Nursing or state nurse's association, or get in touch with a licensed attorney in the state in which you are licensed.