

**State of Board of Health  
Agenda  
January 29, 2010 – 9:00 a.m.  
Perimeter Center  
9960 Mayland Drive  
Richmond, Virginia**

Welcome and Introductions	Fred Hannett, Chairman
Review of Agenda	Joseph Hilbert, Executive Advisor
Approval of October 2009 Minutes	Fred Hannett
Commissioner’s Report	Karen Remley, MD, MBA, FAAP State Health Commissioner
Budget Update	Michael McMahon, Deputy Director Office of Financial Management
Legislative Update	Joseph Hilbert
Break	
Healthcare Associated Infections - Update	Keri Hall, MD, Director Office of Epidemiology
Public Comment	
<u>Action Items</u>	
Birth Center Pilot Project	Shirley Dodson-McAdoo, President The Family Maternity Center of the Northern Neck
Prehospital Patient Care Reporting System - Minimum Data Set	Gary Brown, Director Office of Emergency Medical Services
Lunch	

Luncheon Speaker: Dr. Leah Bush, Chief Medical Examiner, Virginia Department of Health

Regulatory Action Items

Regulations Governing the Virginia Nurse Educator Scholarship Program 12 VAC 5-545 (Fast Track Regulatory Action)	Michael Royster, MD, MPH Director, Office of Minority Health and Public Health Policy
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Appointment of Nominating Committee

Fred Hannett

Member Reports

Other Business

Adjourn

## Code of Virginia

§ 32.1-11.5. Pilot programs for obstetrical and pediatric care in underserved areas.

A. The Board may approve pilot programs to improve access to (i) obstetrical care, which for the purposes of this section includes prenatal, delivery, and post-partum care; and (ii) pediatric care in areas of the Commonwealth where these services are severely limited. The proposals for such pilot programs shall be jointly developed and submitted to the Board by nurse practitioners licensed in the category of certified nurse midwife, certain perinatal centers as determined by the Board, obstetricians, family physicians, and pediatricians.

B. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife who participate in a pilot program shall associate with perinatal centers recommended by the Board and community obstetricians, family physicians, and pediatricians and, notwithstanding any provision of law or regulation to the contrary, shall not be required to have physician supervision to provide obstetrical services to women with low-risk pregnancies who consent to receive care under the pilot program arrangements. Further, notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife holding a license for prescriptive authority may prescribe Schedules III through VI controlled substances without the requirement for either medical direction or supervision or a written agreement between the licensed nurse practitioner and a licensed physician. Such perinatal center shall provide administrative oversight by (i) assisting in the development of appropriate clinical care protocols and clinical collaboration, (ii) accepting transfers when necessary, and (iii) providing clinical consultation when requested. Removal of the requirement for physician supervision for participating nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife shall not extend beyond the pilot programs or be granted to certified nurse midwives who do not participate in approved pilot programs. Further, the removal of the requirement of physician supervision shall not authorize nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife to provide care to women with high-risk pregnancies or care that is not directly related to a low-risk pregnancy and delivery. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife participating in a pilot program shall maintain professional liability insurance as recommended by the Division of Risk Management of the Department of the Treasury.

C. The Department shall convene stakeholders, including nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, obstetricians, family physicians and pediatricians to establish protocols to be used in the pilot programs no later than October 1, 2005. The protocols shall include a uniform risk-screening tool for pregnant women to assure that women are referred to the appropriate provider based on their risk factors.

D. Pilot program proposals submitted for areas where access to obstetrical and pediatric care services is severely limited shall include mutually agreed upon protocols consistent with evidence-based practice and based on national standards that describe criteria for risk assessment, referral, and backup and shall also document how the pilot programs will evaluate their model and quality of care.

E. Pilot sites that elect to include birthing centers as part of the system of care shall be in close proximity to a health care facility equipped to perform emergency surgery, if needed. Birthing centers are facilities outside hospitals that provide maternity services. Any birthing center that is part of the pilot program shall, at a minimum, maintain membership in the National Association of Childbearing Centers and annually submit such information as may be required by the Commissioner. The pilot programs shall not provide or promote home births.

F. The Department shall evaluate and report on the impact and effectiveness of the pilot programs in meeting the program goals. The evaluation shall include the number of births, the number of referrals for emergency treatment services, successes and problems encountered, the overall operation of the pilot programs, and recommendations for improvement of the program. The Department shall submit a report to the Joint Commission on Health Care by November 15, 2006, and annually thereafter.

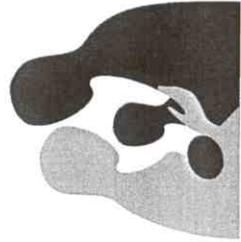
(2005, c. 926.)

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## FMCNN Will Be:

- Reducing the health care barrier of accessibility to care, transportation and cost of medical care.
- Providing maternity services, prenatal care, pediatric care and parenting classes in an accessible location.
- Partnering with identified community resources
- Varied hours of operation will be available to meet the client's needs.

Ground breaking June 2008  
Opening Fall of 2009



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Contributions  
are Greatly Appreciated.

- Gift Account
  - Appreciated stocks/bonds
- Through:  
Davenport & Company  
(Member: NYSE-SIPC)  
Contact, Cheryl Sadler-Pugh  
White Stone, Virginia  
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(800) 378-2165 (toll free)  
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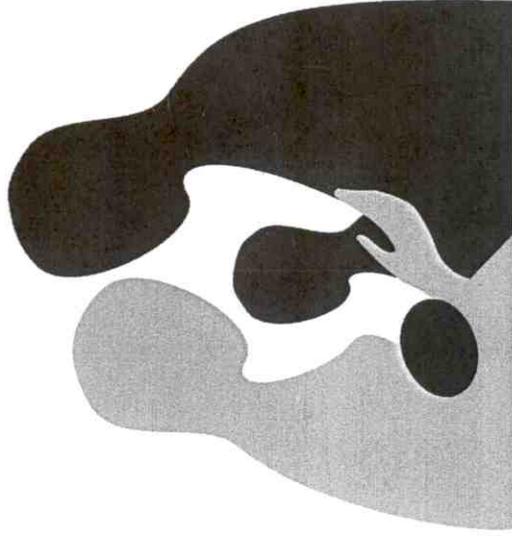
-By Mail:  
FMCNN  
Post Office Box 1866  
Kilmarnock, VA 22482-9997

-Online:  
[www.fmcnn.org](http://www.fmcnn.org)

For Information Please Call

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FMCNN Vice-President  
Medical Director  
Dr. James Hamilton, Gynecology  
804-435-0023



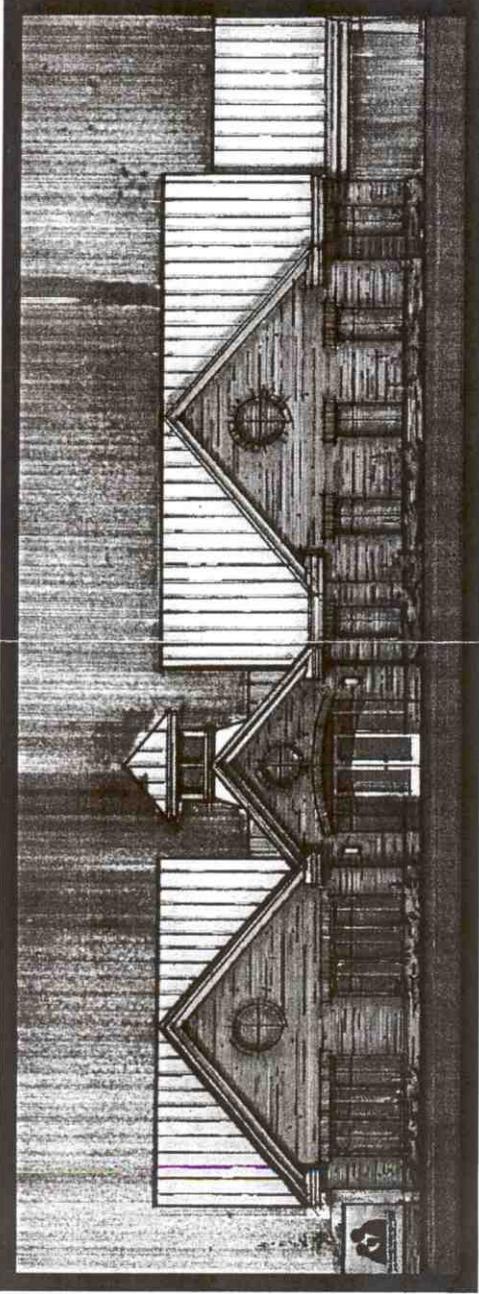
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# "Children

# are our greatest hope

# for a better

# tomorrow"



## The Family Maternity Center of the Northern Neck, Inc.

**Our Mission** To promote healthy children and families by providing the highest quality, compassionate, family-centered, cost-effective maternity and pediatric services to those living in the Northern Neck of Virginia; Lancaster, Northumberland, and Middlesex counties approx. 35,000 residences, 10,000 are childbearing age.

**FMCNN Philosophy** The midwifery model of care is based on the philosophy that pregnancy is a normal, healthy process, rather than an illness. FMCNN will be a medical clinic and birth center; working in collaboration with certified nurse-midwives, OB medical director, pediatrician, nurse practitioner and nurses to provide care for everyone regardless of their ability to pay. Purpose is to promote healthy mothers through Centering Pregnancy group prenatal care that is endorsed by the NIH and March of Dimes. Provide easily accessible maternity care, become an outreach partner with the tertiary facility Virginia Commonwealth University Health Sciences/ Medical College of Virginia. Incorporate telemedicine consultation and collaboration into the care of our patients.

**The Birth Center** A \$1.8 million project, FMCNN features a 9,000 sq. foot facility which includes a medical clinic, education and media/laundry service, birth center suites and student/faculty apartment. A home like facility that provides quality family centered care before, during and after pregnancy. Birth centers are a safe alternative to hospital care for low risk women. All women can attend prenatal groups. For moderate and high risk patients, ultrasounds will be transmitted to our tertiary facility for consultation thereby minimizing required frequent travel which will increase compliance and enhance prenatal care. Low risk clients may choose birth center or hospital birth, birth plans will be completed at 34-36 weeks. Postpartum care, lactation consultation, and parenting education will be available for all women, regardless of delivery site. The center will become a "Baby Care" site providing case management care for moderate and high-risk.

**Certified Nurse Midwives (CNM)** are advanced practice nurses who hold a Registered Nursing License and a Nurse Practitioner License in the State of Virginia, and have successfully

completed the national certification in midwifery. Each CNM must demonstrate and maintain credentials and licensing requirements of the State of Virginia and the Commission for the Accreditation of Birth Centers. With the passing of HB 2656 in 2005, CNMs provide direct clinical services and management of mothers and babies with the collaboration of a physician. CNMs can provide women's health care in the state and deliver low-risk women.

*The Future Home of the FMCNN* is located in a highly visible, accessible area deemed MUA/HPSA area. The facility will be a certified rural health clinic with a focus on women's health and delivery, parenting and pediatrics. We will meet all state and federal requirements. We will be an accredited birth center through the Commission for the Accreditation of Birth Centers.

*Did You Know* A study published in 1989 by the New England Journal of Medicine, (Outcomes of Care in Birth Centers), The National Birth Center Stated; "We conclude that Birth Centers offer a safe and acceptable alternative to hospital confinement for selected pregnant women, particularly those who have previously had children, and that such care leads to relatively few cesarean sections." AABC and Duke University have initiated a study on outcomes of care in birth centers using the uniform data set.



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## EXECUTIVE SUMMARY

As an alternative way to improve access to obstetrical and pediatric care in areas without inpatient maternity services, the 2005 General Assembly passed HB2656. Dr. Juliana van Olphen Fehr received a letter from the Board of Health and the State Health Commissioner dated May 2, 2006 asking for further assurances from each pilot project.

The Family Maternity Center of the Northern Neck (FMCNN) shares the commitment of the Board to assuring that women in our community have appropriate access to safe, high quality prenatal and obstetrical care. The FMCNN has made provisions for care consistent with federal and state guidelines and requirements. We have undertaken the following activities to ensure that women who are admitted to and participate in a pilot project can reasonably expect that any urgent need for specialized care or emergency surgery will meet these industry standards.

Since 2006, The Family Maternity Center of the Northern Neck has been focused on meeting the requirements of the enabling legislation HB2656 and deliverables requested by the Virginia Department of Health. We present the following accomplishments and request that the Board extend approval of the OB pilot project known as the Family Maternity Center of the Northern Neck.

1. A specific emergency protocol signed by community physicians, hospitals, and the Perinatal center, as well as the respective commitment each makes;  
Attachment A includes: Memorandum of Understanding between RGH and FMCNN dated October 16, 2007. Letter dated January 4, 2008 states meeting held on December 14, 2007 to establish relationship and obstetric protocols. February 8, 2008 supports continued efforts between FMCNN and VCUHS. Emergency Procedures Guidelines using ACOG standards of care were complete and approved by all necessary parties on June 29, 2009 by community physicians; Dr. James Hamilton, OB/GYN and Medical Director, FMCNN; Dr. Barbara Kahler, Pediatrics; Dr. Paul Sutherland, Director, Emergency Services, RGH, Jessica Jordan, RN, CNM, Clinical Director, FMCNN, Shirley Dodson-McAdoo, President, FMCNN; Dr. Susan Lanni, VCUHS/MCV (Perinatal center).
2. As a representative of the Perinatal center integral to the success of the pilots, a letter of a commitment from Dr. Seeds that he has agreed to the specific provisions in HB2656 for which the Perinatal center is responsible; Attachment B: Letter of Commitment from Dr. Seeds
3. A letter from the Chairman of the Board of Directors that the community health center with which you plan to work has applied to HRSA for a change in scope to include the services provided by the pilots; Attachment C: Non-profit status obtained July 6, 2007; Board of Directors voted to apply for Rural Health Clinic designation; certification received August 2009.
4. A written agreement from the individual physicians who have agreed to provide local physician back-up; Attachment D: Letter from Dr. James Hamilton
5. Documentation of participating nurse practitioner's professional liability insurance; Attachment E: Documentation for Jessica Jordan, CNM  
Practice protocol agreement with Dr. James Hamilton dated 3/1/09



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6. Documentation of the status of participating birthing centers' membership in the National Association of Childbearing Centers. Attachment F: Association known as the American Association of Birth Centers Membership and Standards of Care.

As stated in the Annual Report to the Joint Commission on Health Care on the Impact and Effectiveness of the pilot programs to expand access to Obstetric, prenatal, and pediatrics services from the Virginia Department of Health, Shirley Dodson-McAdoo, ANP-c, OB pilot project coordinator for the northern neck and president of the FMCNN has worked with RRHDC and VDH to assure that the required work plan deliverables have been accomplished within the given time frames. GA funding shortfalls resulted in pilot project financial support ending in March 2009. FMCNN's ability to successfully manage this financial shortfall as well as downturn in the financial market is a true testament to the stable and consistent leadership, clarity of the project's vision and mission, integration into the community and widespread community support. With funding from churches, local grants and W. K. Kellogg, FMCNN was able to secure the pilot project's compensation, preserve the project's momentum and accomplish strategic plan goals. Thanks to the funding from W. K. Kellogg and the March of Dimes, Jessica Jordan, CNM was hired part time to provide prenatal care in March 2009. She began working in collaboration with Dr. James Hamilton in Kilmarnock providing prenatal care three days a week. In addition, she was responsible for the development and coordination emergency protocols, Rural Health Clinic manual and birth center pre-accreditation phase.

The application to become a Rural Health Clinic was developed, completed and granted making the FMCNN the first Rural Health Clinic in the area. HRSA grant for construction covered architectural and engineering cost paving the way toward USDA loan funding. OB pilot project coordinator visited many birthcenter sites as well as researched birth centers throughout the country. With this knowledge, developed an innovative medical clinic and birth center model which includes a large education room with adjacent laundry services; HIT, EMR and telehealth capabilities; faculty apartments and areas whereby hands on nutritional classes and proper meal preparation can be implemented. The two acre property was generously donated on route 3 north of Kilmarnock, VA. which was considered ideal for ease of accessibility; including close proximity to Wal-Mart, pharmacy, grocery store, and Rappahannock General Hospital. Future home of the Family Maternity Center of the Northern Neck, Inc. is 11540 Mary Ball Road, Lancaster, VA. 22503. Construction is 41% complete with opening scheduled for May 2010. Initial staffing will be Dr. James Hamilton and his office staff as well as Jessica Jordan, CNM and Shirley Dodson-McAdoo, ANP-C.

As HB2656 stipulated that there must be mutually agreed upon practice protocols and that a Level III Perinatal center must agree to provide administrative oversight and clinical consultation when requested. During this past year, the relationship between FMCNN and VCUHS has grown past agreed upon protocols to forming lasting, working relationships in providing excellent prenatal care through collaboration and mutual respect.

Prepared by: Shirley Dodson-McAdoo, RN, ANP-c  
OB pilot project coordinator NN  
January 2010

*Code of Virginia 32.1-116.1 The Prehospital patient care reporting procedure*

*States: “All licensed emergency medical services agencies shall participate in the Virginia EMS Registry by making available to the Commissioner or his designees the minimum data set in the format prescribed by the Board or any other format which contain equivalent information and meets any technical specifications of the Board. The minimum data set shall include, but not be limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other items as prescribed by the Board.”*

The Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS) is concluding a five year project that will replace the existing technologically outdated prehospital data collection program with a state of the art emergency medical services (EMS) information system that conforms to the new national EMS dataset and technical format. The National Highway Traffic Safety Administration (NHTSA) set the standard for EMS data collection and in partnership with the National EMS Information System (NEMSIS) has established a national EMS database that all states and territories have agreed to contribute to using the NHTSA technical format and dataset.

VDH/OEMS has not requested a revision to its minimum dataset or change to its technical format since 1999 and asks for the State Board of Health to consider and approve the following technical format change and minimum dataset update so the Virginia EMS Registry (EMSR) may be brought into compliance with national standards.

VDH/OEMS requests the Virginia EMSR technical format be changed from a space delimited format to that of extensible markup language (XML) and that the XML schema (a.k.a. XSD) be based on the current NHTSA/NEMSIS standard. Utilizing an XML format will not only allow VDH/OEMS to contribute to the national EMS database, it will also allow for easier linkage with other databases, and allow the EMSR format to be more consistent with other EMS software programs in use throughout the Commonwealth.

VDH/OEMS further requests that the list of data elements below be accepted as the revised Virginia EMS dataset. VDH/OEMS has attempted to be conservative in the number of data elements it collects and the list below adds essential elements to comply with submission to the national database, apply evidence based practice, and allow for linkage to applicable databases. Additionally, many elements are administrative in nature and not reported on an individual record basis (i.e. D01\_01 thru E01\_04).

<b>New Element?</b>	<b>NEMSIS/NISE Element Code</b>	<b>Data Element</b>
<b>* Required National Data Element</b>		
<b>*No</b>	D01_01	EMS Agency Number
<b>No</b>	D01_02	EMS Agency Name
<b>*No</b>	D01_03	EMS Agency State
<b>*No</b>	D01_04	EMS Agency County
<b>*No</b>	D01_08	Organizational Type
<b>*Yes</b>	D01_09	Organization Status
<b>*Yes</b>	D01_21	National Provider Identifier
<b>No</b>	D02_10	Agency Contact Email Address
<b>Yes</b>	D05_01	Station Name
<b>Yes</b>	D05_02	Station Number
<b>Yes</b>	D05_04	Station GPS
<b>Yes</b>	D05_05	Station Address
<b>Yes</b>	D05_06	Station City
<b>Yes</b>	D05_07	Station State
<b>Yes</b>	D05_08	Station Zip
<b>No</b>	D06_01	Unit/Vehicle Number
<b>No</b>	D06_03	Vehicle Type
<b>No</b>	D06_07	Vehicle Model Year
<b>No</b>	D07_02	State/Licensure ID Number
<b>Yes</b>	D07_05	Personnel's Level of Certification/Licensure for Agency
<b>No</b>	D08_01	EMS Personnel's Last Name
<b>No</b>	D08_02	EMS Personnel's Middle Name/Initial
<b>No</b>	D08_15	State EMS Certification Licensure Level
<b>*No</b>	E01_02	Software Creator
<b>*Yes</b>	E01_03	Software Name
<b>*Yes</b>	E01_04	Software Version
<b>*No</b>	E02_01	EMS Agency Number
<b>*No</b>	E02_02	Incident Number
<b>*No</b>	E02_04	Type of Service Requested
<b>*Yes</b>	E02_05	Primary Role of the Unit
<b>*Yes</b>	E02_06	Type of Dispatch Delay
<b>*Yes</b>	E02_07	Type of Response Delay
<b>*Yes</b>	E02_08	Type of Scene Delay
<b>*Yes</b>	E02_09	Type of Transport Delay
<b>*Yes</b>	E02_10	Type of Turn-Around Delay
<b>*Yes</b>	E02_12	EMS Unit Call Sign (Radio Number)
<b>*Yes</b>	E02_20	Response Mode to Scene
<b>*No</b>	E03_01	Complaint Reported by Dispatch
<b>*Yes</b>	E03_02	EMD Performed
<b>Yes</b>	E04_01	Crew Member ID
<b>*No</b>	E05_02	PSAP Call Date/Time
<b>No</b>	E05_03	Dispatch Notified Date/Time
<b>*No</b>	E05_05	Unit En Route Date/Time
<b>*No</b>	E05_06	Unit Arrived on Scene Date/Time
<b>*No</b>	E05_07	Arrived at Patient Date/Time
<b>No</b>	E05_08	Transfer of Patient Care Date/Time

<b>New Element?</b>	<b>NEMSIS/NISE Element Code</b>	<b>Data Element (cont'd)</b>
<b>* Required National Data Element</b>		
<b>*No</b>	E05_09	Unit Left Scene Date/Time
<b>*No</b>	E05_10	Patient Arrived at Destination Date/Time
<b>*No</b>	E05_11	Unit Back in Service Date/Time
<b>*No</b>	E05_13	Unit Back at Home Location Date/Time
<b>Yes</b>	E06_01	Last Name
<b>Yes</b>	E06_02	First Name
<b>No</b>	E06_05	Patient's Home City
<b>*No</b>	E06_08	Patient's Home Zip Code
<b>No</b>	E06_10	Social Security Number
<b>*No</b>	E06_11	Gender
<b>*No</b>	E06_12	Race
<b>*No</b>	E06_13	Ethnicity
<b>*No</b>	E06_14	Age
<b>*No</b>	E06_15	Age Units
<b>No</b>	E06_16	Date of Birth
<b>Yes</b>	E06_18	State Issuing Driver's License (alternative to SSN)
<b>Yes</b>	E06_19	Driver's License Number
<b>*Yes</b>	E07_01	Primary Method of Payment
<b>No</b>	E08_01	Other EMS Agencies at Scene
<b>*Yes</b>	E08_05	Number of Patients at Scene
<b>*Yes</b>	E08_06	Mass Casualty Incident
<b>*No</b>	E08_07	Incident Location Type
<b>Yes</b>	E08_11	Incident Address
<b>*No</b>	E08_15	Incident ZIP Code (replaces existing FIPS Code)
<b>*No</b>	E09_04	Possible Injury
<b>Yes</b>	E09_06	Duration of Chief Complaint
<b>Yes</b>	E09_07	Time Units of Duration of Chief Complaint
<b>*Yes</b>	E09_11	Chief Complaint Anatomic Location
<b>*Yes</b>	E09_12	Chief Complaint Organ System
<b>*No</b>	E09_13	Primary Symptom
<b>*No</b>	E09_14	Other Associated Symptoms
<b>*No</b>	E09_15	Providers Primary Impression
<b>*Yes</b>	E09_16	Provider's Secondary Impression
<b>*No</b>	E10_01	Cause of Injury
<b>Yes</b>	E10_02	Intent of the Injury
<b>No</b>	E10_04	Vehicular Injury Indicators
<b>No</b>	E10_05	Area of the Vehicle impacted by the collision
<b>No</b>	E10_08	Use of Occupant Safety Equipment
<b>No</b>	E10_09	Airbag Deployment
<b>Yes</b>	E10_10	Height of Fall
<b>*No</b>	E11_01	Cardiac Arrest
<b>*Yes</b>	E11_02	Cardiac Arrest Etiology
<b>*No</b>	E11_03	Resuscitation Attempted
<b>No</b>	E11_05	First Monitored Rhythm of the Patient

<b>New Element?</b>	<b>NEMSIS/NISE Element Code</b>	<b>Data Element (cont'd)</b>
<b>* Required National Data Element</b>		
<b>No</b>	E11_06	Any Return of Spontaneous Circulation
<b>No</b>	E11_08	Estimated Time of Arrest Prior to EMS Arrival
<b>Yes</b>	E11_09	Date/Time Resuscitation Discontinued
<b>Yes</b>	E11_10	Reason CPR Discontinued
<b>No</b>	E11_11	Cardiac Rhythm on Arrival at Destination
<b>*Yes</b>	E12_01	Barriers to Patient Care
<b>No</b>	E12_10	Medical/Surgical History
<b>Yes</b>	E12_12	Immunization History
<b>*Yes</b>	E12_19	Alcohol/Drug Use Indicators
<b>No</b>	E12_20	Pregnancy
<b>No</b>	E14_03	Cardiac Rhythm
<b>No</b>	E14_04	SBP (Systolic Blood Pressure)
<b>No</b>	E14_05	DBP (Diastolic Blood Pressure)
<b>Yes</b>	E14_06	Method of Blood Pressure Measurement
<b>No</b>	E14_07	Pulse Rate
<b>No</b>	E14_09	Pulse Oximetry
<b>No</b>	E14_10	Pulse Rhythm
<b>No</b>	E14_11	Respiratory Rate
<b>No</b>	E14_12	Respiratory Effort
<b>Yes</b>	E14_13	Carbon Dioxide
<b>Yes</b>	E14_14	Blood Glucose Level
<b>No</b>	E14_15	Glasgow Coma Score-Eye
<b>No</b>	E14_16	Glasgow Coma Score-Verbal
<b>No</b>	E14_17	Glasgow Coma Score-Motor
<b>Yes</b>	E14_18	Glasgow Coma Score-Qualifier
<b>Yes</b>	E14_23	Pain Scale
<b>Yes</b>	E14_24	Stroke Scale
<b>Yes</b>	E14_25	Thrombolytic Screen
<b>No</b>	E14_26	APGAR
<b>No</b>	E16_01	Estimated Body Weight
<b>Yes</b>	E18_01	Date/Time Medication Administered
<b>*Yes</b>	E18_03	Medication Given
<b>Yes</b>	E18_04	Medication Administered Route
<b>Yes</b>	E18_05	Medication Dosage
<b>Yes</b>	E18_06	Medication Dosage Units
<b>Yes</b>	E18_07	Response to Medication
<b>*Yes</b>	E18_08	Medication Complication
<b>Yes</b>	E18_09	Medication Crew Member ID
<b>Yes</b>	E19_01	Date/Time Procedure Performed Successfully
<b>*No</b>	E19_03	Procedure
<b>*No</b>	E19_05	Number of Procedure Attempts
<b>*No</b>	E19_06	Procedure Successful
<b>*Yes</b>	E19_07	Procedure Complication
<b>Yes</b>	E19_09	Procedure Crew Members ID
<b>Yes</b>	E19_13	Tube Confirmation
<b>No</b>	E20_01	Destination/Transferred To, Name

<b>New Element?</b>	<b>NEMSIS/NISE Element Code</b>	<b>Data Element (cont'd)</b>
<b>* Required National Data Element</b>		
<b>*No</b>	E20_10	Incident/Patient Disposition
<b>*Yes</b>	E20_14	Transport Mode from Scene
<b>*No</b>	E20_16	Reason for Choosing Destination
<b>*No</b>	E20_17	Type of Destination
<b>Yes</b>	E23_08	Required Reportable Conditions
<b>Yes</b>	IT1_1	Pulse Oximetry Qualifier
<b>No</b>	IT5_19	Exterior Damage
<b>Yes</b>	IT5_6	Motor Vehicle Type
<b>Yes</b>	IT7_24	Procedure Location
<b>Yes</b>	IT7_25	Method of Securing ETT
<b>Yes</b>	IT8_19	AMA Type
<b>Yes</b>	IT8_21	AMA Reason
<b>Yes</b>	IT10_1	Facility Diverted From-Name
<b>Yes</b>	IT10_2	Specialty Team Notified
<b>Yes</b>	IT10_6	Facility Notified By
<b>Yes</b>	IT12_3	Stemi 12 Lead Transmitted



# COMMONWEALTH of VIRGINIA

Department of Health

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RICHMOND, VA 23218

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1-800-828-1120

KAREN REMLEY, MD, MBA, FAAP  
STATE HEALTH COMMISSIONER

## MEMORANDUM

**TO:** State Board of Health Members

**FROM:** Michael O. Royster, M.D., MPH  
Director, Office of Minority Health and Public Health Policy

**THROUGH:** Karen Remley, M.D., M.B.A.  
State Health Commissioner

**SUBJECT:** Fast Track Approval of Regulations for the Virginia Nurse Educator Scholarship Program

**DATE:** January 11, 2010

### Background:

The Virginia Department of Health (VDH) is mandated by the *Code of Virginia* and by legislation to develop regulations for the new Virginia Nurse Educator Scholarship Program. Sections 23-35.9 and 32.1-122.6:01 of the Code of Virginia authorize the Board of Health to award annual scholarships for students enrolled in undergraduate and graduate nursing programs in the State of Virginia.

The proposed regulations are the formalization of a scholarship, known as the "Virginia Nurse Educator Scholarship Program," established in the Virginia General Assembly's 2009 Appropriations Act. The proposed regulations will provide for the administration of the Virginia Nurse Educator Scholarship program. The intent of the Virginia Nurse Educator Scholarship program is to increase the number of nurse educators by providing masters and doctoral nursing students with financial support for advanced degree programs. The long term goal is to increase the number of trained nurses in medical practice.

### Substance of the Regulations:

The proposed regulations will establish provisions for the administration of the "Virginia Nurse Educator Scholarship Program." Those provisions will include: definitions, purpose, administration, eligible applicants, scholarship amount, distribution of scholarships, contract provisions, repayment of scholarships, repayment of practice, cash repayment, cash repayment amount, cash repayment schedule and reporting requirements.

### Upcoming Steps:

The Board of Health is being asked at this time to adopt these regulations. The VDH will thereafter promulgate the regulations pursuant to the fast-track regulatory process. Upon the Board's approval, regulations will begin the Executive Branch review process.



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## Fast Track Proposed Regulation Agency Background Document

<b>Agency name</b>	Virginia Department of Health
<b>Virginia Administrative Code (VAC) citation</b>	<u>12VAC5-545</u>
<b>Regulation title</b>	Guidelines for the Virginia Nurse Educator Scholarship Program
<b>Action title</b>	Promulgating new regulations for the Virginia Nurse Educator Scholarship
<b>Date this document prepared</b>	November 10, 2009

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes.*

The proposed regulation is the implementation of a scholarship program, known as the "Virginia Nurse Educator Scholarship Program," established in the Virginia General Assembly's 2009 Appropriations Act. The proposed regulation will provide for the administration of the Virginia Nurse Educator Scholarship program. The intent of the Virginia Nurse Educator Scholarship program is to increase the number of nurse educators by providing masters and doctoral level nursing students with financial support for advanced degree programs. Ten (10) nurse educator scholarships are planned to be awarded annually.

### Statement of final agency action

*Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.*

**Legal basis**

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the scope of the legal authority and the extent to which the authority is mandatory or discretionary.*

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Sections 23-35.9 and 32.1-122.6:01 of the *Code of Virginia* authorized the Board of Health to award annual scholarships for students enrolled in undergraduate and graduate nursing programs in the State of Virginia.

**Purpose**

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

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The Virginia General Assembly in the 2009 Appropriations Act [Department of Health (601), Higher Education Student Financial Assistance ~ Scholarships (10810)] appropriated \$2,008,196 for health professional scholarships. Section D. states: "Out of this appropriation, \$200,000 for the first year and \$200,000 for the second year from the general fund is provided for scholarships and loan repayments for nursing students pursuing an advanced degree towards becoming nursing faculty at the college level. Priority shall be given to master's degree candidates who commit to teaching in the community colleges." Pursuant to this legislative mandate, and under the authority of the *Code of Virginia* § 32.1-122.5:1, regulations have been developed for the "Virginia Nurse Educator Scholarship Program."

**Rationale for using fast track process**

*Please explain the rationale for using the fast track process in promulgating this regulation. Why do you expect this rulemaking to be noncontroversial?*

*Please note: If an objection to the use of the fast-track process is received within the 60-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall (i) file notice of the objection with the Registrar of Regulations for publication in the Virginia Register, and (ii) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.*

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The Administrative Process Act (APA) provides for expedited rulemaking for non-controversial regulatory actions. The regulation as proposed is non-controversial because the scholarship was provided for in the 2009 Appropriations Act and implementing the resulting program is expected to be straightforward. The Virginia General Assembly recognized a need for increasing the number of nurse educators. The regulations are patterned after other existing scholarship programs, which have not been controversial.

## Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (Provide more detail about these changes in the "Detail of changes" section.)*

The proposed regulation will establish provisions for the administration of the "Virginia Nurse Educator Scholarship Program." Those provisions will include: definitions, purpose, administration, eligible applicants, scholarship amount, distribution of scholarships, contract provisions, repayment of scholarships, repayment by practice, cash repayment, cash repayment amount, cash repayment schedule and reporting requirements.

## Issues

*Please identify the issues associated with the proposed regulatory action, including:*

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

*If there are no disadvantages to the public or the Commonwealth, please indicate.*

The purpose of the regulation is to comply with the *Code of Virginia*. There are no known disadvantages to the public, the regulated entities, business entities, or the Commonwealth. The advantage will be an increase in nursing educators and a subsequent increase in access to quality nursing services within medical practices within the Commonwealth.

## Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

There are no federal requirements related to this proposal. There are no requirements in this proposal that exceed federal requirements.

## Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

No locality will be particularly affected by the proposed regulation.

**Regulatory flexibility analysis**

*Please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

The alternative regulatory methods are not applicable.

**Economic impact**

*Please identify the anticipated economic impact of the proposed regulation.*

<b>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures</b>	Projected cost to the state is negligible.
<b>Projected cost of the regulation on localities</b>	None
<b>Description of the individuals, businesses or other entities likely to be affected by the regulation</b>	The scholarship program consists of scholarships awarded annually to master’s and doctoral level nursing candidates who will complete the program within two years or less. Eligible candidate can be enrolled in full or part-time programs.
<b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	Estimated: 10 Nurse Educator candidates
<b>All projected costs of the regulation for affected individuals, businesses, or other entities. Please be specific. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.</b>	Awardees will receive scholarships. There will be no costs to them.

**Alternatives**

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

The Virginia Department of Health is authorized by the *Code of Virginia* to develop and implement regulations for the new Virginia Nurse Educator Scholarship program. There are no viable alternatives that would carry out the intent of the law.

**Family impact**

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

The Virginia Nurse Educator Scholarship program will have a positive impact on the family and family stability by increasing access to quality nursing services within medical practices throughout the Commonwealth. Assisting nursing students with their educational expenses also increases their family earning potential and allows low and moderate income families to pursue nursing careers.

**Detail of changes**

*Please detail all changes that are being proposed and the consequences of the proposed changes. Detail all new provisions and/or all changes to existing sections.*

*If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all changes between the pre-emergency regulation and the proposed regulation, and (2) only changes made since the publication of the emergency regulation.*

For changes to existing regulations, use this chart:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale

The proposed regulation is new. The regulation serves to formalize the scholarship, known as the "Virginia Nurse Educator Scholarship Program," established in the Virginia General Assembly's 2009 Appropriations Act.

**Project 2032 - none**

## **DEPARTMENT OF HEALTH**

### **Guidelines for the Nurse Educator Scholarship**

#### **12VAC5-545-10. General information.**

This chapter has been prepared to inform and familiarize scholarship applicants, Deans/Directors of nursing programs, and Financial Aid Officers with the Virginia Nurse Educator Scholarship Program. All scholarships are awarded without regard to race, color, religion, sex or national origin.

All scholarship awards will be made by a Nursing Scholarship Advisory Committee appointed by the State Board of Health. The Virginia Department of Health, Division of Primary Care and Rural Health will serve as the staff element to the Advisory Committee and play no role in the determination of scholarship recipients.

The basis for determining scholarship recipients will be established by the Advisory Committee with due regard given to scholastic achievement, financial need, character, and adaptability to the nurse educator profession.

#### **12VAC5-545-20. Definitions.**

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Board" or "Board of Health" means the State Board of Health.

"Certified" means having passed an examination through a national certifying organization.

"Commissioner" means the State Health Commissioner.

"The judgment rate of interest shall be an annual rate of six percent, except that a money judgment entered in an action arising from a contract shall carry interest at the rate lawfully charged on such contract, or at six percent annually, whichever is higher. If the contract or other instrument does not fix an interest rate, the court shall apply the judgment rate of six percent to calculate prejudgment interest pursuant to § 8.01-382 and to calculate post-judgment interest. The rate of interest for a judgment shall be the judgment rate of interest in effect at the time of entry of the judgment and shall not be affected by any subsequent changes to the rate of interest stated in this section, plus two percentage points.

"Nurse educator" means a student enrolled or accepted in an advanced degree (masters or doctorate) towards becoming nursing faculty at the college level in the state of Virginia.

"Recipient" or "scholarship recipient" means an eligible registered nurse who enters into a contract with the Commissioner and receives one or more scholarship awards via the Virginia Nurse Educator Scholarship Program.

"Teaching service" means to teach as a nurse educator in a Virginia nursing school for two years for each year of a scholarship award.

### **12VAC5-545-30. Administration.**

The Commissioner of Health, or designee, shall act as fiscal agent for the board in administration of the scholarship program through a Nursing Scholarship Advisory Committee. All scholarship awards will be made by the Committee, appointed by the State Board of Health. The Committee shall consist of five members or their designees: four faculty members representing nurse practitioner, nurse midwife, or nurse educator

education programs, and one former scholarship recipient. Committee appointments shall be for two years and members may not serve more than two consecutive terms.

**12VAC5-545-40. Eligible applicants.**

To be considered eligible for the Virginia Nurse Educator Scholarship Program, all applicants must meet the following criteria:

1. Be a U.S. citizen;
2. Be a Virginia resident;
3. Be a full/part-time student in a master's or doctoral level nursing program in Virginia, who will complete the degree requirements within two years or less;
4. Have submitted a completed application;
5. Have submitted all other required materials (such as, transcript, curriculum vitae, letters of reference); and
6. Have signed and submitted a written contract agreeing to serve via teaching in a Virginia School of Nursing that prepares students to become Registered Nurses in the Commonwealth.

Failure to comply with any of the above will cause the applicant to be ineligible to participate in the Virginia Nurse Educator Scholarship Program. Applicants will be evaluated and ranked by the Nursing Scholarship Advisory Committee, and the most qualified applicants will be awarded.

**12VAC5-545-50. Scholarship amount.**

The amount for Virginia nurse educator scholarships available each year shall be as provided by the Virginia General Assembly in that year's Appropriation Act.

Scholarships shall be awarded to the recipients upon or following the recipient's execution of a contract with the Commissioner for scholarship repayment.

**12VAC5-545-60. Distribution of scholarships.**

The Nursing Scholarship Advisory Committee shall inform nursing schools of the availability of the nurse educator scholarships through the Division of Primary Care and Rural Health, Virginia Department of Health by March 1st of the same year the scholarship will be administered. The Committee shall convene annually (late summer) for the purpose of reviewing applications and awarding scholarships as funding allows. Scholarships shall be based upon majority vote of the committee and awards are processed immediately after the Nursing Scholarship Advisory Committee meeting.

**12VAC5-545-70. Contract provisions.**

Prior to the payment of money to a scholarship awardee, the Commissioner shall enter into a contract with the recipient. The contract shall:

1. Provide that the recipient will pursue a nurse educator program of the designated school until graduation and will pursue full-time teaching service as a nurse educator within one year (12 months) following completion of training and for a period of two years per annual scholarship award. The area of employment must be at a Virginia nursing school program.
2. Provide that the recipient will not voluntarily obligate himself or herself for military service prior to completion of the repayment period.
3. Provide for termination of the contract by the recipient while the recipient is enrolled in school, upon the recipient's notice and immediate repayment to the Commonwealth of the total amount of the scholarship funds plus the judgment rate of interest.

4. Provide that if the recipient fails to maintain satisfactory academic progress, the recipient may, upon certification by the Commissioner, be relieved of the contract obligation to engage in full-time teaching service upon repayment to the Commonwealth of the total amount of scholarship funds received plus the judgment rate of interest.

5. Provide that if the recipient is in default due to death or permanent disability so as not to be able to engage in teaching service, the recipient, or his personal representative, may be relieved of the obligation under the contract to engage in full-time teaching service upon repayment to the Commonwealth of the total amount of scholarship funds received plus the judgment rate of interest. For recipients completing part of the teaching obligation prior to becoming permanently disabled, the total amount of scholarship funds owed shall be reduced by the amount of the annual scholarship award multiplied by the number of years practiced.

6. Provide that individual cases of unusual hardship may be considered by the Commissioner for forgiveness of payment or service.

7. Provide that if the recipient defaults by failing or refusing to provide teaching services in a Virginia nursing school, the recipient shall make restitution to the Commonwealth of Virginia by repaying all monetary scholarship awards, plus the judgment rate of interest on such restitution.

8. Provide that partial fulfillment of the recipient's obligation shall reduce the amount of restitution plus interest due by an amount of money equal to the same percentage of time employed.

**12VAC5-545-80. Repayment of scholarships.**

Unless repayment is forgiven as specified in subdivision 6 of 12VAC5-545-70, all scholarships shall be repaid to the Commonwealth, either by the recipient's teaching as a nurse educator or through cash repayments.

**12VAC5-545-90. Repayment by teaching service.**

It is the intent of the Virginia Nurse Educator Scholarship Program that recipients pay their scholarship obligation by teaching. Each recipient electing to repay by teaching shall notify the Commissioner in writing of his or her proposed location not more than 30 days following beginning of employment. Written approval of the teaching location/site will be sent to the recipient by the Commissioner. Working full-time, as defined by the teaching institution, for one year will equal one year of credit. Absences from teaching in excess of seven weeks per one year of teaching service period for maternity leave, illness, vacation, or any other purpose shall not be credited toward repayment and will extend the recipient's total obligation by the number of weeks of excess absence. Any recipient who partially completes a scholarship obligation will be required to fulfill the remainder of the scholarship obligation by cash repayment in accordance with 12VAC5-545-110. Credit for partial year(s) of service will be applied toward fulfillment of the scholarship obligation.

**12VAC5-545-100. Cash repayment.**

The full amount to be repaid by a recipient who fails or refuses to fulfill the teaching obligation shall be: the annual amount of the scholarship for the year(s) the recipient obtained the scholarship plus the judgment rate of interest.

**12VAC5-545-110. Reporting requirements.**

Reporting requirements of nursing schools and scholarship recipients are as follows:

1. Each nursing school shall maintain accurate records of the status of scholarship recipients until the recipients graduate and during any postgraduate year that a scholarship is awarded. The schools shall provide a report listing the academic status of each recipient annually to the Nursing Scholarship Advisory Committee.

2. Each scholarship recipient shall, at any time, provide information as requested by the Commissioner to verify compliance with the teaching requirements of the scholarship contract. The recipient shall report any change of mailing address, change of academic standing, change of intent to fulfill his contractual obligation and any other information which may be relevant to the contract at such time as changes or information may occur. The recipient shall promptly respond with such information from time to time as may be requested by the Commissioner.

3. The Nursing Scholarship Advisory Committee will report annually to the Board the following: number of applicants for scholarships, number of scholarships awarded, number of minorities and students from medically underserved areas awarded, total funding awarded, the teaching sites of former scholarship recipients, and the number of students making monetary repayment of scholarship with reasons for failure to practice identified.

4. Monitoring of teaching service by recipients shall be conducted on an on-going basis by department staff. Teaching service verification forms will be submitted by the recipient to the department semi-annually (each six months), countersigned by a representative of the teaching location/site certifying continuous full-time service by recipients.

Certification Statement:

I certify that this regulation is full, true, and correctly dated.

\_\_\_\_\_ (Signature of certifying official)

Name and title of certifying official:\_\_\_\_\_

Name of agency:\_\_\_\_\_

Date:\_\_\_\_\_