

AGENDA
BOARD OF EXAMINERS FOR NURSING
Department of Public Health
410 Capitol Avenue, Hartford, CT
July 15, 2020 - 8:30 AM

Chair Updates

Open Forum

Additional Agenda Items and Reordering of Agenda National Council of State Boards of Nursing - Update

SCHOOL ISSUES

- *Connecticut League for Nursing*
- *Lincoln Technical Institute*
- *Porter & Chester Institute*
- *Sacred Heart University – Request for temporary waiver*
- *Fairfield University Egan School of Nursing and Health Studies*
 - 1) *Request for temporary waiver*
 - 2) *Proposal for Master's Entry to Practice Nursing*
- *Registered nurse program accreditation letters*
(Christian Andresen, Section Chief, Practitioner Licensing and Investigation)

MOTIONS FOR SUMMARY SUSPENSION

- | | | |
|-----------------------------------|------------------------------|--------------------------------------|
| • <i>Sandra J. Blanchette, RN</i> | <i>Petition No: 2020-431</i> | <i>Staff Attorney Brittany Allen</i> |
| • <i>Heather L. Orsi, RN</i> | <i>Petition No: 2020-314</i> | <i>Staff Attorney Brittany Allen</i> |

CONSENT ORDERS

- | | | |
|--------------------------------|-------------------------------|---------------------------------------|
| • <i>Stephen Keller, RN</i> | <i>Petition No. 2017-1112</i> | <i>Staff Attorney Diane Wilan</i> |
| • <i>Nicolette Strizzi, RN</i> | <i>Petition No: 2018-557</i> | <i>Staff Attorney Joelle Newton</i> |
| • <i>Tabitha Banker, LPN</i> | <i>Petition No: 2018-557</i> | <i>Staff Attorney Leslie Scoville</i> |

HEARINGS

- | | | |
|----------------------------------|-------------------------------|--------------------------------------|
| • <i>William Meister, RN</i> | <i>Petition No: 2020-542</i> | <i>Staff Attorney Joelle Newton</i> |
| • <i>Laura Kisatsky, RN</i> | <i>Petition No: 2020-541</i> | <i>Staff Attorney Joelle Newton</i> |
| • <i>Denise Ambrose, LPN</i> | <i>Petition No: 2019-751</i> | <i>Staff Attorney Brittany Allen</i> |
| • <i>Nicholas Lewonczyk, LPN</i> | <i>Petition No: 2017-50</i> | <i>Staff Attorney Diane Wilan</i> |
| • <i>Heather Spaulding, RN</i> | <i>Petition No: 2019-1224</i> | <i>Staff Attorney Joelle Newton</i> |

This meeting will be held by video conference.

[BOARD OF EXAMINERS FOR NURSING Teams Meeting – July 15, 2020](#)

[+1 860-840-2075](tel:+18608402075) United States, Hartford (Toll)

Conference ID: 568 335 762#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board

The **Board of Examiners for Nursing** held a meeting by telephone conference on May 20, 2020 originating from the Department of Public Health 410 Capitol Avenue, Hartford, Connecticut.

BOARD MEMBERS PRESENT: Patricia C. Bouffard, RN, Chair
Jason Blando, Public Member
Mary M. Brown, RN
Elizaida Delgado, LPN
Mary Dietmann, RN
Lisa S. Freeman, Public Member
Jennifer Long, APRN
Gina M. Reiners, RN

BOARD MEMBERS ABSENT: Geraldine Marrocco, RN

ALSO PRESENT: Stacy Schulman, Legal Counsel to the Board, DPH
Helen Smith, RN, Nurse Consultant, DPH
Brittany Allen, Staff Attorney, DPH
Joelle Newton, Staff Attorney, DPH
Jeffrey Kardys, Board Liaison, DPH
Agnieszka Salek, Hearings Liaison, DPH

The meeting commenced at 8:30 a.m.

CHAIR UPDATES

Nothing to Report

OPEN FORUM

A student from Porter & Chester addressed the Board in support of Porter & Chester's plan for virtual clinical experiences.

NATIONAL COUNCIL STATE BOARDS OF NURSING

Chair Bouffard and Mary Dietmann reported on modifications by [NCSBN](#) to NCLEX testing.

MINUTES

Gina M. Reiners made a motion, seconded by Lisa Freeman, to approve the minutes from April 15, 2020. The motion passed unanimously.

SCOPE OF PRACTICE

Helen Smith, Nurse Consultant, DPH provided a summary of nursing scope of practice inquiries received by the Department of Public Health during April, 2020. 27 calls were received in April.

SCHOOL ISSUES

- Excelsior College

Helen Smith reported that the Accreditation Commission for Education in Nursing (ACEN) denied continuing accreditation to the Associate Degree Nursing program at Excelsior College on 03/18-19/2020. The College has appealed the decision and in accordance with ACEN policy this Associate Degree Nursing program will remain accredited pending the appeal process.

Attorney Mike Bucciano addressed the Board on behalf of Excelsior College regarding this issue.

- South Dakota State University

Helen Smith reported that as of 05/04/2020 South Dakota State University (SDSU) will provide an option for participants in the RN & LPN Refresher program to complete online simulation for the required clinical experience. This option is temporary, and the participants cannot have any current disciplinary action(s) with their Board of Nursing including orders, stipulation agreements or probationary terms.

- NCLEX Test Results

Helen Smith gave a report of the NCLEX results from May 1, 2019 through April 30, 2020. The programs that fell below the 80 percent pass rate will be notified to submit a plan of correction to the Board.

- Lincoln Technical Institute – Request to use virtual clinical experiences

- 1) Virtual Clinical Experiences

Patricia DeLucia and Deborah Little were present for Lincoln Technical Institute. The Board reviewed additional information pertaining to the request for virtual clinical experiences for the May and July graduates which was initially presented at the April meeting. Stacy Schulman commented that the Commissioner of the Department of Public Health has not yet issued an Order in this matter based on the Board's April recommendation.

- 2) Program Administrator Report

The Board reviewed a report submitted by Patricia DeLucia concerning the performance of Deborah Little as well as an updated organizational chart.

- 3) Director of Nursing – New Britain Campus

Salvatore Diaz was present for this discussion.

Lisa Freeman made a motion seconded by Mary Dietmann to approve Mr. Diaz as the Director of Nursing for the Lincoln Technical Institute, New Britain Campus. The motion passed unanimously.

- Porter & Chester Institute

Debra Hessell, Philip Krebs, Nancy Brunette, Elizabeth Rodriguez, Jay Bologna, Sherry Greifzu; and Joan Feldman, Esq. were present on behalf of Porter & Chester.

- 1) Plan of Correction – Monthly update

Porter & Chester provided additional information to supplement that which was presented at the April 15, 2020 meeting.

- 2) Request for Virtual Clinical Simulation

The Board reviewed information pertaining to a request for virtual simulation to accommodate approximately 65-70 students who were unable to graduate in April 2020, due to the inability to complete their required clinical hours brought about by the current COVID-19 pandemic.

Mary Dietmann left the meeting at 10:43 a.m.

Lisa Freeman made a motion, seconded by Elizaida Delgado, to recommend to the Commissioner of the Department of Public Health, the waiver of the requirements of section 20-90-55 of the Regulations of Connecticut State Agencies to allow the request for virtual simulation for students, who have completed the regulatory requirements of 750 hours, to complete Porter & Chester's requirements for 798 hours of clinical experience for graduation. Following extensive discussion Gina Reiners voted in favor of the motion. Elizaida Delgado, Mary Brown, Jason Blando, Lisa Freeman, Jennifer Long and Chair Bouffard were opposed.

MEMORANDUM OF DECISION

Rene Cottrill, RN - Petition No. 2019-896

Jennifer Long made a motion, seconded by Mary Brown, to affirm the Board's decision revoking the registered nurse license of Rene Cottrill. The motion passed unanimously.

Melissa Eccles, LPN - Petition No. 2018-123

Gina Reiners made a motion, seconded by Jennifer Long, to adopt the Memorandum of Decision which imposes a probation of Ms. Eccles's Licensed practical nurse license. The motion passed unanimously. Ms. Eccles was present and addressed the Board regarding the decision.

Dana Kendrick, RN – Reinstatement Request

Jennifer Long made a motion, seconded by Mary Brown, to adopt the Memorandum of Decision which reinstates of Ms. Kendrick's registered nurse license without conditions. The motion passed unanimously.

Tammy Piccirillo, LPN - Petition No. 2019-839

Gina Reiner made a motion, seconded by Lisa Freeman, to affirm the Board's decision revoking the registered nurse license of Tammy Piccirillo. The motion passed unanimously.

MOTION FOR SUMMARY SUSPENSION

Kimberly Lemire, RN - Petition No: 2019-1237

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for Kimberley Lemire. Ms. Lemire was not present and was not represented.

Jennifer Long moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Lisa Freeman and passed unanimously. A hearing will be scheduled for June 17, 2020.

Kimberly Smith, RN - Petition No: 2019-592

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for Kimberley Smith. Ms. Smith was not present and was not represented.

Gina Reiners moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Jennifer Long and passed unanimously. A hearing will be scheduled for June 17, 2020.

Sara Smith, RN - Petition No: 2019-592

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for Sara Smith. Attorney Cody Guarnieri was present on behalf of Ms. Smith and presented an objection to the Motion for Summary Suspension.

Mary Brown moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Lisa Freeman and passed with all in favor except Mary Brown and Lisa Freeman who were opposed. A hearing will be scheduled for June 17, 2020.

PREHEARING REVIEW

Stephen Keller, RN - Petition No. 2017-1112

Staff Attorney Diane Wilan presented a pre-hearing review packet in this matter.

Mr. Keller was present with Attorney Timothy Grady.

Following review, the Board recommended a reprimand, and coursework pertaining to mental health issues including autism spectrum disorder.

Elizaida Delgado left the meeting at 12:00 noon

CONSENT ORDERS

Sashni Popp, RN - Petition No. 2018-530

Diane Wilan, Staff Attorney, Department of Public Health presented a Consent Order in the matter of Sashni Popp, RN.

Ms. Popp was not present and was not represented by counsel.

Jennifer Long moved, and Gina Reiners seconded, to approve the Consent Order which imposes a reprimand and probation for a period of one year. The motion passed unanimously.

Sara Scobie, RN - Petition No: 2018-1365

Diane Wilan, Staff Attorney, Department of Public Health presented a Consent Order in the matter of Sara Scobie, RN. Attorney Tamara Nyce was present on behalf of Ms. Scobie.

Mary Brown moved, and Gina Reiners seconded, to approve the Consent Order. Mary Brown voted in favor of the motion to approve, Jason Blando, Lisa Freeman, Jennifer Long and Chair Bouffard were opposed. The Board recommended the proposed Consent Order be edited to include a period of probation and a civil penalty.

HEARINGS

Collen Gallagher, LPN - Petition No: 2020-76

Linda Fazzina, Staff Attorney, was present for the Department of Public Health. Respondent was present but was not represented. Respondent orally requested a continuance.

Mary Brown made a motion, seconded by Gina Reiners, to continue the hearing until August 19, 2020. The motion passed unanimously

Karina Francis, RN - Petition No: 2020-157

Brittany Allen, Staff Attorney, was present for the Department of Public Health. Respondent was present but was not represented.

The hearing concluded but the record will remain open until September for the submission of additional documentation.

ADJOURNMENT

It was the unanimous decision of the Board Members present to adjourn this meeting at 1:45 p.m.

Patricia C. Bouffard, D.N.Sc., Chair
Board of Examiners for Nursing

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board

The **Board of Examiners for Nursing** held a meeting by video conference on June 17, 2020 originating from the Department of Public Health 410 Capitol Avenue, Hartford, Connecticut.

BOARD MEMBERS PRESENT: Patricia C. Bouffard, RN, Chair
Jason Blando, Public Member
Mary M. Brown, RN
Mary Dietmann, RN
Lisa S. Freeman, Public Member
Jennifer Long, APRN
Geraldine Marrocco, RN
Gina M. Reiners, RN

BOARD MEMBERS ABSENT: Elizaida Delgado, LPN

ALSO PRESENT: Stacy Schulman, Legal Counsel to the Board, DPH
Dana Dalton, RN, Supervising Nurse Consultant, DPH
Helen Smith, RN, Nurse Consultant, DPH
Brittany Allen, Staff Attorney, DPH
Joelle Newton, Staff Attorney, DPH
Jeffrey Kardys, Board Liaison, DPH
Agnieszka Salek, Hearings Liaison, DPH

The meeting commenced at 8:20 a.m.

CHAIR UPDATES

Nothing to Report

OPEN FORUM

Nothing to Report

NATIONAL COUNCIL STATE BOARDS OF NURSING

Chair Bouffard provided an update of various NCSBN projects and activities.

This year's annual meeting will be held virtually on August 12, 2020. Mary Dietmann and Gina Reiners indicated they would be willing to be delegates for Connecticut.

SCOPE OF PRACTICE

Helen Smith, Nurse Consultant, DPH provided a summary of nursing scope of practice inquiries received by the Department of Public Health during April, 2020. 27 calls were received in April.

SCHOOL ISSUES

- Central Connecticut State University – Approval of Nursing Department Chairperson
Catherine Thomas was present for this discussion.
Gina Reiners made a motion, seconded by Mary Brown, to approve Dr. Thomas as the Nursing Department Chairperson. The motion passed unanimously.
- Norwalk Community College
Dr. Ezechiele Dominique was present for this discussion.
Mary Brown made a motion, seconded by Lisa Freeman, to approve Dr. Dominique as the Director of Nursing and Allied Health. The motion passed unanimously.

- University of Connecticut – Stamford Campus
Dr. Deborah A Chyun was present for this discussion of a plan of correction to address a NCLEX pass rate of less than 80%.
Mary Dietmann made a motion, seconded by Gina Reiners, to approve the plan of correction for the University of Connecticut, Stamford Campus. The motion passed unanimously.
Mary Dietmann made a motion, seconded by Gina Reiners, to place University of Connecticut, Stamford Campus on conditional approval until NCLEX score pass rates are reported in June 2021. The motion passed unanimously.
- Stone Academy – West Haven, East Hartford
Linda Dahlin was present for this discussion of a plan of correction to address a NCLEX pass rate of less than 80% at the West Haven and East Hartford campuses. Mary Dietmann made a motion, seconded by Geraldine Marrocco, to approve Stone Academy's plan of correction. The motion passed unanimously.
Mary Dietmann made a motion, seconded by Mary Brown, to place the day programs at Stone Academy's West Haven and East Hartford campuses on conditional approval until NCLEX score pass rates are reported in June 2021. The motion passed unanimously.
- Stone Academy – Request for Alternative Experiences
Linda Dahlin and Terry Kinsley presented a request for a waiver of Sec. 20-90-55 (c) that requires contact hours shall be in supervised direct client care experiences to allow for 25% of the hours for select clinical rotations to be completed using a virtual clinical alternative at select campuses.
Gina Reiners made a motion, seconded by Mary Brown, to approve Stone Academy's plan for virtual clinical experiences. The motion passed unanimously.
- Porter & Chester Institute – Plan of Correction – Monthly update
Nancy Brunette, Philip Krebs, Sherry Greifzu; and Joan Feldman, Esq. were present on behalf of Porter & Chester.
 - 1) Plan of Correction – Monthly update
Porter & Chester provided a plan of correction regarding NCLEX pass rate of less than 80% at the Hamden, Stratford, and Rocky Hill campuses.
Lisa Freeman made a motion, seconded by Mary Brown, to approve the plan of correction. The motion passed unanimously.
During the discussion for this motion, the issue of conditional approval based on a school's location, with more than one nursing programs, when one of the programs falls below the required 80% pass rate was raised. No action was taken regarding this issue at this time. A subsequent regulatory review may be necessary.
 - 2) Request for Virtual Clinical Simulation
The Board reviewed a request by Porter & Chester for virtual clinical simulation for 44 students who were not able to graduate in Aril 2020 due to the inability to complete the required clinical hours due to the COVID-19 pandemic.
Lisa Freeman made a motion, seconded by Mary Brown, to grant the request for virtual simulation as outlined.
During discussion Board members expressed concerns about granting this request when the school is on conditional approval due to clinical issues.
The motion to grant the request for virtual simulation failed unanimously.
 - 3) Proposal for a revised practical nursing program
The Board reviewed a proposal for a revised Practical Nursing program, which separates the lab component from the corresponding didactic course.
This matter will be added to the July agenda for the presentation of additional information as required by regulation.

- Accreditation Update
Helen Smith reported that Capital Community College and St. Vincent's College have received ongoing accreditation by the Accreditation Commission of Education in Nursing (ACEN), and Sacred Heart University received ongoing accreditation by the Commission on Collegiate Nursing Education (CCNE).

MEMORANDUM OF DECISION

Amy Slepica, RN – Petition No. 2018-1418

Gina Reiners made a motion, seconded by Mary Dietmann to affirm the Board's decision revoking the registered nurse license of Amy Slepica. The motion passed unanimously.

Joseph Iannicelli, LPN - Petition No. 2019-701

Mary Brown made a motion, seconded by Mary Dietmann, to affirm the Board's decision which imposes probation of Mr. Iannicelli's licensed practical nurse license. The motion passed unanimously.

LICENSE REINSTATEMENT REQUEST

Arline B. Annunziato, RN

Dana Dalton, Supervising Nurse Consultant, DPH, presented a license reinstatement request for Arline Annunziato, RN.

Following review, the Board concurred with the DPH recommendation that Ms. Weiss' license be reinstated to probation for a period of four years with conditions including drug/alcohol screening, therapy and employer evaluations, and attendance at AA/NA meetings and completion of a refresher.

MOTION FOR SUMMARY SUSPENSION

William Meister, RN Petition No: 2020-542

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for William Meister. Mr. Meister was not present and was not represented.

Mary Brown moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Mary Dietmann and passed unanimously. A hearing will be scheduled for July 15, 2020.

Laura Kisatsky, RN Petition No: 2020-541

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for Laura Kisatsky. Ms. Kisatsky was not present and was not represented.

Mary Dietmann moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Mary Brown and passed unanimously. A hearing will be scheduled for July 15, 2020.

HEARINGS

Kimberly Lemire, RN - Petition No. 2019-1237

Joelle Newton, Staff Attorney was present for the Department of Public Health. Respondent was present but was not represented.

Jennifer Long left the meeting at 12:05 p.m.

Following the close of the record the Board conducted fact-finding. Gina Reiners moved, and Mary Dietmann seconded that Ms. Lemire be found as charged. The motion passed unanimously. Gina Reiners moved, and Mary Dietmann seconded that Ms. Lemire's license be revoked. The motion passed unanimously.

Geraldine Marrocco left the meeting at 2:00 p.m.

Sara Smith, RN - Petition No. 2020-373

Joelle Newton, Staff Attorney was present for the Department of Public Health. Respondent was present with Attorney Cody Guarnieri.

Following the close of the record the Board conducted fact-finding. Mary Brown moved, and Gina Reiners seconded, that Ms. Smith be found as charged. The motion passed with all in favor except Mary Dietmann who abstained.

Mary Brown moved, and Gina Reiners seconded, that Ms. Smith's license be placed on probation for four years with conditions. The motion passed with all in favor except Mary Dietmann who abstained.

Kimberly Smith, RN - Petition No. 2019-1237

Joelle Newton, Staff Attorney was present for the Department of Public Health. Respondent was not present and was not represented.

Lisa Freeman made a motion, seconded by Mary Brown, to grant the Department's oral request to amend the Statement of Charges. The motion passed unanimously.

Gina Reiners made a motion, seconded by Mary Dietmann, to grant the Department's motion to deem the allegations admitted due to an answer not being filed. The motion passed unanimously.

Following the close of the record the Board conducted fact-finding. Mary Brown moved, and Mary Dietmann seconded that Ms. Smith be found as charged. The motion passed unanimously.

Brown moved and Mary Dietmann seconded that Ms. Smith's license be revoked. The motion passed unanimously.

Nicole Holiday, RN, APRN - Petition No. 2019-445

Brittany Allen, Staff Attorney was present for the Department of Public Health. Respondent was present but was not represented.

Following the close of the record the Board conducted fact-finding. Gina Reiners moved, and Mary Dietmann seconded that Ms. Holiday be found as charged. The motion passed unanimously.

Gina Reiners moved, and Mary Brown seconded that Ms. Holiday's licenses be placed on probation for four years with usual conditions and the addition of practice monitoring when respondent's Controlled Substance Registration and DEA registration are reinstated. This motion failed unanimously.

Gina Reiners moved, and Mary Dietmann seconded, that in addition to the four-year probation, there be a two-year probationary period after respondent's Controlled Substance Registration and DEA registration are reinstated during which there will also be monitoring of respondents' prescriptions and a review of patient charts. This additional two years may be concurrent with the four-year probation. This motion passed unanimously.

ADJOURNMENT

It was the unanimous decision of the Board Members present to adjourn this meeting at 3:40 p.m.

Patricia C. Bouffard, D.N.Sc., Chair
Board of Examiners for Nursing

BOEN meeting 07/15/2020

Connecticut League for Nursing (CLN):

1. Update on the response and actions taken by the CLN Council of Deans & Directors related to COVID-19 (document #1)
2. Document #2- Deans & Directors meeting 06/16/2020 (2 pages)
3. Document #3-Deans & Directors meeting 02/11/2020 (5 pages)
4. Document #4- Promoting and Empowering Bedside Nursing (34 pages)
5. Document #5-A nurse's guide to graduate school in CT (2 pages)
6. Document #6-Appointment model for nursing education (2 pages)

Lincoln Technical Institute (LTI):

LTI is proposing to offer 25 % of the total program clinical hours via virtual simulation as a temporary measure during the COVID-19 pandemic. Included in this proposal: infection control education in response to the Department Blast Fax 2020-57, attempts to secure clinical placements, the use of simulation by LTI, campus re-opening and a literature review.

Porter & Chester Institute (PCI):

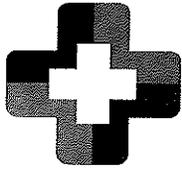
PCI has provided an update from their Consultant (Sherry Greifzu) which includes observations of visits to two campus locations (Stratford and Hamden) and upcoming campus and clinical visits.

Sacred Heart University:

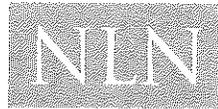
Sacred Heart University is requesting a six-month temporary waiver for **Colleen Hefferle, RN, BSN** as a clinical instructor for Nursing 330: Care of the Childbearing Family. This waiver request will not exceed the 10% outlined in the Regulations. Ms. Hefferle earned a Bachelor of Science in Nursing from the University of Connecticut in May of 2013 and is matriculated in the Master of Science in Nursing Education program at Sacred Heart University with an expected graduation date of October 2020. Her clinical experiences include staff, charge and resource nurse on women's health, post-partum, nursery, special care maternity units at Bridgeport Hospital and currently is an Assistant Nurse Manager at a Women's Care Center at Bridgeport Hospital. In the Fall of 2020 Colleen will teach a group of junior nursing students at Bridgeport Hospital. Colleen will be oriented to the clinical instructor role by Dr. Kimberly McKinnon the course coordinator and will be mentored by Christine Proulx, MSN, APRN a clinical instructor for the course and medical provider on the unit where Ms. Hefferle will be assigned

Fairfield University Egan School of Nursing and Health Studies:

1. Fairfield University is requesting a six-month temporary waiver for **Lindsay Collins, BSN, RN** to teach clinical for Nursing 3314 Maternity Nursing. This waiver request will not exceed the 10% outlined in the Regulations. Ms. Collins earned a Bachelor of Science in Nursing from Fairfield University in May of 2008 and is matriculated in the Doctor of Nursing Midwifery program at Fairfield University with an expected graduation date of May 2021. Her clinical experiences include staff nurse on pediatric, pediatric intensive care, labor and delivery and post-partum units at various hospitals and a community facility. Lindsay's teaching experiences include nursing instructor for Lincoln Technical Institute (class and clinical) and graduate assistant at Fairfield University for simulation experiences. In the Fall of 2020 Lindsay will teach a clinical group of six junior level nursing students at Danbury Hospital. Ms. Collins will complete a faculty orientation, will be mentored by Dr. Karen Burrows and an orientation at Danbury Hospital.
2. Proposal for Master's Entry to Practice Nursing (MEPN) pre-licensure program for initial approval.
 - a. The feasibility study including the applicant pool, graduate employer opportunities, educational and clinical facilities to be utilized, potential overlapping with other programs in the use of clinical facilities and the impact on both the proposed and existing programs.
 - b. A timeline for employment of administration and nursing faculty.
 - c. The educational program including the philosophy, educational outcomes, curricula, course outlines with plans for student evaluations, resource needs, timelines and a systemic self-evaluation.



D&D
CLN Council of Deans & Directors
Connecticut League
for Nursing



**Connecticut League
for Nursing**

COVID-19 IN CONNECTICUT AND RESPONSE & ACTIONS TAKEN BY THE CLN COUNCIL OF DEANS & DIRECTORS

The Connecticut League for Nursing's (CLN) Council of Deans and Directors is charged with collecting and disseminating information on current issues and concerns that affect nursing education, nursing practice and health care in our state. The Council is comprised of nursing education leaders from all 23 educational nursing programs across the state encompassing LPN, RN and Advanced Practice educational levels. The Council generally meets monthly, but has a history of gathering more frequently to address critical issues. The Deans and Directors share resources and strategies being employed across their settings to address the needs of students and faculty. The historically collaborative approach of the Council has set a strong foundation for nursing education during normal and chaotic times.

When the first COVID-19 case appeared in Connecticut on March 8, 2020, Deans and Directors quickly mobilized collaborative efforts through the use of twice-weekly conference calls and email communication. Immediate safety concerns were addressed for nursing students and faculty. The Council quickly shifted into strategy in anticipation of campus closures, clinical assignment revisions or cancellations as hospitals and staff assessed their preparedness. At a time when our state needed nurses the most, traditional educational methods were all but eliminated forcing the Dean's and Directors to identify best practice and evidence-based resources necessary to maintain academic continuity through the disruption in nursing education.

To date, the council has organized six (6) work groups, to address the myriad of issues brought about by COVID-19 to continue educating nursing students and ensure a robust nursing workforce for the state.

- 1) Communication with the Board of Nurse Examiners (BOEN) was developed, requesting waivers for substantive changes to ensure the ability to meet program educational outcomes throughout the COVID-19 Pandemic. These requests, shared with the board on March 18, 2020 were graciously granted. As a result of this meeting, a list of Flexible Educational Resources and exemplars was developed and shared. On April 15, the Council presented a clarifying motion that was passed by the BOEN. The motion "supports RN educational programs in good standing to exercise maximum flexibility in using creative clinical education methods (not to exceed more than 50% of the total overall clinical hours) to meet program outcomes of students enrolled in the clinical setting until the restriction are lifted due to covid-19 virus."
- 2) Academic Progression Policies were examined across programs to ensure academic rigor. A survey was developed and data reported to all Schools. The findings revealed that during the spring semester, 93% of programs suggested a policy regarding shifting from a letter grade to pass/fail; 25% of institutions suggested a policy regard to not dismiss students, 42% of nursing units adopted a policy agreeing not to dismiss students, 64% of nursing units adopted a policy allowing students to have an incomplete grade for nursing courses.

- 3) Workforce Evaluation was commenced to discuss nursing students being pulled into professional practice as nursing assistants or new graduate nurses. This resulted in a press release on April 4, 2020 stating, “The Council understands the important role that nursing students may serve as student nurse technicians or nursing assistants within the workforce, and supports using educationally sound approaches to the participation of student nurses in these roles. Student and faculty participation in this pandemic is voluntary and must comply with any additional requirements mandated in state emergency response provisions, or through existing Occupational Safety and Health Administration (OSHA) requirements. The Council further supports that the safety for all front-line providers of services across multiple points of care, must be safeguarded through appropriate and prevailing infection control practices and personal protective equipment (PPE) availability and use.”
- 4) Transition to Practice issues were discussed. The availability of NCLEX testing was a frequent item on the meeting agenda. A statement was developed in support of new nurses graduating during the COVID-19 Pandemic. The statement recognized the need for complex care amidst a shortage of PPE, nurse illness, physical and mental exhaustion, and burn-out. Knowing that new graduate nurses have the added challenge of entering this environment, while still learning how to function as a novice nurse, a number of support strategies were recommended and disseminated across the Council.
- 5) APRN Clinical Experiences came under scrutiny with the realization that nurse practitioner students will still be held to a minimum of 500 direct patient care hours, amidst a lack of preceptored clinical education opportunities. Suspended clinical training for APRN students will result in a protracted clinical training which will delay progression and graduation of students who are currently enrolled, the entering cohort of matriculating students and ability to recruit new nursing students, at a time when they are needed most. Much discussion and investigation was completed regarding telehealth as a suitable alternative. In addition, a statement was issued to the Governor’s office requesting movement on the preceptor tax credit bill introduced prior to the pandemic.
- 6) Summer Clinical Experiences for RN and LPN students raised a number of questions related to clinical site capacity, the availability and distribution of PPE, screening of students, liability concerns and health/CPR requirements. The council discussed these concerns and plan to have future conversations with nurse educators and leaders throughout the state’s clinical facilities.

As a collaborative group of nurse educators, the CLN Council of Deans & Directors commenced quickly and effectively to ensure academic continuity throughout the COVID-19 pandemic. These efforts were built on a strong foundation of trust, collegiality and a shared mission to ensure quality nursing care for the State of Connecticut. Consistent with past practices, Connecticut state nurse educators rose to the challenge of preparing nursing students to meet the healthcare needs of the population during this pandemic and in the years to come.

For questions or future action, please contact the CLN Council of Deans & Directors- Co-Chairperson:

Meredith Kazer, PhD, APRN-BC, FAAN, Dean & Professor
Fairfield University Egan School of Nursing & Health Studies
1073 North Benson Road, Fairfield, CT 06824
Ph: (203) 254-4000 ext. 2700
mkazer@fairfield.edu



Document # 2

Date/Time: Tuesday, June 16, 2020 from 9:00 – 10:00 am

Location: ZOOM Video Conference Scheduled via CLN

Leaders: Meredith Kazer & Janice Watts, Co-Chairpersons
Rosemarie Baker & Nancy Manister, Co Vice Chairs

Time	Agenda Items	Meeting NOTES & Next Steps
9:00 am	Welcome	Total of 34 participants were logged into the meeting.
9:05 am	Overview from Universities & Colleges pertaining to COVID-19 Initiatives and Highlights from Council Sub-groups- March-June 2020 <ul style="list-style-type: none"> • Initiatives undertaken with the CT State Board of Nursing • Transition to Practice Strategies • APRN Recommendations 	Update was provided related to the CLN Council's proactive efforts with the CT State Board of Nursing Examiners (SBOEN): <ul style="list-style-type: none"> • Create and Implement alternative clinical education experiences to support timely graduation of all pre-licensure nursing students in CT. • Expansion of the Graduate Nurse Permit until 12-31-20 due to the decreased access to NCLEX testing in CT • Work to address the barrier to graduation for post-licensure students seeking to graduate with the APRN Designation and transition into practices. Increase Clinical Placement Sites.
9:20 am	Highlights & Outcomes of the February 11, 2020 Joint Meeting <ul style="list-style-type: none"> • Promoting Bedside Nursing, Models to Embed Resources for Clinical Education, Graduate Education Opportunities in CT, and Grants for Transition to Practice • Continue joint objective to create a robust & sustainable nursing workforce in CT 	Meredith K. presented the activities and outcomes of the (3) joint CLN and CHA Nurse Educators Work Groups and highlighted the products from the (9) months of collaboration. <ul style="list-style-type: none"> • The White Paper on the Cost of Turnover of CT Nurses that leave the Bedside & key factors that accelerate their transition • A brochure highlighting Graduate Education in CT. Brochure to be shared with all practice settings for a proactive approach to guide and advise incumbent nurses on professional education and advancement • Model to Support a Joint (Duel) Appointment Role for Nursing Education- MERCI Initiative. • All products from the workgroups will be shared again via email.
9:35 am	Identify CNOs priorities amidst COVID-19 <ul style="list-style-type: none"> • How can the Council support your efforts? • What roles are in Demand by healthcare facilities in CT? 	Issues identified by Practice include: <ul style="list-style-type: none"> • Lack of ambulatory care procedures & the loss of revenues, as well as post-Covid possibility to grow ambulatory due to future patient preferences as to where they receive care. • Need for more support on "off shifts"- possibility to expand clinical experiences, Plus the option to have students in facilities all year long to increase capacity of student experiences. • Look at new models of care & how technology has been used to bridge the patient care gap • The need to expand Cultural Sensitivity support & training • How best to "map" students into specialty areas- Specialty Residencies • How to engage 2nd and 3rd year nursing students (BSN) or 1st year students (ADN in an employment model to then seamlessly transition to employment upon graduation.

		<p>Begin in a nurse tech role, central sterile role, etc. while in school. (Excellent example of this idea is the SNAP Model from Norton Health, Kentucky- Contact Brittany Burke).</p> <ul style="list-style-type: none"> • Impending Nursing Shortage due to post-Covid environment. - Seek grant funding support.
9:50 am	<p>Summarize, Define ACTION STEPS, Affirm Commitments & Create Joint Sub-Group to Support Priorities for remainder of 2020</p>	<p>There is a need to RE-IMAGINE CLINICAL EXPERIENCES for the FUTURE for all levels of Nursing Students, and Take a “long-view” approach of establishing proactive models for “Human Capital Management” within their individual organizations to support “planned” movement of nurses at all levels within their organizations.</p> <p>These steps will ultimately support retention of their investment in new nurses and place them in other roles that may meet their interests; as well as, provide opportunities for mid-career and end-career nurses to utilize their expertise before they decide to “up and leave” their employer.</p> <p>CLN will share notes from the joint Feb. 11, 2020 meeting of the D & D and CNOs where ideas were identified and sub-groups were formed to explore future opportunities.</p>
10:00 am	<p>Adjourn</p>	
NOTE	<p>CLN & CCNW’s Annual Business Meetings-Virtual- June 23rd at 4-5:30 pm</p>	
CLN Online Courses	<ul style="list-style-type: none"> • CLN’s 3-week online Clinical Faculty Course: Next Start Date: August 10, 2020 • CLN’s 8-week online Re-Entry Boot Camp: Next Start Date: July 13, 2020 • CLN’s 17-week RN Refresher Course: Next Start date: August 24, 2020 • CLN’s 40th Annual VIRTUAL RN Student Day- Tues., Nov. 3, 2020 	<p>Marcia shared that CLN received financial support from the State of CT- COVID Plan to address the Staffing Surge Section which provides:</p> <p>FREE TUITION for any CT Nurse who wishes to participate in CLN’s Online:</p> <ul style="list-style-type: none"> • 8-Week RN RE-Entry Boot Camp, • 17-Week RN Traditional Refresher Course, and • 3-Week Clinical Faculty Preparation Course <p>Contact Peggy Mallick at the CLN via email at Peggy@CTLeagueforNursing.org for more information or to have nurses register for the Course. Seat are limited!</p>



**Connecticut League
for Nursing**



CT Nurse Leaders Gather to Identify a Shared Vision to Prepare and Retain a Robust & Sustainable Nursing Workforce in CT

Joint Meeting hosted by the CT League for Nursing's Council of Deans & Directors with invited guests- Chief Nursing Officers from the Acute and Post-Acute practice settings in Connecticut.

Meeting held on February 11, 2020 @ the Qualidigm Training Center in Newington, CT

Over 40 statewide Nursing Leaders met to continue the work they stated in June 2019 to envision the Future of Nursing in Connecticut. This is a pivotal time in Connecticut for healthcare and it is critical that nursing leadership from academe and practice join together to develop a Shared Vision in order to ensure that collectively we develop and retain a robust and sustainable nursing workforce in CT across all levels of the healthcare continuum.

Meredith Wallace Kazer PhD, APRN, FAAN, Dean & Professor of the Marion Peckham Egan School of Nursing and Health Studies at Fairfield University; and Janice F. Watts MSN, RN, Associate Dean of Nursing of the School of Nursing and Health Professions at Goodwin University- Co-Chairs for the CLN Council facilitated this meeting.

Attendees engaged in conversation, centered around the topics below, to identify and address systemic challenges and strategic initiatives to promote our collective work within the state.

- *Promoting and Empowering Bedside Nursing*
- *Models to Embed Resources for Clinical Instruction*
- *Graduate Education & Counseling for Professional Development*

Workgroups Members- Promoting and Empowering Bedside Nursing:

- Mary McKiernan, Stamford Health
- Chris Ann Meaney, Bristol Health
- Stephanie Hisgen, Waterbury Hospital & ECHN
- Edith Ouellet, Three Rivers Comm. College
- Connie Hotchkiss, Northwestern Comm. College
- Laura Currie, Hartford HC, East Region
- Ann Spenard, National Healthcare
- John O'Keefe, Day Kimball Hospital
- Caryl Ryan, UCONN Health

Workgroups Members- Models to Embed Resources for Clinical Instruction (MERC I):

- Pam Forte, Southern CT State University
- Barbara Aronson, Southern CT State University
- Chris Ann Meaney, Bristol Health
- Deb Fischer, Quinnipiac University
- Beth Beckman, Yale New Haven Health System
- Jeanette Lupinacci, Western CT State University
- Joyce Thielen, University of Hartford
- Mary Alice Donius, Sacred Heart University
- Sharon Bradley, Visiting Nurse & Hospice of Fairfield County
- Kim Richard, Saint Francis Hospital
- Amanda Safer, Saint Francis Hospital
- Janice Watts, Goodwin University
- Vernet te Townsend, St. Mary's/THOFNE
- Catherine Thomas, Central CT State University
- Laurie Walter, Central CT State University

Workgroups Members- Graduate Education & Counseling for Professional Development:

- Sally Gerard, Fairfield University
- Nancy Brunet, Porter & Chester Institute
- Dawn Nair, University of Bridgeport
- Amanda Safer, Saint Francis Hospital
- Catherine Thomas, Central CT State University
- Karen Fasano, Hospital of Central Connecticut & Midstate Medical Center

Issues and Models that Attendees would like to Pursue in 2020:

- Please review the list below and reach out individually or as a group to those with common interests.
- The Connecticut League for Nursing (CLN) would be happy to support and “back-end” any groups that get together and would like to proactively move these issues forward in 2020-21.

Lisa Rebesch i, Quinnipiac University: Transition Programs/ Enhanced Partnerships/MERC I

Mary Alice Donius, Sacred Heart University: MERC I and Grants

Amanda Safer, Saint Francis Hospital: Rolling GNR Program (monthly cohorts). Implementing a PTAP Competency-based Model and Grants

Kim Richard, Saint Francis Hospital: Grants

Vernet te Townsend, St. Mary's hospital: Clinical Connections and Dedicated Education Units

Janice Watts, Goodwin University: MERC I and Define “criteria” for admissions into MSN/NP programs

Dawn Bunting, Capital Comm. College: MERCI

Maryellen Kosturko, Bridgeport Hospital: Enhanced Relationships and Grants

Dawn Nair, University of Bridgeport: Enhanced Relationships and Grants

Beth Beckman, Yale New Haven Health System: MERCI, Grants and Innovative Solutions for Workforce Development and Staffing at all levels. Example: Baylor, Scott, White- Community Advocates Program in Texas- Partners Nursing Students with Healthcare Organizations: <https://www.aha.org/system/files/media/file/2019/08/value-initiative-baylor-scott-white-health-dallas-tx-managing-risk.pdf>

Meredith Kazer, Fairfield University: MERCI, Enhanced Collaboration and Explore “Time vs. Competency Attainment”- It is truly “individual”- not a “one size fits all” model.

Deb Fisher, Quinnipiac University: MERCI

Pam Forte, Southern CT State University: MERCI, Innovation to assess “fit” and how to retain RNs at Bedside

Sharon Bradley, Visiting Nurse & Hospice of Fairfield County: Workforce Develop. & Grants

Nancy Brunet, Porter & Chester: Most LPNs in their programs are using the LPN as a stepping stone to the RN and BSN. How best to prepare these students for continuing their education

Karen Fasano, Hartford Healthcare Central Region: Focus on Nurse Techs (Patient Care Techs). Once they are admitted to nursing programs. Provide funding for education and hoping to engrain in the organizational culture for seamless transition and retention. Piloting with four Techs.

Laura Currie, Hartford healthcare East Region: MERCI and partner with Three Rivers Community College and empowering bedside nurses.

Ann Spenard, National Healthcare: CNO for (38) Long Term Care facilities in New England. Focus to expand clinical placements and engage with Schools related to nursing needs in Post-Acute Care. Establish Centers of Excellence within her facilities for both the RN and LPN roles.

Linda Perfetto, Coordinator for the online RN to BSN Program at Charter Oak State College: Focused on those students that plan on remaining in the state. Shortest pathway to the BSN.

Lisa Sundean, Board Chair of the CT Ctr. for Nursing Workforce & Board of CLN: Dual admission when starting ADN. Retention of the RN at the bedside. Cultivate the nurse as a “leader”.

Sally Gerard, Fairfield University: Graduate Education “messaging” to support decision-making.

John O’Keefe, Day Kimball: Concern that Massachusetts is “poaching” nurses from his facility- better pay and staffing. Educate nurses in CT. Three Rivers Community College is an excellent source of new hires. Consistently excellent faculty. Create classes that stress competency development. Effective counseling of nurses regarding graduate education. How do the MBA and MPH fit into a nurses’ education? Benner’s Model- Five Stages. Experiences inform and influence competency development.

What is happening within Practice Settings in Connecticut Regards to Bedside Nursing?

- Increased Turnover may actually be competition due to many practice settings within small geographic region.
- Nurses not leaving profession. Are mobile & negotiating better work options for themselves
- Nurses are leaving due to the Stressful Work Environment. Higher acuity of patients
- The Model of 12-hour shifts may be adding to attrition
- New nurses need to be proficient before accelerating to graduate education
- Do clinical sites have the capacity and resources to best prepare the new graduate?
- Experienced RN's are leaving earlier as the roles become more demanding
- Lack of resources outside of acute care to attract, onboard and retain
- Nurses are on the "fast-track" and are NOT prepared for advanced roles
- Many organizations are looking at the "grow your own" model

How can schools better prepare the new graduate for practice?

- Suggestion to Build Resiliency. Review Bernadette Melnyk's Wellness Model.
Bernadette Melnyk PhD, APRN-CNP, FAANP, FNAP, FAAN
Dean and Professor, Vice President for Health Promotion and Chief Wellness Officer
Executive Director, the Helene Fuld Health Trust National Institute for EBP
melnik.15@osu.edu [614-292-4844](tel:614-292-4844) Columbus, OH 43210
- It was also noted that this Model can be applied to preparing experienced nurses for the current workplace culture

How can Practice Settings Retain Experienced Nurses at the bedside? As Lack of Retention Impacts:

- "institutional memory", and
- dissolves long standing interprofessional relationships across the organizations and outside of the organization- Transition of Care
- Embrace new models of Engagement and Mentoring-
 - The new Model being piloted within Yale New Haven Health System at Bridgeport Hospital to partnering new staff with seasoned staff kicked off Oct. 2019
 - Towards the end of the RN Residency, RNs have the support of (1) "Clinical Nurse Coach" that floats on a unit and works with 10 RNs. (1:10 Ratio)
 - The Coach does **NOT** have any Clinical Assignments and is on the unit to address concerns, clarifies and assists when needed
 - Not only does this benefit the new RN, but the Charge Nurses have seen a positive impact on the unit as a whole.
 - Coaches are selected and trained in leadership and preceptor competencies set by AONL and AACN to reduce variation of how they Coach. (checklist)
 - This is used as a Career Ladder opportunity and if does not work out, the nurse "gets their job back".
 - Practice Setting is backfilling these (30) Coaches with Travelers to maintain staffing levels
 - Metrics are established for Nurse Satisfaction and quality outcomes

Education & Practice Partnerships (MERC):

Over the past 15 years, many partnership models between academia and practice have been successfully implemented to help ease the transition from student to professional nurse. The following highlights some of these past and current partnerships:

- **Goodwin College and St. Francis Hospital-** Wonderful partnership in 2004-06
- **Middlesex Hospital Model- Dedicated Education Unit (DEU).** Utilizing their own Masters Prepared Nurses as Clinical Faculty to educate students.
 - Outcomes- Increased quality & patient Satisfaction, decreased falls, seamless transition to employment for new nurse and acts as one possible retention strategy for experienced nurses
 - This also re-engages the experienced nurse and positions them as the “bedside expert/leader”
- **Community College- BSN Preceptor Model** for senior level (advanced standing) students
 - Model Offers:
 - (1) One Clinical faculty to work with (8) Eight Preceptors within the Practice setting, and
 - (1) One Preceptor to (2) Two Student , hence (16) students are engaged
 - Outcomes- Budget neutral for the academic and practice settings, students become assets to the preceptors in caring for their patients- extra hands focused on the care to be provided- enriched learning experience and cultivate positive working relationships with seasoned nurses
 - Plus, in one Homecare Agency that Three Rivers Community College worked with, the Agency saw an increase in capacity of the homecare nurse hence able for nurse to see additional patients.
- **VA Model for Engaging Students-** Fairfield University and the VA of West haven, CT. This is feasible due to government subsidies provided to the VA for Education.

There are many more partnership that exist yet due to timing, we could not fully address. Through the MERC Workgroup Models will be explored and vetted for implementation.

The NEXT STEPS:

1. Attend the **April 8, 2020 CCNW Statewide Healthcare Workforce Summit** to learn more about Promising Practices and new Nursing Education and Demand Data
2. **Convene Workgroups by April 15, 2020** to vet ideas and explore opportunities to consider and engage in proactive practices for September 2020.
3. Attend the next **Joint Meeting of the Council of Deans & Directors and Chief Nursing Officers scheduled for June 3, 2020.**

The meeting concluded at 10:10 am.

Notes Recorded by:

Marcia Proto, M.Ed, CAS

Executive Director of the CT League for Nursing & the CT Center for Nursing Workforce

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**Connecticut League
for Nursing**



**CONNECTICUT
HOSPITAL
ASSOCIATION**

Promoting and Empowering Bedside Nursing

Group Members: Audrey Beauvais, Nancy Manister, Edie Ouellet, Linda Wagner, Kelly Grimshaw, Ingrid Crocco, Nara Paula Oliveira, Alexandra Brown, Kristin Waterman, Janice Watts, Cynthia Belonick, Jo Ritchie, Jennifer Hatcher, Carole Yoder, Olwen Gurry, Mary Kate Eanniello, Sheila Solernou, Lynn Orser, Heidi Morse, Angela Starkweather, Jeanne Thomas, Lisa Rebesch, Jessica Munoz

Reviewed/approved by CHA Educators and CNL Deans and Directors

Last updated January 30, 2020 by A. Beauvais

Executive Summary

Problem Statement

Registered nurses (RNs) are critical to a functioning healthcare system. Evidence is mounting that recruitment and retention of bedside nursing staff in acute care hospitals is a challenge of increasing magnitude. We face significant obstacles in ensuring an adequate number of highly skilled bedside nurses in an era of aging and medically complex patients.

Background

There are an estimated 3.9 million nurses in the United States (US) with a projected need for another 1.1 million through 2026 in order to prevent a nursing shortage (Haddad & Toney-Butler, 2019). High levels of turnover among new graduates, increased opportunities for advanced practice and other roles, increased rates of retirement among older nurses, inadequate number of nursing educators and inequitable workforce distribution are factors expected to exacerbate this nursing shortage (Haddad & Toney-Butler, 2019).

The Bureau of Labor Statistics (2019) estimates there are 3.0 million nursing positions, of which 61% are in acute care hospitals. As our population ages and becomes more medically complex, the need for acute care bedside nursing positions is expected to grow at a time when recruitment and retention of bedside nursing staff is proving more difficult (Bureau of Labor Statistics, 2019). Review of the literature reveals a number of simultaneous trends leading to an average vacancy rate of 8% across the country.

New graduate nurses make up 10% of the acute care workforce (Liu, et al., 2016) and 27.7% of them leave their position within the first year of hire (Nursing Solutions Inc., 2019). Hospital turnover is at a high for the decade at over 19% (Nursing Solutions Inc.). The cost to replace a bedside nurse is approximately \$52,000 causing the average hospital to lose \$4.4-6.9M (Nursing Solutions Inc.). The average hospital will save/lose an additional \$328,400 for each percentage change in nurse turnover (Nursing Solutions Inc.). Dols, Chargualaf, & Martinez (2019) have identified major themes associated with new graduate nurses intent to leave, including general dissatisfaction and inability to meet patient needs, disparate compensation, perceived poor staffing levels, and lack of leadership support.

Career development also influences retention of bedside nurses, and there are many roles in various settings available to nurses today. These include but are not limited to: advanced clinical practice, administration, education, case management, patient safety and quality, and informatics (Jacob, 2018). The Bureau of Labor Statistics (2019) projects a 31% increase in need specifically for advanced practitioner positions through the next decade.

Similar to the general working population, the nursing workforce is aging and it is estimated that over 1 million nurses will reach the age of retirement within the next 10 to 15 years [American Association of Colleges of Nursing (AACN), 2019]. Wargo-Sugleris, Robbins, Lane, & Phillips (2018) describe these impending retirements as a “brain drain” leading to increased recruiting and training costs and knowledge loss linked to higher nosocomial infection and patient mortality rates.

Ensuring the education and graduation of adequate numbers of nurses is also proving difficult. According to the AACN (2019), 75,000 applicants were denied entry into nursing programs in 2018 due to lack of nursing faculty, clinical experience sites, and clinical preceptors.

This white paper serves to clearly define the issues surrounding difficulties in keeping nurses at the bedside as well as a summary of evidence based recommendations.

Overview

Work Environment/Safety

Nurse injuries.

- Nurses have the highest injury rate of any of the health groups in the healthcare industry (Bureau of Labor Statistics, 2018)
- 12% of nurses report leaving the profession due to chronic back pain (Nelson & Baptiste, 2006)
- 42% of nurses believe that lifting and repositioning patients puts their safety at risk (Francis & Dawson, 2016).
- 62% of nurses have reported developing a disabling musculoskeletal disorder [American Nurses Association (ANA), 2011].
- 56% of nurses report that they feel pain from musculoskeletal disorders that were exacerbated by their career (ANA, 2011)
- 80% of nurses report pain from musculoskeletal disorders but continued to work despite experiencing frequent pain (ANA, 2011)
- 75% of nurses have access to safe patient handling and mobility technology, but only half use it consistently (Francis & Dawson, 2016)

Recommendations/strategies.

- Provide safe patient handling and mobility (SPHM) technology
- Educate nurses and ensure competency related to SPHM
- Develop and implement a comprehensive SPHM programs to eliminate manual patient handling
- Establish and maintain a culture of safety
- Continually monitor effectiveness of SPHM and remediate as necessary

Overwhelming patient assignments/rapid and increased turnover of clients and staff.

- Burnout has reached extensive levels among our healthcare professionals, with greater than one-half of physicians, one-third of nurses, and somewhere between a quarter to over a half of mental health workers experiencing symptoms (Morse et al, 2012; National Academy of Medicine, 2019; Reith, 2018).

- 93% of nurses indicate staffing is an important issue; 75% indicate that it is extremely important (Brusic, 2019)
- Approximately 16-35% of nurses report feelings of burnout (Gaines, 2019; National Academy of Medicine, 2019; Reith, 2018)
- In a survey of nurses to identify the top reasons RNs leave, staffing/workload accounted for 16% (People Element, 2017)
- 44% of nurses report they usually do not have the time they need to spend with patients (AMN Healthcare, 2019)
- 66% of nurses report worrying that their jobs are affecting their health (AMN Healthcare, 2019)
- 44% of the nurses report they often feel like quitting their jobs (AMN Healthcare, 2019)
- Rapid turnover of nurses at the bedside creates a burden on seasoned staff to orient additional nurses
- Novice bedside nurses train new nurses while caring for multiple patients with complex healthcare concerns

Recommendations/strategies.

Implement recommendations from The Joint Commission (mindfulness, resilience training, leader empowering behaviors). The Joint Commission is emphasizing developing resilience to address nurse burnout and suggest that leaders use the following strategies:

- Use of mentors/role models
- Team support
- Organizational support
- Use of debriefings
- Developing feelings of competence
- Positive reappraisal
- Empowerment

- Implement recommendations from the National Academy of Medicine's *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being* (2019):
 - Create positive work environment
 - Create positive learning environment
 - Reduce administrative burden
 - Enable technology solutions
 - Provide support to clinicians and learners
 - Invest in research

- Consider utilizing ANA's updated guide to nursing staffing which incorporates 5 principles (health care consumer, interprofessional teams, workplace culture, practice environment, evaluation)

- Support flexible nursing staffing (nurse driving staffing guidelines with measurable outcomes, nurses at all level to have a voice in staffing decisions; staffing needs/assignments incorporate factors such as nurse competencies and patient status, adequate training time and resources for new graduates and orientees) (Brusie, 2019)

- The workplace environment needs to be more supportive of nursing practice, facilitating autonomy and less stress, promoting more effective scheduling practices, and demonstrating an appreciation of the value of the contributions nurses (Kennedy, 2018).

- Nurses need to collaborate and advocate for each other and the profession (Franciscan Missionaries of Our Lady University, 2017).

- Nurses who pursue and attain advanced degrees need to be heard as a collective voice representing the totality of the nursing profession (Franciscan Missionaries of Our Lady University, 2017).

Violence, incivility, and bullying.

- 41% of nurses report being victims of bullying, incivility or other forms of workplace violence (AMN Healthcare, 2019)

- 27% of nurses report having witnessed workplace violence (AMN Healthcare, 2019)

- 10% report that their organization addressed the situation extremely well or very well (AMN Healthcare, 2019)

- 63% report that their organization did not address the situation well at all (AMN Healthcare, 2019)
- 46% of hospital workers report workplace violence (WPV) incidents during their last five shifts with one third relating to a physical assault (Phillips, 2016)
- 61% of nurses who experienced an episode of workplace violence during the last year considered leaving their position (Jeong & Kim, 2018)
- 24.1% of nurses report being verbally abused by a peer (Luparell, 2011)
- 43% report being verbally and/or physically threatened by a patient or family member of a patient. Additionally, 24% have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014)
- Lost productivity related to workplace incivility was calculated at \$11,581 per nurse annually (Lewis & Malecha, 2011)
- Estimated the cost of workplace violence treatment at \$94,156 annually. This amount included \$78,924 for treatment and \$15,232 for indemnity for the 2.1% of the hospital's nurses that reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

Recommendations/strategies.

- Patient/family assessment for potential for violence and clear identification in the chart (Gillespie, Gates, & Fisher, 2015)
- Management commitment and employee involvement in a WPV Prevention Program
- Policy with clear definitions and consequences
- Worksite analysis with hazard prevention and control
- Staff training
- Adequate staffing and skill mix
- Record keeping and program evaluation
- Implement a culture of zero tolerance

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence (2015) recommends the following resources:

- The ANA Leadership Institute's™ “Diversity Matters: Create an Inclusive Nursing Culture that Leads to Better Outcomes” webinar (ANA, 2015b).
- The American Association of Critical Care Nurses’ Standards for Establishing and Sustaining Healthy Work Environments” (American Association of Critical-Care Nurses, 2005)
- Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (Adeniran et al., 2015).
- Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (2nd ed.) (Bartholomew, 2014).
- NIOSH’s online training titled “Workplace Violence Prevention for Nurses” (NIOSH, 2013)
- ANA’s Position Statement: Just Culture (ANA, 2010b) and the American Psychiatric Nurses Association’s Workplace Violence: APNA 2008 Position Statement (APNA, 2008)
- Occupational Safety and Health Administration’s Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers” (OSHA, 2015; Lipscomb & London, 2015)

Culture/Relationships and Culture/Leadership/Hiring Practices

- In a survey of nurses to identify the top reasons why RNs leave, relationships with immediate supervisor/directors/management accounted for 21% of the reasons (People Element, 2017)
- 82% of nurses indicated that more nurse leaders are needed in healthcare (AMN Healthcare, 2017)
- Over half the nurses don’t trust their leader, don’t think their leaders care about them as an individual, and don’t believe their leader supports their career goals (AMN Healthcare, 2017)
- 61% of nurses said they would not consider moving into a leadership position (AMN Healthcare, 2017)
- Millennial nurses were more likely 36% to be interested in a leadership position (AMN Healthcare, 2017)

Recommendation/strategies.

- Creating the right culture—culture of safety, quality and service
- Make personal connections with staff
- Create mentoring opportunities
- Shared governance
- Leadership training
- Increase leadership engagement and provide support to staff
- Improve communication
- Use evidence-based practice

Technology**Alarm fatigue.**

- 72-99% of alarms are false leading to alarm fatigue in nurses (Gaines, 2019)
- A hospital reported that on average 1 million alarms are sounded in a single week; 350 alarms per patient/day in the ICU (Gaines, 2019)
- Increased noise has been linked to negative outcomes for nurses including: stress, irritation, fatigue, and tension headaches

Recommendation/strategies.

- Establish alarm management processes which are reviewed and include adjustment of default parameter settings, and insure appropriate settings for different clinical areas.
- Determine specific parameters to determine when alarms are the most effective intervention
- Create procedures which encourage nurses to customize alarms based on client's condition
- Implement an interprofessional alarm management team (examine policies/procedures for monitoring, develop unit specific default parameters, provide ongoing education and competency-based assessment)

Electronic health record.

- Nurses spend an average 33% (4 hours) of a 12-hour shift with technology including the EHR (Higgins, 2016)
- Barriers to EHR technology efficiency exist due to a combination of paper and electronic documentation
- Redundant documentation
- Data entry burden
- Inattention to nursing workflow
- Lack of clinical decision support
- Missing concepts and new shared vision
- Increased time documenting resulting in less time with clients and their families

Recommendation/strategies.

- Invest in platforms that promote safe and effective communication exchange on all devices
- Advocate for interventions that improve efficiencies for users and improve clinical support

Recommendations from this expert group for ideal state of EHR include (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015):

- Documentation that is simple and efficient, focused on relevant content
- Capture the needs, wishes and preferences of patient and family, involving them in the plan of care
- Serve as central repository of free shared best practices
- Involve the inter-professional team in electronic health record design
- Assure that data is standardized, actionable and interoperable across the care continuum
- Integrate biomedical devices for timely data capture
- Standardize workflows and create dashboards for nurse leaders to facilitate their abilities make informed decisions

Professional Development

Professional development and nurse practice autonomy.

- Professional development of staff requires adequate staffing
- Staffing patterns must allow the nurse time for professional development
- Budgetary resources are essential

Recommendations/strategies.

- Clinical ladder programs
- Certification bonuses/recognition
- Tuition assistance for career advancement
- Leverage group discounts with bulk professional membership
- Mentorship—ongoing dialog with nurse and manager to identify specific opportunities and suggestions for professional development
- Use role models and coaches in practice
- Encourage nurses to have meaningful participation on committees
- Establish nurses into roles at all levels within the organization (from bedside to boardroom)
- Practice and education collaboration on ways to present bedside nursing as a career

Resources

Time and tasks.

- Nurses spend about 10% of their time on non-nursing activities (Yen et al., 2018)
- Nurses spend up to 28% of a shift at non-value-added tasks (Storfjell, 2009).

Recommendations/strategies.

- Reduce overall workload
- Shift non-value-added tasks away from nurses to other support roles

- Conduct pilot projects to examine the role of the charge nurse without a patient assignment
- Execute pilot projects to examine a role for a unit based equipment and supply assistant

Staff compensation.

- Just 53% of nurses are satisfied with their compensation and 44% said they would choose a different profession (Rapaport, 2015)
- Organizations use compensation to attract talent and potential employees compare compensation before accepting a position (Henderson, 2019).

Recommendations/strategies.

- Nursing input into compensation package
- Removal of rotating shifts
- Return to 8-hour shifts or part-time positions for those who desire them
- Salary increases with degree advancement
- Performance based bonuses
- Child care assistance, wellness and employee assistance programs.

Detailed Information

Work Environment/Safety

Nurse injuries.

Employee injuries can have a major impact on both the employee and the organization. Costs related to medical management and salary compensation can add up quickly. It is a burden on the nursing units when employees cannot return to work to their full ability. Hospitals have a high incidence of injury and illness compared to other high-risk industries such as manufacturing and construction, with 6 cases occurring for every 100 full time workers. Overexertion injuries from lifting or moving patients accounted for 45% of cases in private hospitals and 44 % of cases in local government hospitals (Dressner, 2017). Employees are being injured while repositioning, transferring, and ambulating patients. This is a major concern that is impacting caregivers, such as nurses and nursing assistants, and taking them away from the bedside.

Organizations have a responsibility to do more than provide equipment to staff. A successful safe patient handling and mobility program includes establishing a committee dedicated to review data and change practice as needed. Organizations need a thorough assessment of their resources and how they should be utilized. They must have clear policies and procedures for their ongoing plan and sustainability of the program. Organizations must invest and provide funding to be able to sustain training, acquisition of adequate numbers of safety-promoting equipment, and continued evaluations of their impact (American Nurses Association, 2013). Black and colleagues state, "Evidence indicates that changes for a successful patient mobility program, prevention of pressure injuries and falls, and safe patient handling are enhanced when an organization possesses an appropriate culture for safety." Frequently, these improvement initiatives are managed within silos often creating a solution for one and a problem for the other (Dickinson, Taylor, & Anton, 2018). In order to maintain the physical well-being of caregivers so they can remain at the bedside while keeping patients safe, it is important to establish a culture of safety. It is imperative that organizations implement and sustain a Safe Patient Handling Program, incorporate ergonomic design principles to provide a safe environment of care; select, install, and maintain equipment; and establish a system for education, training, and maintenance of competency (Dickinson, Taylor, & Anton, 2018).

Recommendations/strategies.

A recommendation of the American Nurses' Association is the move to establish a safe environment for nurses. Their goal is complete elimination of manual patient handling through Safe Patient Handling and Mobility programs and advocacy. Organizations can use the American Nurses' Association's standards (2013) to prevent nurses from needless injuries using technology and especially lift devices.

Overwhelming patient assignments & rapid and increased turnover of clients and staff.

Nurses are dissatisfied with their jobs for a multitude of reasons, such as overwhelming patient assignments and the rapid and increased turnover of clients and staff. The rapid turnover of nurses at the bedside creates a burden on seasoned staff who are continuously orienting new nurses that leave within a short period of time. The excessive rate of turnover also affects the novice bedside nurse who is burdened with training other nurses, along with caring for a multitude of patients with complex health problems. Nurses often do not see themselves as leaders who influence patient outcomes because they are so overworked. The end result is an increasing number of new nurses leaving the bedside after two to three years to seek advanced practice degrees because they seek a work environment that is less stressful, offers better hours and schedules, and supports autonomous professional practice (Kennedy, 2018).

Recommendations/strategies.

The workplace environment needs to change and be more supportive of nursing practice that allows for autonomy, is less stressful, allows for better scheduling, and values the roles and contributions of all nurses (Kennedy, 2018). Nurses need to collaborate and advocate for each other and the profession (Franciscan Missionaries of Our Lady University, 2017). Nurses who seek advanced degrees need to speak as a collective voice representing the totality of the nursing profession (Franciscan Missionaries of Our Lady University, 2017).

Safe staffing and nurse-patient ratios.

A critical concern within the nursing profession focuses on adequate staffing patterns. Quantifying this is problematic due to the systems we currently rely use. In various states, proposed legislation to solve this problem includes “minimum Nurse-Patient ratios.” Buchan (2005) explored the implementation of legislated “Nurse to Patient ratios” in California and Australia and found this approach to be challenging. Mandated “Nurse to Patient ratios” do not solve the underlying need to create safe staffing conditions. This approach overlooks the rapid and complex changes in patient conditions, patient admissions, discharges, and transfers, complex technology, and the workflow of the unit.

Recommendations/strategies.

An alternative solution includes “Nurse-led” decision-making regarding staffing. This approach focuses on the value of nursing care by demonstrating a correlation between adequate staffing and positive patient outcomes. Using technology, nurses could predict optimal staffing by analyzing patient care data including assessments, planning, implementation, and evaluation. These real-time analyses would allow nurses on the unit to determine how many RNs are required to provide safe patient care and produce positive outcomes. This would ultimately result in cost-savings for the healthcare institution (Avalere Health LLC, 2015). Table 1 illustrates the current state of the problem surrounding adequate staffing and compares two possible solutions.

Table 1: Summary on Nursing Staffing Adequacy Solutions

<p>The state of patient care environments and nursing care related to staffing adequacy:</p> <ul style="list-style-type: none"> · There are more patients (Affordable Care Act and increased access) · Patients are older with more comorbidities · Care is complex · RN hours are reduced in attempt to balance healthcare costs · Actually, reduced RN hours results in poor patient outcomes (increased healthcare costs), jeopardizing reimbursement <p>Goals:</p> <ul style="list-style-type: none"> ○ Decreased patient readmissions ○ Decreased Healthcare Associated Infections ○ Decreased hospital acquired pressure ulcers ○ Decreased falls ○ Decreased missed nursing care 	
Staffing Adequacy	
Legislated Nurse-Patient Ratios	Nurse-led Staffing
<p>Great differences between the State Nurses Association and the State Hospital Association regarding what is considered "safe staffing ratios"</p>	<p>Important to demonstrate <i>cost savings</i> that result from "optimal" RN staffing (more research)</p> <ul style="list-style-type: none"> · Improved patient outcomes · Decreased nurse attrition/turnover/hiring costs

<p>Difficult to hold hospitals accountable that do not comply</p>	<p>Empower RNs to create staffing plans according to:</p> <ul style="list-style-type: none"> · Admissions · Discharges · Current and changes in patient conditions · Overall patient census · Consideration to staff skill mix
<p>Difficult to adjust according to RN's patient workload</p>	<ul style="list-style-type: none"> · Difficult to calculate · Many variables to consider · Requires continuous evaluation
<p>Implementation could be undermined; emergency status declared by the hospital, resulting in closing beds, delaying surgeries, and laying off Non-RN positions.</p>	<p>Current legislated nursing staffing regulations</p> <ul style="list-style-type: none"> · Medicare regulations for “adequate staffing” to meet patient needs · Various state legislation addressing staffing <ul style="list-style-type: none"> ○ Staffing committees ○ Nurse/Patient ratios per unit specialty ○ Disclosure of staffing plans ○ Restrictions on mandatory OT
<p>Some argue this is an over-simplistic solution to provide safe staffing</p>	<p>Explore real-time supply and demand patient care needs solution</p> <ul style="list-style-type: none"> · Forecasting software (within E.H.R.) · Developing RN resource pool

Violence, Incivility, and Bullying

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence (WPV) as "...any physical assault, threatening behavior, or verbal abuse occurring in the work setting" (CDC, 2016). The CDC (2016) delineates four different types of this violence (see Table 2).

Table 2: Four Types of Workplace Violence

Type of Violence	Example
I Criminal Intent	Armed robbery by someone not affiliated with the organization
II Customer/Client	Intoxicated patient punches a nurse
III Worker on Worker	Bullying and incivility among coworkers
IV Personal Relationship	Ex-husband assaults ex-wife while she is at work

Phillips (2016) describes Type II violence by patients and/or visitors against staff as ubiquitous and persistent in the acute care setting. He further describes a study in which 46% of hospital nurses reporting a WPV incident during their last five shifts: with one third relating a physical assault. Jeong and Kim (2018) report 61% of nurses who experienced an episode of WPV during the last year considered leaving their position.

Recommendations/strategies.

In reviewing the literature on WPV prevention, it is clear that more research is required. However, there are articles and organizational recommendations for acute care facilities. On the individual level, Gillespie, Gates, & Fisher (2015) state the need for patient/family assessment for the potential for violence and clear identification in the chart of those who have been abusive /violent in the past. At the organizational level, NIOSH recommends (CDC, 2016):

- 1) Management commitment and employee involvement in a WPV Prevention Program
- 2) Policy with clear definitions and consequences
- 3) Worksite analysis with hazard prevention and control
- 4) Staff training
- 5) Adequate staffing and skill mix
- 6) Record keeping and program evaluation.

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence (2015) recommends the following resources:

- The ANA Leadership Institute's™ “Diversity Matters: Create an Inclusive Nursing Culture that Leads to Better Outcomes” webinar (ANA, 2015b)
- The American Association of Critical Care Nurses’ Standards for Establishing and Sustaining Healthy Work Environments” (American Association of Critical-Care Nurses, 2005)
- Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (Adeniran et al., 2015)
- Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (2nd ed.) (Bartholomew, 2014)
- NIOSH’s online training titled “Workplace Violence Prevention for Nurses” (NIOSH, 2013)
- ANA’s Position Statement: Just Culture (ANA, 2010b) and the American Psychiatric Nurses Association’s Workplace Violence: APNA 2008 Position Statement (APNA, 2008)
- Occupational Safety and Health Administration’s Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers” (OSHA, 2015; Lipscomb & London, 2015)

Culture/Relationships and Culture/Leadership/Hiring Practices

Retention of bedside nurses is influenced by nursing leadership behavior and the organizational culture they help to establish. When nursing leadership has skilled communication, collaborative practice, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership, then nursing retention and satisfaction improves.

Recommendations/strategies.

Investment in employee based leadership training programs has produced positive benefits for the nurse managers and their staff (Correa & Bacon, 2019). In addition, formal graduate education programs have demonstrated positive outcomes (Dunham & Klafehn, 1990; Durham-Taylor, 2000; Kleinman, 2004). For example, Kleinman (2004) found that nurse leaders with master’s degrees in nursing have better transformational leadership skills compared to those without master’s degrees in other disciplines.

Nursing leadership's investment in participative governance has led to increased nursing satisfaction, commitment and retention (Blake et al, 2013). Effective leaders need to have positive relationships, champion the core values, and model consistent behaviors (Shirey & Fisher). Effective leaders create a culture of safety, quality and service. They create mentoring opportunities and encourage the use of evidence based practice.

Technology

Alarm fatigue.

Alarm fatigue perhaps from overuse is prevalent in hospitals affecting patients and staff. The potential negative impact of alarms on patients is well documented in the literature. Fewer articles focus on nurse's stress, satisfaction, job performance, and health related to effects of noise from alarms. Nurses generally perceive that increased noise levels cause stress. Ryherd et al (2008) surveyed 47 nurses in a neurologic intensive care unit and found that 91% felt that noise negatively affected them in their daily work environment. Many nurses reported experiencing noise-induced stress symptoms such as irritation (66%), fatigue (66%), and tension headaches (40%). Only one study found that directly related staff physiologic stress and hospital noise (Topf, 1989). Results of that study showed self-reported stress and annoyance did increase with higher noise levels. The study also found that higher noise levels were associated with increased heart rate, with caffeine intake, nursing experience and work shift acting as significant predictors of tachycardia.

Recommendations/strategies.

Unfortunately, there is no universal solution to alarm fatigue; hospitals are taking individual approaches to find a solution. The Joint Commission (2019) stresses in the National Patient Safety Goals that there needs to be standardization for use but it should be customized for specific clinical units, groups of patients, or individual patients. Recommendations include having an alarm-management process in place which includes reviewing and adjusting default parameter settings and ensuring appropriate settings for different clinical areas. Determining where and when alarms are not clinically significant and may not be needed is another important aspect to be considered. Creating procedures allowing nurses to customize alarms based on the individual patient's condition and while assuring that all equipment is maintained properly. Some hospitals expect all staff (from housekeepers to hospital administrators) to be accountable in answering alarms with a "no pass" policy that dictates if a staff member passes a patient's room and hears an alarm. The staff member is expected to ascertain that the patient is breathing and call for help if necessary.

Electronic health record.

The literature is mixed on the impact of the implementation of the electronic health record on bedside clinicians. Electronic documentation systems in healthcare have contributed to improved documentation of regulatory standards, quality and safety data and financial reimbursement (McGomigle & Garver Mastrian, 2012) Barriers to efficiency exist due to a combination of paper and electronic documentation practices. This contributes to staff performing redundant documentation as well as numerous clerical tasks. An additional barrier

perceived by clinicians includes increased time documenting results in less time with patients and family caregivers. This is a dissatisfier (Baumann, Baker, & Elshaug, 2018). This systematic review looked at seventeen studies pre-electronic health record (EHR), nine post-EHR and two addressed both periods. There was an overall significant increase in documentation time for all roles studied (physician, nurses and interns) with implementation of the EHR.

Recommendations/strategies.

As the use of electronic documentation increases in importance and clinicians become more proficient, healthcare system administrators need to focus on integrating technology which improves work-flow. Investments in platforms that allow safe communication exchange on all devices will support patient safety, quality and clinician experience, lessening the contribution to clinician burnout (Collins, 2015).

Nurse leaders, in the position to advocate, need to support interventions that improve efficiencies for users and improve clinical supports. The American Medical Informatics Association (AMIA) recently released a set of recommendations for EHRs by 2020. Nurse leaders in the field of informatics have created a call to action to address significant topics to improve quality and satisfaction. Key areas of concern include: data entry burden, system design, inattention to nursing workflow, lack of clinical decision support, shareability and comparability, missing concepts and new shared vision (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015). The following recommendations were made (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015):

- Create documentation procedures which are simple and easily completed, focusing on relevant content
- Capture the needs, wishes and preferences of patient and family with them as co-creators of the plan of care
- Serve as central repository of free shared best practices
- Involves the inter-professional team in the electronic health record design
- Standardize data so that it is actionable and inter-operable across the care continuum
- Encourage inter-professional teams to assist with the design to support quality, research and patient experience
- Integrate of biomedical devices for timely data capture
- Standardize workflows and dashboards created for the nurse leaders to make informed decisions

Professional Development

Professional development (PD) and promotion of nurse autonomy within the profession have been described as ways to increase nurse retention at the bedside and improves patient outcomes (Zittel, Moss, O'Sullivan and Siek, 2016). This requires hospital administrators to recognize the value of competent nurses' contributions to quality patient outcomes and to allocate resources to support ongoing education and PD. In addition, a culture and systems within the hospital that promote mentor relationships and autonomy of nursing practice have been shown to be fruitful (Jones, 2017).

Recognition.

Data supports that nurse retention increases when nurses are meaningfully recognized for their contributions to patient care and the healthcare environment (Ives-Erickson, 2010). High quality clinical ladder programs (CLP) that are valued by healthcare organizations provide recognition to high achieving staff nurses (Moore, Meucci, & McGrath, 2019). To thrive, such programs need allocation of resources to support PD activities of the staff, including paid time off for PD, time to participate during the work day and engagement with the manager and unit based educator. A workplace culture that views professional achievements as providing value to the care unit and healthcare organization promotes retention. Public acknowledgement of nurses who achieve certification in their specialty, achievement of graduate nursing degrees and monetary recognition may be motivating.

Some other strategies found in the literature include: Provision of continuing nursing education opportunities, paid time off for education, financial support to attend professional conferences, certification review courses and materials, and payment for initial certification have been suggested in the literature. Additionally, provision of tuition assistance or reimbursement is another incentive towards increasing staff competence and may positively influence retention and professionalism (Ulrich, Barden, Cassidy & Varn-Davis, 2019).

Membership in Professional Organizations.

Staff nurse professionalism is encouraged through participation in nursing organizations (Ulrich, Barden, Cassidy & Varn-Davis, 2019). Institutions can work to promote participation in nursing professional organizations by sharing information with nurses and through membership drives. Healthcare organizations recognize staff nurses who participate in professional organizations. Through this venue, nurses learn to network with other nurses, share best practices and advocate for their profession. One suggestion might be for organizations to leverage group discounts with bulk memberships for staff nurses.

Mentorship to promote development and promote retention.

Nurses should have the ability to work with managers and leaders that help mentor them in their professional role (Moore, Meucci & McGrath, 2019). While this begins in orientation, it continues far beyond this period. Data supports formal mentorship programs (Jones, 2017). Other strategies include: Ongoing conversations between RN and manager to help identify specific opportunities and suggestions for professional development (Thew, 2019) and helping the staff nurse to create a personal success plan.

Autonomy.

Autonomy is the ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice, as defined by professional standards, regulatory and organizational rules (Weston, 2010). As nurses become more autonomous, satisfaction increases, turnover decreases, and patient outcomes were improved. Engagement of staff nurses within a healthcare organization in shared governance leads to increased autonomy and increases nurse retention (AACN, 2016). Furthermore, organizations with greater opportunities for nurses

to be engaged in shared governance were more likely to provide better patient experiences, superior quality of care and had more favorable job outcomes compared to hospitals where nurses were not engaged in institutional decision making (Kutney-Lee, et al., 2016).

Specific strategies for increasing autonomy and engagement include using role models and coaches in the practice setting. Another is to foster meaningful staff nurse and nursing leadership participation on practice councils, work groups, and interprofessional decision-making committees (AACN, 2016).

Because academia is sometimes implicated as influencing staff nurses to leave the bedside (Kennedy, 2018), practice and education might collaborate to reverse this perception. This phenomena occurs when educators present bedside nursing as a “stepping stone” to advanced practice. To promote staff nurse retention at the bedside, educators might present bedside nursing as a career. This includes creating programs that focus on bedside nursing as a “specialty” (DiMattio & Spegman, 2019) that is highly regarded.

A final comment related to professional development of nursing staff involves adequate staffing. Staffing patterns must allow nurses time for professional development. Thus, budgetary resources are essential to allow staff nurses time for PD. We need to change the mentality that committee meetings, conference attendance and certification review are non-productive time. Rather, these types of activities within organization serve to improve nurse retention and contribute to better patient outcomes.

Educational opportunities.

Specific strategies such as providing CEU opportunities, paid time off for education, financial support to attend professional conferences, certification review courses and materials, and payment for initial certification have been suggested in the literature. Other strategies include practice and education collaboration on ways to present bedside nursing as a career, including creating programs that focus on bedside nursing as a specialty (too often presented as a “stepping stone” to advanced practice).

Final comment on professional development and nurse practice autonomy.

Ultimately, promoting the professional development of the nursing staff involves adequate staffing. Staffing patterns must allow the nurse time for professional development. Thus, budgetary resources are essential. We need to change the mentality that committee meetings, conference attendance, and certification review are non-productive time. Rather, these types of activities improve nurse retention and contribute to improved patient outcomes.

Resources

Time and tasks.

Authors at The Institute of Medicine (IOM, 2010, p. 1) recommend that “nurses should practice to the full extent of their education and training.” The literature yields evidence that nurses are not practicing to the full scope of their practice and performing many non-nursing tasks (Bruyneel, et al. 2013). Storfjell et al (2009) reports that an average of 28% of a nursing

shift is spent on non-value-added activities. While there are many operational issues that compel a nurse towards non-nursing tasks, lack of adequate equipment and supply is one key cause of non-value-added or wasted nursing time. Time spent locating and not finding, ordering and then waiting for supplies and equipment (which may not be working properly and need to be returned) is a continued source of erosion of efficiency, preventable error, and staff burnout (Tucker, Heisler, & Janisse, 2014).

Time spent on non-nursing tasks leaves less time for other activities required for care. Bekker et al (2015) and Papastavrou et al (2014) both found higher levels of nursing tasks left undone or what they called “missed care” were associated with decreased satisfaction and increased intent to leave. The consequences of nursing turnover are loss of nursing intellectual capital and experience that ultimately affects the ability of the hospital to provide quality care at controlled cost. Table 3 depicts nursing versus non-nursing tasks.

Table 3 Non-Nursing and Nursing Tasks*

Non-Nursing Tasks Completed	Nursing Tasks Left Undone
Delivering and removing food trays	Patient surveillance
Arranging discharge referrals	Skin care
Routine phlebotomy	Oral hygiene
Patient Transport	Frequent position changes
Cleaning patient rooms and equipment	Pain management
Substituting for other services when unavailable	Updating care plans
Obtaining equipment and supplies	Comforting patients and families
Clerical duties and answering phones	Educating patients and families
	Preparing patients and families for discharge

Non-Nursing Tasks Completed	Nursing Tasks Left Undone
	Adequate documentation
	Administering medications on time

*Adapted from Bekker et al (2015)

Recommendations/strategies.

Shimp (2017, p. 258) states the “nursing practice environment directly impacts nurse retention, turnover, and staff perception of staffing and resource adequacy.” Storjell, et al. (2009) recommend a review of key processes which have been found to include tasks that fall below the scope of nursing practice but are often performed by nurses. These include system processes related to: transfer, & discharge, shift report, equipment and supply, pharmaceuticals, diagnostics, documentation, communication, and staffing. Further piloting of additional unlicensed assistive personnel, a charge nurse without a patient assignment, or even a supply and equipment role for each unit to help with these non-nursing tasks may be of interest.

Staff compensation.

According to Henderson (2019) reduction in turnover is possible when “...employers meet the needs of their staff” and are fairly compensated. She further explains that organizations use compensation to attract talent and employees compare salary and benefit packages before accepting positions. Compensation, usually thought of as salary and benefits, may also include other incentives to assist with work-life balance and wellness. Lastly, she notes that these programs require significant financial resources, but currently available evidence points to a return on investment with improvements in nurse retention.

Recommendations/strategies.

Henderson (2019) recommends nursing input into compensation packages including but not limited to: choice in schedule, removal of rotating shifts, return to 8-hour shifts or part-time positions for those who desire them, salary increases with degree advancement, performance based bonuses, child care assistance, wellness and employee assistance programs.

The generation differentiation is seen as a major concern. It appears providing a flexible work schedule that supports work-life balance increases job satisfaction for the younger generation. The generation “Y” finds job satisfaction ‘through relationships with coworkers, patients, families, and management’..... ‘teamwork and friendships are important’ (Anselmo-Witzel, et al, 2017). The suggestion is that our managers and organizations need to support this generation by listening to their concerns in an open forum discussions and then act upon the ideas discussed. Nurses want their managers to be able to demonstrate clinical competency and be able to help when needed while showing a presence on the unit.

Transition programs for new graduate nurses is important. Often the new nurse is challenged by feelings of inadequacy. Today our patients are sicker needing more advanced care. The technology required to take care of these patients has also become more intricate. Shadowing programs with skilled trained preceptors are imperative for the nurse to succeed and want to stay at the bedside (Dwyer & Hunter Revell, 2016).

Another recommendation is bringing the retired nurses or nurses who have left the practice back to work – RetuRN to Practice Program (Thew, 2019). The nurses would go through a re-immersion course on-line and a unit orientation. They would commit to work 3-4 hours and either take patient assignments or relieve the bedside nurse so she/he can attend meetings, do admissions or discharges or patient education. In turn, the bedside nurse would feel supported by having more available staff to help with the workload.

As far as being underpaid, there seems to be discussions around the nurses who work 12 hour shifts feeling that they need to pick up another shift to make the money they need. This leads to exhausted nurses who then leave the bedside all together.

In the final section, we have included 3 figures. The first figure shares a depiction of the theory behind why nurses may leave the bedside. Figure 2 depicts the influences and negative impacts of nurses leaving the bedside. And finally, figure 3 illustrates recommendations and outcomes for retaining bedside nurses.

Figure 1: *Nurses Leaving the Bedside--Theoretical Framework*

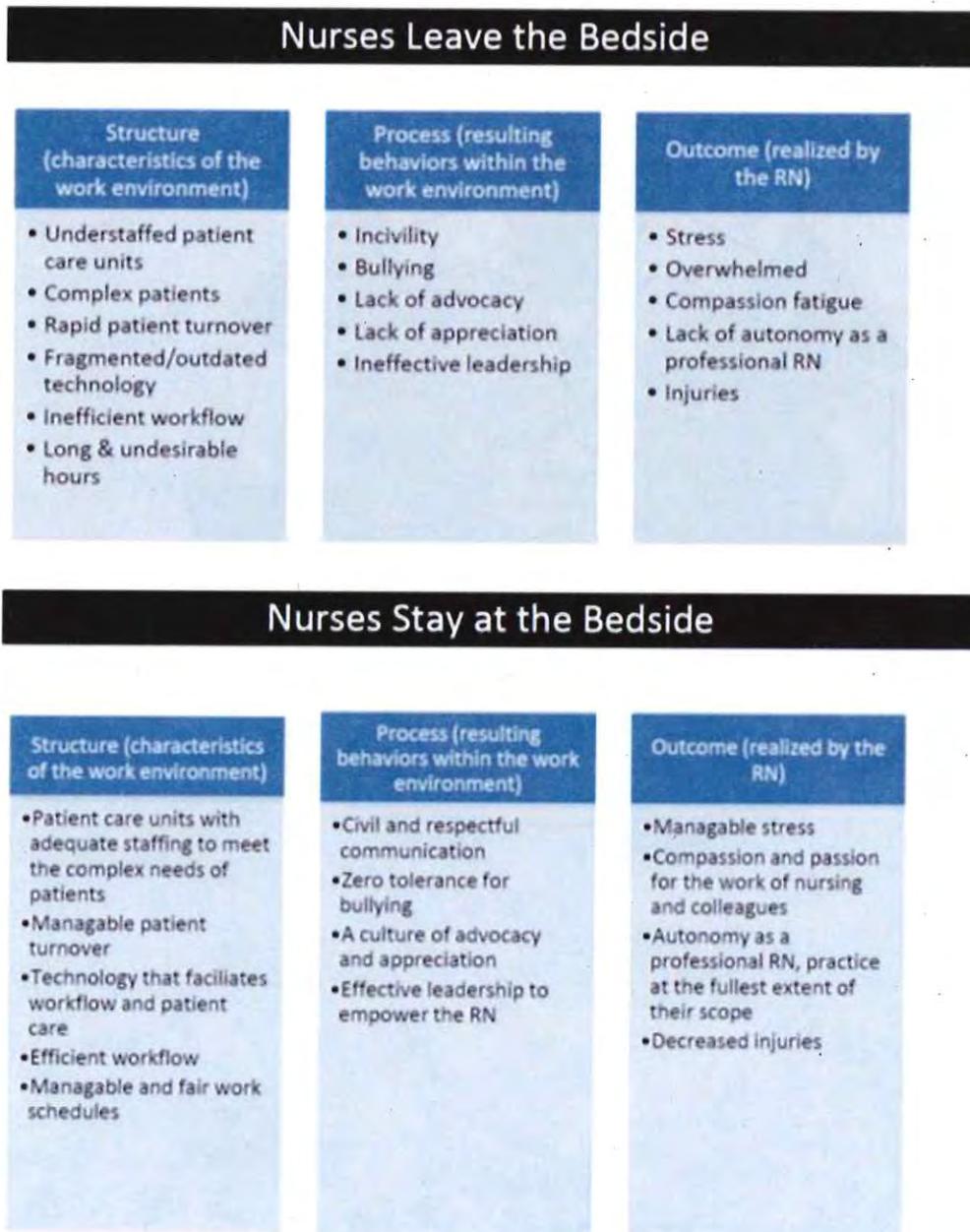
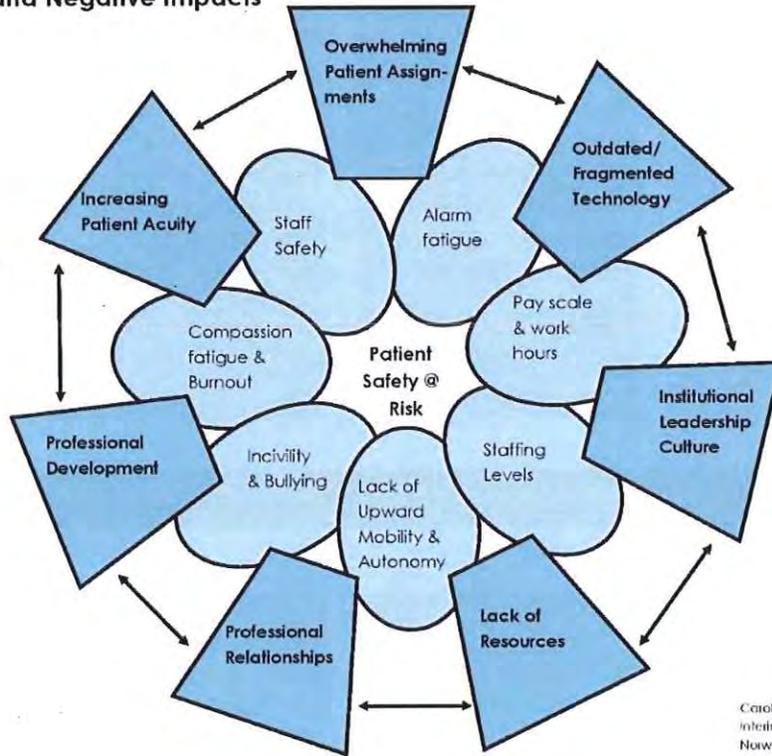


Figure 2: Why nurses leave the bedside...influences and negative impacts

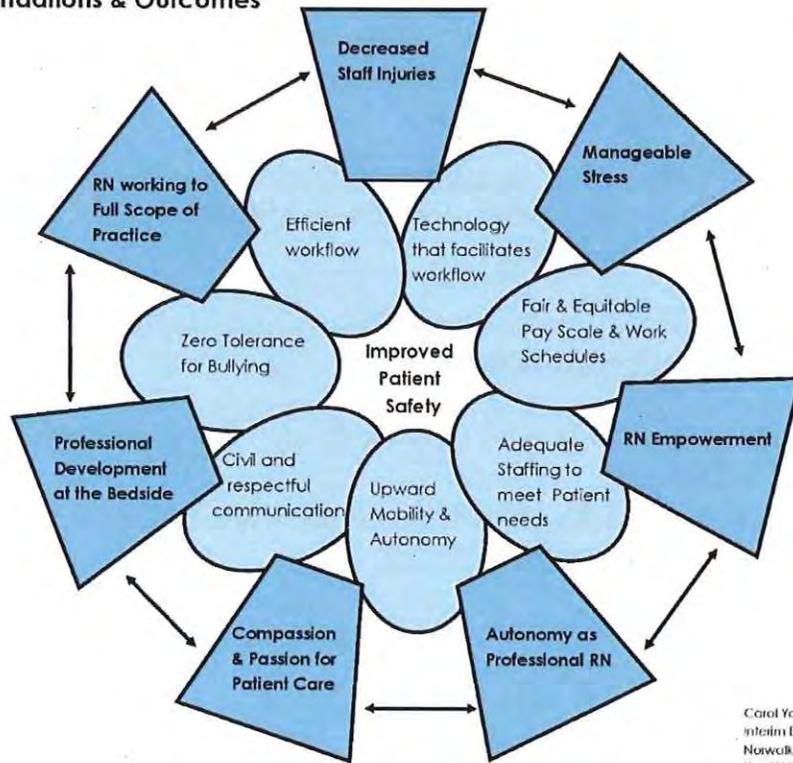
Why Nurses Leave the Bedside ...
Influences and Negative Impacts



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Oct 2019

Figure 3: *Why Nurses Stay at the Bedside ... Recommendations & Outcomes*

**Why Nurses Stay at the Bedside ...
Recommendations & Outcomes**



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FINANCIAL CONSIDERATIONS

What is the price per credit?

How many classes are required per semester/term?

How long are terms/semesters?

What financial support is available from the school or other sources?

Are there technology requirements such as hardware (computer specifications) or software requirements?

What other costs are involved and how often do they need to be paid such as lab fees, e-book fees, technology fees, instate or out of state fees?

What is your organization's tuition support policy?

- **Recommendation:** Talk to current students to gather as much financial information as possible.
- **Recommendation:** Review the financial details of the program carefully and calculate costs. Sometimes a school with a higher per credit price may not cost more than other schools.
- **Recommendation:** Meet with Human Resources to discuss tuition support, available discounts, reimbursement schedules, associated work commitments, etc. (if your employer requires a work commitment, does your employer have opportunities for you to practice in this new role?)



A NURSES GUIDE TO GRADUATE SCHOOL IN CONNECTICUT

Choosing the Right Path for You

DOCUMENT # 5

Funded by Fairfield University
Marion Peckham Egan School of Nursing
& Health Studies



Congratulations on considering a graduate education! There are many options and choices for nurses when making this choice. To invest your time and money wisely, please consider the following questions/information when evaluating your options. This informational brochure was created by the Connecticut League for Nursing's Council of Deans & Directors and the Connecticut Healthcare Educators Group to provide nurses with the best support to succeed.

QUESTIONS TO CONSIDER WHEN RETURNING TO SCHOOL

Do I feel I have developed clinical expertise in this area?

If not, would focus on clinical development be more beneficial to my career goals?

Would focus on national certification or other clinical opportunity be a good next step?

- **Recommendation:** A strong clinical foundation supports a diverse and successful nursing career. Nurses may want to practice 1-2 years before entering a graduate school program.
- **Recommendation:** Ask a nurse leader for input concerning your readiness for a graduate education.

QUESTIONS ABOUT CHOOSING A PROGRAM

What types of programs are available?

What types of role(s) or career options will this degree prepare me for?

Where are the employment opportunities?

For the role I am considering, what setting am I most likely to end up in? (Inpatient or outpatient)

What is the entry-level pay for nurses in these roles?

If the program is fully online, does the curriculum promote the development of professional relationships?

- **Recommendation:** It is best to speak to nurses in these roles to learn about their program and settings. If possible, it would be beneficial to shadow a nurse for a day to experience their role and daily tasks in person.

QUESTIONS ABOUT RETURNING TO SCHOOL

What is the reputation of this school among professionals?

What types of meaningful interactions will I have with faculty and peers?

Will I be proud to have this college or university on my resumé?

What are the benefits and limitations of this school for my career goals?

Most graduate programs have some requirements for clinical placement. The following questions are specific to this topic and very important!

What support will the school provide for required clinical placements? (Especially important for out of state and/or online programs.)

What are the specific state requirements for placements?

- **Recommendation:** Nurse Practitioner placements are extremely competitive in Connecticut, so it is very important to thoroughly investigate this area.
- **Recommendation:** Reach out to graduates of the school to discuss placement details as they can offer different insights than recruiters.
- **Recommendation:** Validate and verify the school has regional and national accreditation.
- **Recommendation:** Check the CT Nursing Guide for program and accreditation details by visiting CTNursingGuide.com.



CLN and CHA Joint Appointment Model for Nursing Education- 2020

MERCI- Model to Embed Resources for Clinical Instruction

Background: Research has consistently demonstrated that when clinical nursing instructors are familiar with the clinical environment, higher quality educational experiences are more likely to occur. A study by MacIntryre, Murry, Teel and Karshmer (2009) highlighted the need for innovative academic-service partnerships to realign. Emphasis upon relationships among students, staff nurses, faculty, and the institutions where they practice are pivotal to students' socialization, professional role development, and transition to practice. They recommended re-envisioning the nursing student-staff nurse relationships and re-conceptualizing the clinical faculty role.

According to Rittman, Hinze, Citty, Chappell and Anderson (2010) an embedded clinical faculty model facilitates clinical staff and faculty working together to create a positive environment for clinical student learning. Rittman et al, (2010) state that the embedded faculty work with staff when students aren't there, thus facilitating knowledge of patients and unit practice. They further state that this environment benefits the quality of both patient care and the student experience.

Despite compelling research calling for re-imagination of the clinical faculty model, most of the clinical instruction for nurses in higher education (associate and bachelor degree programs) is delivered by instructors who are hired by the educational facility and teach as "guests" in the clinical practice area. While some instructors may have dual roles with both clinical and educational facilities, their time in the clinical facility is usually over and above their clinical role and paid directly by the educational facility.

Purpose: In the *New Era Report* (Glazer & Sharp-McHenry (2017) deans of nursing and practice partners must work collaboratively to use the talents and assets of practice and academia in new ways to promote healthier communities. Thus, we are proposing a model to embed educational resources into clinical sites to ensure high quality education of nursing students and safer environments for students, instructors and patients.

Advantages for Clinical & Educational Facilities

1. Clinical sites will have a better understanding of the school's curriculum and learning objectives for the students since there is consistency of the school coming to the clinical site. This can lead to less confusion at the clinical site, as the clinical staff have a better understanding of what objectives the students are working towards, their level (junior/senior), and an overall better understanding of the students' nursing program. This is achieved by conversations/meetings to plan for the partnership, mutual goal setting, and ongoing dialogue.
2. Colleges/universities can have better knowledge of and communication with potential MSN prepared nurses at the clinical site who can serve as clinical faculty. This can enhance the students' learning experiences since the staff member knows the institution, the EHR, other providers in the setting and additional learning experiences that may be available.
3. Potential to assist colleges and universities in identifying a more accurate projection of how many students can be admitted to their program since there is a better estimate of how many clinical placements they will have when the colleges/universities know they have a certain "set" amount of placements available. This consistency of settings also has the potential to help the school better utilize learning resources in the clinical site as they become aware of more learning opportunities that meet learning outcomes for the courses/program.

4. Possible that this partnered clinical model can assist the college/university nursing graduates to find employment since the clinical site may know the students better as well as having a better understanding of the school's curriculum. In a competitive job market (which we are not experiencing now, but could be in the future), this may be very helpful for new grads to find employment. May also help students with finding internships during school.
5. The colleges/universities can benefit from having a current source of communication with the clinical site as the partnership will provide increased dialogue-therefore the colleges/universities will be more aware of practice changes/policy changes as they occur. This can help keep the curriculum up to date and relevant.
6. May lead to less duplication or missed information/training in the transition from school to employment since the school and clinical site work closely together, they can discuss and plan for a more seamless transition to practice for the new grads (employer "picks up" where the school "leaves off" in the students' education). The residency program then does not duplicate what students have already learned and also does not miss any areas that are needed but that have not been taught in the nursing program.
7. Improves patient safety with nurse educators who are familiar with the institutional policies, procedures and staff. Lessens risk for both clinical and educational partners.
8. Provides opportunities for career enhancement and satisfaction for graduate-prepared staff nurses in clinical practice who are seeking to enhance their skill set with teaching and supervision of students.

Sample Financial Considerations

Clinical Facilities Pays RN
\$90,000 Annual Salary

Educational Institution Pays Clinical Facility for 21 days of clinical instruction (of 260 possible work days)
\$10,800 or 12% of RN Annual Salary

Timeline: One or two educational institutions/clinical facilities to pilot during 2020 calendar year

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28Aug2019 MWK

For more information: CLN, 203-494-1121, marcia@CTLeagueForNursing.org

Lincoln Technical Institute
CT Practical Nursing Programs: New Britain and Shelton Campuses
Proposal for Implementation of 25% Virtual Clinical in Practical Nursing Programs

RATIONALE FOR USE OF VIRTUAL CLINICAL AND IMPACT ON STUDENTS

Lincoln Technical Institute's (LTI) New Britain and Shelton Practical Nursing programs request the Connecticut Board of Nurse Examiners (BOEN) consider our plan to offer 25% of the total program clinical hours virtually. Lincoln Technical Institute is submitting this proposal as a temporary measure to allow our students to progress with their clinical education during the COVID-19 pandemic. The Lincoln campuses have 274 nursing students who have been out of clinical since mid-March and have an average of 200 hours per course of clinical makeup to be completed. At the current time, students also need to take their current clinical courses, which average 200 hours per course, in order to progress in their program.

In response to the Department of Public Health (DPH) Blast Fax 2020-57 released on May 18, 2020, Lincoln Technical Institute developed a policy for COVID-19 Infection Control and PPE as a framework for resuming clinical education. The clinical affiliation agreements were amended to meet the DPH requirements. In addition, Lincoln Technical Institute developed a 3-hour course on Infection Control and PPE related to COVID-19 to train all faculty and students prior to reentry to the clinical environment. Both campus locations have worked diligently to identify suppliers, purchase and secure the proper PPE that would be required to send students back to clinical.

Over the last two months, both LTI campus locations have made exhaustive attempts to secure clinical placements for our students. **Table 1.1 Clinical Site Status** summarizes the efforts to acquire clinical sites. Securing clinical sites has presented many challenges. Most recently, long-term care facilities have requested that students provide proof of health insurance coverage as a requirement to participate in clinical practicums. This was not a requirement prior to the COVID-19 pandemic. Approximately 30% of LTI nursing students do not have health insurance coverage. Another challenge of returning to clinical is LTI students and faculty are being asked to obtain weekly COVID-19 testing. Most clinical sites are not willing to commit to providing

the weekly COVID-19 testing for students and faculty. Many clinical sites have not returned phone calls or responded to email messages despite multiple attempts of communication by the campus nursing staff. The clinical affiliation agreement process has been significantly delayed due to the clinical sites approval process through their corporate offices and the request that the facilities affiliation agreements be used in place of Lincoln's amended affiliation agreement. Some of the faculty and students have voiced concern for their well-being and verbalized a reluctance to return to clinical in light of the concentration of COVID-19 patients in the long-term care facilities.

Table 1.1 Clinical Site Status				
CAMPUS	Number of clinical sites contacted	Number of sites actively negotiating clinical placements	Conditions	Possible number of students able to return to clinical
Shelton	50	8 One site for 3 student med pass only	<ul style="list-style-type: none"> • 3 sites requiring health insurance and use of their own contract and liability statement • 6 sites require weekly COVID-19 testing • 4 sites have paperwork in progress • 1:5 ratio, 1:6 ratio (one site) • No pre or post conferencing 	<ul style="list-style-type: none"> • One of 8 sites with confirmed start dates at present • Ability to place 29 day and evening students conditional upon students having health insurance, weekly COVID-19 testing capability, also awaiting confirmation of the clinical rotation from the remaining clinical sites. • 199 students need clinical placement
New Britain	35	4	<ul style="list-style-type: none"> • 3 sites requiring health insurance, weekly COVID-19 testing, and use of their own contract and liability statement • 1 site waiting to confirm; waiting for their corporate input. • 3 sites have only evening clinical available and recently not responding to school attempt to contact • All 4 sites 1:10 ratio • No pre and post conferencing 	<ul style="list-style-type: none"> • None of 4 sites with confirmed start dates at present • Ability to place 30 day students conditional upon students having health insurance, weekly COVID-19 testing capability, also awaiting confirmation of the clinical rotation from the clinical site. • Ability to place 40 day students conditional upon students having health insurance, weekly COVID-19 testing capability, also awaiting confirmation of the clinical rotation from the clinical site. • 167 students need clinical placement

There are a number of additional logistical challenges associated with planning the return to clinical. Many of the potential clinical sites have limited the faculty and student ratio to 1:5 or 1:6. The limited faculty to student ratios presents several nursing staffing challenges. In addition to the regular workload, part-time and per diem clinical nursing faculty are being asked to work additional shifts up to 5 days per week in order to make-up the clinical students have already missed. To compound the staffing issue, clinical faculty vacancies have increased due to temporary front-loaded delivery of only didactic content along with the suspension of clinical experiences. Thus, faculty were left with no alternative than to accept other part-time positions, which has resulted in multiple unfilled faculty positions. The majority of clinical sites are unable to provide pre-conference and post-conference areas. Graduation dates have already been extended by 7-10 weeks, which has created an emotional and financial toll on our students.

Lincoln Technical Institute has been using simulation to enhance didactic delivery for approximately a decade. Early on, Lincoln realized the benefits of simulation as a method for students to increase their knowledge, skills, clinical judgement and critical thinking. Shelton and New Britain campuses each have NLN scenarios, a simulation baby (toddler) and a birthing simulator. Between both campuses, there are eight adult low fidelity manikins and one high fidelity manikin. Simulation sessions can be recorded and played back for student feedback during simulation debriefing. Both LTI campuses have utilized multiple electronic resources, including Elsevier and FA Davis clinical resources, to augment didactic content and clinical experiences. Based on the BOEN approved Lincoln Technical Institute Contingency Plan, the electronic resources have been adapted during the COVID-19 pandemic to transition to distance learning. Lincoln's experience with simulation has promoted a seamless transition to virtual clinical implemented for the senior students as approved by the BOEN.

Lincoln Technical Institute is beginning a reopening of school campuses with the plan of scheduling limited on-site access for students in need of laboratory practice and validation of skills, testing, pick-up of materials or devices, or similar activities, which are effectively completed while on-site. In these instances, limited numbers of individuals will be allowed on campus and will be required to adhere to established state COVID-19 guidance.

We are asking for the Board of Nurse Examiners assistance and guidance to provide a pathway for our students to progress through Lincoln Technical Institute's PN program. Our proposal is to implement 25% of the 804 total program clinical hours with virtual clinical to replace direct patient care clinical experiences. The virtual clinical would consist of a combination of in-person small group simulation sessions conducted on campus along with the existing electronic resources that provide students the practice to learn clinical judgment and documentation. Without BOEN approval and intervention, there will be 366 future LPN's who will not be able to graduate, who will be unavailable to join the nursing workforce and who will be unable to positively impact the current health care crisis.

REVIEW OF THE LITERATURE:

USE OF SIMULATION IN PRACTICAL NURSE PROGRAMS

The literature provides clear evidence that simulation is an effective pedagogy that may be integrated across the prelicensure curriculum to support student-learning outcomes. The landmark NCSBN study (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014) found that there were no statistically significant differences in student outcomes of knowledge acquisition and clinical performance when up to 50% simulation was substituted for clinical experiences in BSN and ADN programs. The National Council of State Boards of Nursing (NCSBN, 2016) subsequently developed Simulation Guidelines for prelicensure RN and LPN education programs. Guideline development was done by an expert panel consisting of representatives from International Nursing Association for Clinical Simulation and Learning (INACSL), American Association for Colleges of Nursing (AACN), National League for Nursing (NLN), Society for Simulation in Healthcare (SSH), Boards of Nursing and NCSBN developed the guidelines based on data from the NCSBN National Simulation Study (2014), review of literature, and the INACSL Standards of Best Practice: Simulation.

Research findings have revealed, "what one does in simulation is probably what one also does in the clinical environment," which supports the use of simulation for faculty to facilitate student learning in a planned simulated environment (Randolph & Ridenour, 2015). Nursing programs have increasingly experienced challenges in acquiring clinical placements for nursing students (American Association of Colleges of Nursing, 2007). Today's COVID-19 pandemic has

dramatically amplified the barriers to provide clinical sites for nursing students' learning experiences and virtual simulation is being increasingly used to supplement clinical requirements. Kardong-Edgren, Gore, Waxman, & Willhaus (2018) reported on the increasing use of simulation in replacing traditional clinical experience with many programs using 30% to 50% simulation in clinical courses. In the NCSBN national follow-up study (Smiley, 2019), an evaluation was conducted of the current state and use of simulation in prelicensure nursing programs, including practical nurse programs, which were not included in the original study. The results revealed a substantial increase in the use of high-fidelity simulation in undergraduate courses during the 7-year period between studies, most nursing programs substitute simulation for clinical hours using a 1:1 ratio of simulation to clinical hours, and half of the programs adopted at least some of the NCSBN simulation guidelines (Smiley, 2019).

Simulation has been integrated "...into all levels of nursing education across the country" (Suplee & Solecki, 2011). The study by Suplee & Solecki (2011), through a Pennsylvania Workforce grant, implemented pediatric simulation into the curricula of a practical nurse program with a focus on pediatric assessment, therapeutic communication, physical exam, and verbal responses which were all found to be "extremely positive" as a result of the simulation learning environment. This research has shown that implementation of simulation learning environments for licensed practical nursing students can be effectively used in engaging students to fulfill clinical course learning objectives and demonstrate clinical competencies (Suplee & Solecki, 2011).

The popularity of simulation in nursing education has steadily expanded over the years for some reasons related to increased enrollments to meet nursing shortage demands with resulting increased need for clinical sites, lower patient census at clinical sites, and increased competition among nursing schools for clinical sites (Maas & Flood, 2011). A study design was developed by Maas & Flood (2011) to use simulation, based on the Pamela Jeffries' Nursing Education Simulation Framework, with practical nursing students in a 1-year certificate program. Simulation scenarios were designed for practical nursing students' learning needs by adapting objectives and scenario content to incorporate physical assessment, technical skills, and critical thinking appropriate to the role of the practical nurse (Maas & Flood, 2011). The use of simulation education has grown to provide learning experiences for students in additional areas such as teamwork and

communication. Diaz, Shelton, Anderson, & Gibert (2019) conducted a study on the use of simulation-based education for nurses working in correctional facilities to engage in team training based upon the TeamSTEPPS model. The sample population for the study included a large percentage of licensed practical nurses. The study results demonstrated that communication and teamwork training may be used successfully to enhance the nursing process (Diaz, Shelton, Anderson, & Gibert, 2019). Simulation has also been used to test the reliability and validity of educational assessment tools. Van Gelderen, Engebretson, Miller, Ehmke, Swan, & Garrow (2019) developed an evidence-based tool, the Van Gelderen Family Care Rubric (VGFCR), to enhance the learning and skills of family care and communication in the simulation environment. The use of the VGFCR instrument was tested in multi-site, international locations and was shown to be a reliable and valid tool that can be used in varying simulation modalities for faculty to facilitate students' and nurses' learning in providing family-focused care and communication skills. The study population included varied race/ethnicities and levels of nursing, including practical nursing students.

The use of simulation has also been found to be a valuable pedagogy for use in distance education. With the increased complexity of health care environments and competition for clinical sites, schools of nursing are challenged to provide meaningful clinical learning opportunities for students to develop skills in critical thinking and to learn the delivery of safe, ethical nursing care (Morrison, Scarcello, Thibeault, & Walker, 2009). Morrison et al. (2009) designed simulated clinical scenarios for practical nursing students in a distance education program that were provided at regional campus sites. The study revealed improved student outcomes related to knowledge, student satisfaction, sense of connectedness, and self-confidence. Interestingly, the simulation scenarios provided students opportunities to encounter clinical experiences they had not had in past clinical rotations.

SUMMARY

The primary take-away from the literature review is that simulation is an appropriate, effective, and beneficial education method, which has become a standard pedagogy for use in practical nursing programs across the country and internationally. The research to date provides steadily

growing evidence that simulation makes a positive difference in the education of practical nursing students. Simulation research for practical nurse students has demonstrated evidence to improve knowledge, skills, clinical judgment, and critical thinking in a safe, non-threatening learning environment. Additional benefits that have been shown through the research include the use of simulation for students to improve communication skills, teamwork, and family-centered care. Current research in the effectiveness of simulation has incorporated all levels of nursing providers into the studies, including practical nursing students. It is important to note that the literature reveals a recurring theme of the challenges faced by schools of nursing to secure clinical learning opportunities for students. These challenges have exponentially grown with the COVID-19 pandemic. In conclusion, a review of the literature supports the concepts and standards of simulation pedagogy as a standard educational approach applied to prelicensure nursing programs, which include PN and RN programs.

The U.S. healthcare system with all its complexities requires multiple levels of healthcare providers, and in particular, LPNs who are the primary providers in long-term care facilities. Use of the technological advances in simulation with its evidence-based proven benefits in practical nursing programs can lead to well-designed, contemporary curricula and highly competent graduates to face the challenges of today's healthcare system. Particularly, during this period of the COVID-19 pandemic, integration and adaptation of unique, evidence-based learning experiences for students to gain the knowledge and skills of patient care through virtual clinical simulation can be reasonably used to augment, supplement, and replace up to 25% of direct clinical experiences. Through the supportive, collaborative efforts of the CT BOEN members, academic nurse administrators, and nursing faculty, we can find effective, realistic solutions to best serve our communities and avoid a sudden halt in the supply of practical nurses available for our strained long-term care facilities in Connecticut.

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FYI

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-57

TO: Health Care Facilities
FROM: Commissioner Deidre S. Gifford, MD, MPH *Deidre S. Gifford*
CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section
DATE: May 18, 2020
SUBJECT: Nursing Student Clinical Rotations

Pursuant to Blast Fax, 2020-44, regarding student clinical rotations and clinical hours, please be reminded that prior to students resuming the rotations, it is integral they be educated in infection control principles regarding the care of a patient with an infectious disease, with a particular focus on hand hygiene, and donning and doffing Personal Protective Equipment (PPE).

While currently, agreements between schools and clinical rotation sites delineate responsibilities, it must be very clear in such agreements, who will be providing PPE, and the scope of the clinical assignments, e.g. will students be caring for individuals who are positive for COVID-19. If there is a plan for the student to participate in any aerosolizing procedures, they must be fitted for an N95 mask. It is essential that prior to the assumption of any clinical rotations, any agreements regarding the supply of PPE and the role the student will have in the care of a resident/patient who has been diagnosed with COVID 19 be clearly specified.

Should you have any questions, please call Susan Newton, Supervising Nurse Consultant at 860-509-8018.



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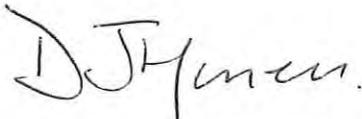
July 3, 2020

Dept. of Public Health,
410 Capitol Avenue,
PO Box 340308, MS#12HSR
Hartford, CT 06134-0308

Dear Ms. Bouffard and Board members.

Please find attached, an update from Ms. Sherry Greifzu, PN Consultant, for presentation and review at the July Board of Examiners for Nursing meeting.

Sincerely,



Debra Hessell MSN Ed
Acting Director of Nursing

dhessell@porterchester.com

**Porter and Chester Institute
Practical Nursing Program Consultant update**

As a consultant, my role is to help to address the areas of concern detailed by Ms. Smith in March, 2020, to the Board, following her clinical site visits in February 2020. My goal, as presented in April, is to develop recommendations to create an action plan to assist in addressing the areas of concern and, to increase NCLEX scores at underperforming sites.

Campus locations reopened under strict regulations on June 1, 2020, which enabled me to begin to have face to face meetings with the Education Supervisors and faculty at the campuses.

To date, I have managed to visit two campuses and have observed the evening lab courses.

Stratford visit resulted in meeting with faculty and students – (Week 6/22-6/25)

Results

- Observed staff instruction with students with lab skills
- Students comfortable with instruction- open dialogue with instructors
- Faculty explained the why- related to NCLEX questions without prompting
 - Urine testing, EKGs and stool hemocult testing was reviewed
- Discussed patient safety, standards of infection control, HH, Safety risk for falls etc.
- Students welcomed the continued engagement with faculty to review the NCLEX questions
- Discussed with instructor on how it would look like during online teaching with enhanced interactive teaching
- Incorporate critical thinking of NCLEX questions while performing the face to face group skills time

Hamden – Worked with faculty and observed students during Fundamentals Skills lab and Pharmacology lab.

- Students and faculty were observed while performing skills. The students were asked patient care questions while demonstrating skills
- Hand Hygiene, safety goals, infection, fall risk, sterile technique, pressure ulcers, medication calculations and med administration were also reviewed
- Instructor asked engaging questions related to safety goals and quality outcomes
- Instructors and myself also reviewed issues with patient care and possible NCLEX questions to validate learning outcomes

Rocky Hill – Planned visit next week of 7/6/20

Enfield – Planned visit for 7/9/20

Waterbury – planned visit for -7/8/20

The Hamden and Rocky Hill locations currently have students who were due to graduate in April, at clinical. The sites at first were reluctant to allow an additional person from Porter and Chester onsite but, they have given their permission for me to visit.

The two clinical sites are, Masonicare in Wallingford and, Windsor Rehab in Windsor.

Masonicare visit planned for 7/14/20

Windsor rehab visit planned for 7/16/20

The Waterbury location has also begun to rotate their April students to clinical. I am waiting for their permission to schedule a site visit.

I will be continuing my observations and discussions with the online didactic faculty once the new term begins on July 20th.

My observations to date of the two groups

Instructors are teaching to the content, relating safety standards to the clinical practice.
(Med Administration, HH, Risk falls, infection)

I will again provide an update to the Board at the July meeting with my final recommendations being made to Porter and Chester shortly after, to present the final plan to the Board in August.

Thank you for your consideration and allowing me to address the Board.

Sherry Greifzu, RN, MSN, AOCN, NEA-BC



DR. SUSAN L. DAVIS, R.N.,
& RICHARD J. HENLEY
COLLEGE OF NURSING

Sacred Heart University

June 29, 2020

Helen Smith, RN, MSN
Nurse Consultant/Investigator
410 Capitol Ave. MS#12 HSR
PO Box 340308
Hartford, CT 06134

Dear Ms. Smith,

Sacred Heart University wishes to petition the State Board of Nurse Examiners for a temporary 6-month waiver for Colleen Hefferle, RN, MNN, CEFM, in order to enable her to serve as clinical instructor for the Fall 2020 semester. We propose that Colleen Hefferle provide obstetrical clinical instruction at Bridgeport Hospital in Bridgeport, CT for junior nursing students in their NU 330: Care of the Childbearing Family course.

Ms. Hefferle holds a BSN degree from the University of Connecticut and is currently completing her MSN in nursing education at the Davis and Henley College of Nursing (DHCON) at Sacred Heart University with an expected graduation date of October of 2020. Ms. Hefferle currently functions as the Assistant Nurse Manager at Bridgeport Hospital Women's Care Center. The candidate's education, along with her clinical experience, are appropriate to support the requirements of the DHCON course NU 330: Care of the Childbearing Family.

Kimberly McKinnon, DHSc, MSN, RN is the course coordinator and is responsible for the coordination of the NU 330 clinical. She will orient Ms. Hefferle to the role of clinical instructor. Orientation will take place prior to the start of the fall semester, orientation day and time is to be determined. In addition, Christine Proulx, MSN, APRN will mentor Mrs. Hefferle to the clinical instructor role. Christine Proulx works as a DHCON clinical instructor for the NU 330 course and works full time for Bridgeport Hospital on the unit where Ms. Hefferle will be instructing. Ms. Hefferle will be assigned to the site and unit where she currently works.

Sacred Heart University's College of Nursing has 40 full time faculty, 2 part time faculty, approximately 55 UG adjunct clinical faculty, and 10 Graduate adjunct clinical faculty. We currently have one permanent waiver for Adetutu Olomola and one 12-month waiver for Brianna Lutz.

We appreciate the prompt response and support of the Department of Public Health and the State Board of Nurse Examiners. Please feel free to contact me with any further questions at ferrilloh@sacredheart.edu or 203-416-3931. Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Ferrillo". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Heather Ferrillo, PhD, APRN, FNP-BC, CNE
Director, First Professional Degree/Second Degree Accelerated Nursing Programs

COLLEEN HEFFERLE

101 Cranston Ave, Shelton, CT 06484

Cell: (203) 400-4773

chefferle359@gmail.com

Objective: Obtain a position as an adjunct clinical professor, teaching undergraduate nursing students.

Qualifications:

- **Sacred Heart University**, Expected Graduation Fall 2020, Master of Science in Nursing, Current GPA 4.0
- **University of Connecticut**, Graduation May 2013, Bachelor of Science in Nursing, Cumulative GPA 3.69
School of Nursing Dean's List- Fall 2011 & Fall 2012
- **Experience:** Women's Health, Postpartum, Nursery, Special Care Maternity
- **Certifications:** RNC-MNN, C-EFM, NRP and BLS-CPR certified
- **Honors:** Bridgeport Hospital Silver Quality Award recipient, Sigma Theta Tau International member, National Society of Collegiate Scholars officer and member, Alpha Lambda Delta Honor Society member

Work and Internship Experience:

Bridgeport Hospital Women's Care Center- Assistant Nurse Manager – Bridgeport, CT August 2018- Present

- Collaborate with the nurse manager to lead the Women's Care Center
- Focus on performance and quality improvement, staff development, patient experience, and financial stability
- Direct supervisor for sixty-six employees, completing performance evaluations and staffing schedule

Bridgeport Hospital Women's Care Center- Professional RN II - Bridgeport, CT July 2013- August 2018

- Provided quality care to postpartum and antepartum patients, infants, and post-operative gynecological surgery patients
- Float/trained to Labor and Delivery, Neonatal Intensive Care Unit, and Pediatrics
- Proficient in role of charge/resource nurse
- Chair of Nursing Professional Governance Maternal Child Health Local Council
- Participated in special care maternity and couplet care steering committees, and OB system documentation review group

Bridgeport Hospital Unpaid Student Nurse Internship - Bridgeport, CT Summer 2012 & Winter 2012

- Women's Care Center
- Provided care to new mothers, infants, and post-operative gynecological surgery patients
- Attended educational lectures

University of Connecticut Student Health Services - Storrs, CT August 2010- May 2013

- Triage incoming patients
- Assisted Nurses: patient care and transfer, pull medical records, provided crutches and ice, etc.
- Maintained exam rooms, equipment, and supplies

Leadership and Volunteer Experience:

- Orient and Precept new nurses and students at Bridgeport Hospital's Women's Care Center
- Maternal Child Health Nursing Professional Governance Council Chair
- Volunteer at Center for Family Justice of Bridgeport, CT
- UConn National Society of Collegiate Scholars – Treasurer, Secretary, Event Coordinator, Community Service Chair



DR. SUSAN L. DAVIS, R.N.,
& RICHARD J. HENLEY
COLLEGE OF NURSING
Sacred Heart University

June 29, 2020

Professor Kimberly McKinnon
Clinical Assistant Professor
Sacred Heart University
Davis & Henley College of Nursing
5151 Park Avenue
Fairfield, CT 06825

Dear Professor McKinnon:

This letter confirms that Colleen Hefferle is a student enrolled in the MSN Nurse Educator program at Sacred Heart University. Her expected graduation date is Fall 2020 with a degree conferred of December 2020.

Thank you.

Sincerely,

Karen Bauce

Dr. Karen Bauce
Associate Dean, Online Nursing Program
Davis & Henley College of Nursing
Sacred Heart University

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Gregory Bouquot,
University Registrar

Name : Colleen Hefferle
Student ID : 1627370
Birthday : October 12
CEEB : 3915

Cumulative GPA : 3.668 Cumulative Totals : 41.00

Elizabeth Denny

Summer 2010 (2010-05-10 - 2010-08-20)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
GEOG 1700	World Regional Geography	3.00	A

Semester GPA : 4.000 Semester Totals : 3.00
Cumulative GPA : 3.691 Cumulative Totals : 44.00

Fall 2010 (2010-08-30 - 2010-12-18)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
HDFS 1070	Individual & Family Develop	3.00	B
MATH 1030Q	Element. Discrete Mathematics	3.00	A
MCB 2400	Heredity and Society	3.00	A
NURS 3100	Clinical Science I	3.00	B
PNB 2264	Human Physiology and Anatomy	4.00	B

Semester GPA : 3.375 Semester Totals : 16.00
Cumulative GPA : 3.607 Cumulative Totals : 60.00

Spring 2011 (2011-01-18 - 2011-05-07)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
NURS 3110	Clinical Science II	3.00	A
NURS 3120	Hlth Assessment thru Life Span	3.00	A
NURS 3130	Public Health Nursing	3.00	A
PNB 2265	Human Physiology and Anatomy	4.00	B+
SOCI 1251W	Social Problems	3.00	B+

Semester GPA : 3.694 Semester Totals : 16.00
Cumulative GPA : 3.625 Cumulative Totals : 76.00

Fall 2011 (2011-08-29 - 2011-12-18)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
NURS 3215W	Nursing Research	3.00	A
NURS 3220	Clin Sci Sub-Acute Chr III Adlt	3.00	A-
NURS 3230	Nu Sci Adult Sub-Acute & Chron	3.00	B+
NURS 3292	Prac Sub-Acute Chron III Indiv	6.00	A

Topic: Genesis, Colchest/Hosp Spc Care

----- Degrees Awarded -----

Degree : Bachelor of Science
Confer Date : May 12, 2013
Plan : Nursing

Beginning of Undergraduate Record

Fall 2009 (2009-08-31 - 2009-12-19)

Program : Nursing
Plan : Nursing Major

Transfer Credit from University of Connecticut

Course	Description	Credit	Grade
MARN 1002	Introduction to Oceanography	3.00	B
NRE 1000	Environmental Science	3.00	B

Course Trans GPA: 3.000 Transfer Totals: 6.00

Course	Description	Credits	Grade
ANTH 3401	World Religions	3.00	A-
BIOL 1107	Principles of Biology I	4.00	B+
ENGL 1011	Seminar Writing thr Literature	4.00	A
INTD 1800	FYE University Learning Skills	1.00	A
Topic: University Learning Skills			
NURS 1110	Intro Hlth & Discipline Nrsng	3.00	A-
PSYC 1100	General Psychology I	3.00	A-

Semester GPA : 3.694 Semester Totals : 18.00
Cumulative GPA : 3.521 Cumulative Totals : 24.00

Spring 2010 (2010-01-19 - 2010-05-08)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
CHEM 1122	Chemical Principles and Appls	4.00	A
NURS 1130	Health Care Delivery Systems	3.00	A
PHIL 1104	Philosophy and Social Ethics	3.00	A-
SOCI 1001	Introduction to Sociology	3.00	A
STAT 1000Q	Intro to Statistics I	4.00	A-

Semester GPA : 3.876 Semester Totals : 17.00



Gregory Bouquot,
University Registrar

Name : Colleen Hefferle
Student ID : 1627370
Birthday : October 12
CEEB : 3915

End of Official Transcript for Undergraduate

Semester GPA : 3.800 Semester Totals : 15.00
Cumulative GPA : 3.654 Cumulative Totals : 91.00

Dean's List Nursing

Spring 2012 (2012-01-17 - 2012-05-05)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
NURS 3225	Ethical Ways of Knowing	3.00	A
NURS 3330	Childbearing Nursing Care	4.00	A-
NURS 3392	Pract with Childbearing Fam	3.00	A
NURS 3450	Childrearing Nursing Care	4.00	B
NURS 3492	Pract with Childrearing Fam	3.00	A

Semester GPA : 3.694 Semester Totals : 17.00
Cumulative GPA : 3.660 Cumulative Totals : 108.00

Fall 2012 (2012-08-27 - 2012-12-16)

Program : Nursing
Plan : Nursing Major

Course	Description	Credits	Grade
NURS 3560	Clin&Nsg Sci Psyc&Mntl Hlth Nrs	4.00	A-
NURS 3592	Prac Psyc/Mntl Health	3.00	A
NURS 3670	Clin&Nrs Sci Acutely Ill Adult	4.00	A-
NURS 3692	Pract with Acutely Ill Adults	3.00	A
NURS 3715	Nursing Leadership in 21st C.	3.00	A

Semester GPA : 3.859 Semester Totals : 17.00
Cumulative GPA : 3.687 Cumulative Totals : 125.00

Dean's List Nursing

Spring 2013 (2013-01-22 - 2013-05-11)

Program : Nursing
Plan : Nursing Major

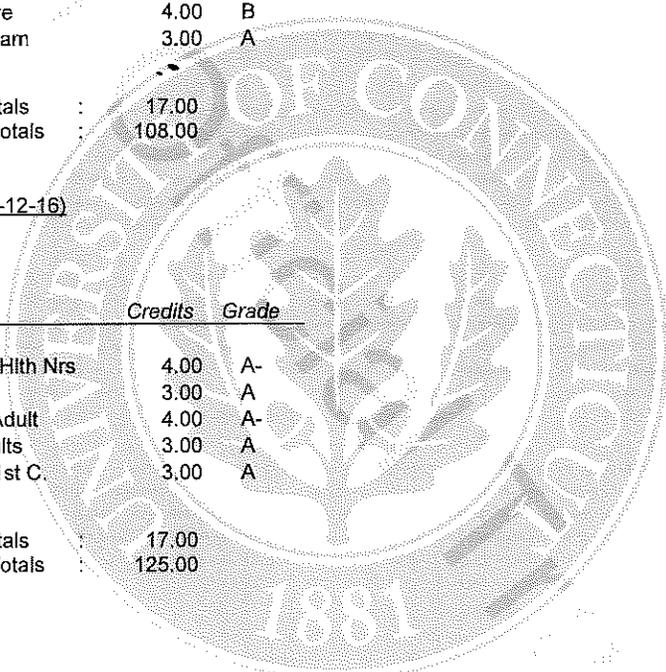
Course	Description	Credits	Grade
NURS 4235	Aesthetic Way Knowing Nurs	3.00	A
NURS 4265	Nursing's Past as Prologue	3.00	A-
NURS 4292	Capstone Practicum	6.00	A

Topic: Windham Hospital

Semester GPA : 3.925 Semester Totals : 12.00
Cumulative GPA : 3.708 Cumulative Totals : 137.00

Undergraduate Career Totals

Cumulative GPA : 3.708 Cumulative Totals : 137.00





Gregory Bouquot,
University Registrar

Name : Colleen Hefferle
Student ID : 1627370
Birthday : October 12
CEEB : 3915

----- Degrees Awarded -----

Degree : Bachelor of Science
Confer Date : May 12, 2013
Plan : Nursing

Beginning of Non Degree Programs Record

Summer 2007 (2007-05-07 - 2007-08-17)

Program : Early College Experience
Plan : Early College Experience Specialization

Course	Description	Credits	Grade
NRME 100	Environmental Science	3.00	B

Semester GPA : 3.000 Semester Totals : 3.00
Cumulative GPA : 3.000 Cumulative Totals : 3.00

Spring 2009 (2009-01-20 - 2009-05-09)

Program : Early College Experience
Plan : Early College Experience Specialization

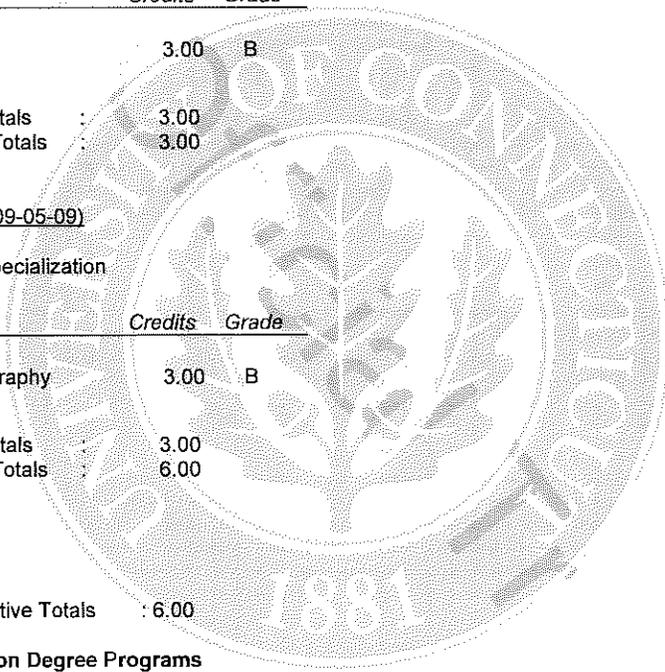
Course	Description	Credits	Grade
MARN 1002	Introduction to Oceanography	3.00	B

Semester GPA : 3.000 Semester Totals : 3.00
Cumulative GPA : 3.000 Cumulative Totals : 6.00

Non Degree Programs Career Totals

Cumulative GPA : 3.000 Cumulative Totals : 6.00

End of Official Transcript for Non Degree Programs



University of Connecticut Key to Official Transcript

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Explanation of Grading Systems																																					
<p style="text-align: center;">Undergraduate and Doctor of Pharmacy</p> <p>A Excellent A- Excellent B+ Excellent B Good B- Good C+ Good C Fair C- Fair D+ Fair D Poor D- Poor F Failure P@ Pass in Pass/Fail course F@ Fail in Pass/Fail course S Satisfactory completion of Satisfactory/Unsatisfactory course U Unsatisfactory completion of Satisfactory/Unsatisfactory course AU Audit (no credit) W Withdrawal from course after second week of term WAU Course changed from credit to audit after the second week of term R Verifies required registration in selected non-credit courses I Incomplete X Absent from final examination N Limited or no attendance in course Y Course does not end at conclusion of semester</p>	<p style="text-align: center;">Medical</p> <p>AU Audit C Conditional CP Conditional Pass E Exempt F Fail FP Successful Pass after Remediation H Honors I Incomplete IP Course In Progress NR No Grade Reported P Pass WC Withdrawn with Concern WF Withdrawn while Failing WP Withdrawn while Passing * Course spans multiple semesters</p>																																				
<p style="text-align: center;">Graduate</p> <p>A+ Distinction A Distinction A- Distinction B+ Good Quality B Good Quality B- Good Quality C+ Below Expected Standard C Below Expected Standard C- Below Expected Standard D+ Unsatisfactory Quality D Unsatisfactory Quality D- Unsatisfactory Quality F Failure S Satisfactory completion of Satisfactory/Unsatisfactory course U Unsatisfactory completion of Satisfactory/Unsatisfactory course AU Audit (no credit) W Withdrawal from course after second week of term WAU Course changed from credit to audit after the second week of term R Verifies required registration in selected non-credit courses I Incomplete X Absent from final examination N Limited or no attendance in course</p>	<p style="text-align: center;">Dental</p> <p>AU Audit I Incomplete IP Course In Progress or spans more than one term. Final grade is posted in the final (Spring) term of the course NR No grade reported for student registered in course P Successful completion of elective course or a component of a Satisfactory/Unsatisfactory graded course S Successful completion of Satisfactory/Unsatisfactory course U Failure in Satisfactory/Unsatisfactory course W Withdrawal from registered course WD Withdrawal from registered course</p>																																				
<p style="text-align: center;">Course Numbering System Effective Fall 2019</p> <p>The numbers assigned to courses are normally categorized as follows:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;">Courses Primarily For</th> <th style="text-align: left; border: none;">Courses Primarily For</th> </tr> </thead> <tbody> <tr> <td style="border: none;">0000-0999 Ratcliffe Hicks School of Agriculture</td> <td style="border: none;">5000-5999 Master's</td> </tr> <tr> <td style="border: none;">1000-1999 Freshman and Sophomores</td> <td style="border: none;">6000-6999 Doctorate</td> </tr> <tr> <td style="border: none;">2000-2999 Sophomores</td> <td style="border: none;">7000-7999 Law</td> </tr> <tr> <td style="border: none;">3000-3999 Juniors and Seniors</td> <td style="border: none;">8000-8999 Medical</td> </tr> <tr> <td style="border: none;">4000-4999 Seniors</td> <td style="border: none;">9000-9999 Dental</td> </tr> </tbody> </table>	Courses Primarily For	Courses Primarily For	0000-0999 Ratcliffe Hicks School of Agriculture	5000-5999 Master's	1000-1999 Freshman and Sophomores	6000-6999 Doctorate	2000-2999 Sophomores	7000-7999 Law	3000-3999 Juniors and Seniors	8000-8999 Medical	4000-4999 Seniors	9000-9999 Dental	<p style="text-align: center;">Law</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">A</td> <td style="border: none;">C</td> <td style="border: none;">AU</td> <td style="border: none;">Audit</td> </tr> <tr> <td style="border: none;">A-</td> <td style="border: none;">C-</td> <td style="border: none;">HP</td> <td style="border: none;">High Pass</td> </tr> <tr> <td style="border: none;">B+</td> <td style="border: none;">D+</td> <td style="border: none;">LP</td> <td style="border: none;">Low Pass</td> </tr> <tr> <td style="border: none;">B</td> <td style="border: none;">D</td> <td style="border: none;">P</td> <td style="border: none;">Pass</td> </tr> <tr> <td style="border: none;">B-</td> <td style="border: none;">D-</td> <td style="border: none;">I</td> <td style="border: none;">Incomplete</td> </tr> <tr> <td style="border: none;">C+</td> <td style="border: none;">F</td> <td style="border: none;">N</td> <td style="border: none;">No Grade Submitted</td> </tr> </table> <p>The University of Connecticut's academic calendar is based on a fifteen-week semester.</p> <p>A credit hour is defined as an amount of work represented in intended learning outcomes and verified by evidence of student achievement not less than one hour of classroom or direct faculty instruction and a minimum of two hours of student work outside of class each week for one semester or the equivalent number of hours for shorter sessions (e.g. summer); or an equivalent amount of work for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. Instruction and out of class work increase commensurately for courses consisting of more credit hours.</p>	A	C	AU	Audit	A-	C-	HP	High Pass	B+	D+	LP	Low Pass	B	D	P	Pass	B-	D-	I	Incomplete	C+	F	N	No Grade Submitted
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C+	F	N	No Grade Submitted																																		
<p style="text-align: center;">Quality Points and Grade Point Average (GPA)</p> <p>Grade Point Average is determined by dividing the sum of quality points by the sum of credit hours. Grades not listed below do not generate quality points.</p> <p>Quality point values, per credit hour, are assigned as shown below:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">A+</td> <td style="border: none;">4.3</td> <td style="border: none;">B</td> <td style="border: none;">3.0</td> <td style="border: none;">C-</td> <td style="border: none;">1.7</td> </tr> <tr> <td style="border: none;">A</td> <td style="border: none;">4.0</td> <td style="border: none;">B-</td> <td style="border: none;">2.7</td> <td style="border: none;">D+</td> <td style="border: none;">1.3</td> </tr> <tr> <td style="border: none;">A-</td> <td style="border: none;">3.7</td> <td style="border: none;">C+</td> <td style="border: none;">2.3</td> <td style="border: none;">D</td> <td style="border: none;">1.0</td> </tr> <tr> <td style="border: none;">B+</td> <td style="border: none;">3.3</td> <td style="border: none;">C</td> <td style="border: none;">2.0</td> <td style="border: none;">D-</td> <td style="border: none;">0.7</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="border: none;">F</td> <td style="border: none;">0.0</td> </tr> </table>	A+	4.3	B	3.0	C-	1.7	A	4.0	B-	2.7	D+	1.3	A-	3.7	C+	2.3	D	1.0	B+	3.3	C	2.0	D-	0.7					F	0.0							
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				F	0.0																																
<p>Institutional Recording Policies: All courses attempted are recorded, except courses dropped in the first two weeks of the term and all courses in which the student was enrolled at the time of voluntary withdrawal from the University. See School of Medicine, School of Dental Medicine, and School of Law catalogs for information specific to those programs.</p>																																					

In accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 CFR Part 99, you are hereby notified that this information may not be further disclosed except as permitted under FERPA. See 34 C.F.R. 99.33(a). Additionally, alteration of this transcript may constitute a criminal offense or other violation of law.

Accreditation

The University of Connecticut is accredited by the New England Commission of Higher Education through its Commission on Institutions of Higher Education.
 The University of Connecticut School of Dental Medicine is accredited by the Commission on Dental Accreditation of the American Dental Association.
 The University of Connecticut School of Medicine is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges.
 The University of Connecticut School of Law is accredited by the American Bar Association and is a member of the Association of American Law Schools.

The University of Connecticut is located in Storrs, Connecticut with regional campuses located in Avery Point, Hartford, Stamford, and Waterbury, Connecticut.
 The University of Connecticut School of Dental Medicine and School of Medicine are located in Farmington, Connecticut.
 The University of Connecticut School of Law is located in Hartford, Connecticut.



Sacred Heart University

5151 Park Avenue, Fairfield, CT 06825

SACRED HEART UNIVERSITY

Ms. Colleen M. Hefferle
101 Cranston Ave
Shelton CT 06484

17 Jun 2020

Student ID: 0817636
Birthdate: 12-Oct
Program: Degree Major(s):
MS NE

Academic Level: Graduate

COURSE	Course Title	CRD	GRD	GRDPT
NU501	MODULE TERM 1 FALL 2017			
	HEALTH CARE POLICY & ETHICS FO	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 3.00 Grd Pts 12.00			
NU530	MODULE TERM 2 FALL 2017			
	THEORY & PROFESSIONAL ROLES	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 6.00 Grd Pts 24.00			
NU601	MODULE TERM 3 SPRING 2018			
	PRINCIPLES OF HC RESEARCH	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 9.00 Grd Pts 36.00			
NU602	MODULE TERM 4 SPRING 2018			
	EVIDENCE BASED PRACTICE	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 12.00 Grd Pts 48.00			
NU553	MODULE TERM 1 FALL 2018			
	ADVANCED PATHOPHYSIOLOGY	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 15.00 Grd Pts 60.00			
NU554	MODULE TERM 2 FALL 2018			
	APPL OF COMP HLTH ASSESSMENT	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 18.00 Grd Pts 72.00			

COURSE	Course Title	CRD	GRD	GRDPT
NU605	MODULE TERM 3 SPRING 2019			
	PHARMACOLOGY FOR THE NURSE LEA	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 21.00 Grd Pts 84.00			
NU575	MODULE TERM 4 SPRING 2019			
	HEALTH CARE INFORMATION SYSTEM	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 24.00 Grd Pts 96.00			
NU588	MODULE TERM 1 FALL 2019			
	THEORETICAL BASIS OF TEACHING/	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 27.00 Grd Pts 108.00			
NU589	MODULE TERM 2 FALL 2019			
	CURRICULUM DEV. & EVALUATION	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 30.00 Grd Pts 120.00			
NU619	MODULE TERM 3 SPRING 2020			
	PRIN. OF PATIENT & STAFF ED.	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 33.00 Grd Pts 132.00			
NU690	MODULE TERM 4 SPRING 2020			
	NURSING EDU ROLE PRACT.	3.00	A	12.00
	Term GPA 4.000 Credit 3.00 Grd Pts 12.00 Cum GPA 4.000 Credit 36.00 Grd Pts 144.00			

Alana Perrone

Registrar

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, this record may not be transferred to a third party without the written authorization of the student.





Sacred Heart University

5151 Park Avenue, Fairfield, CT 06825

SACRED HEART UNIVERSITY

Ms. Colleen M. Hefferle
101 Cranston Ave
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17 Jun 2020

Student ID: 0817636
Birthdate: 12-Oct
Program: Degree Major(s):
MS NE

Academic Level: Graduate

COURSE	Course Title	CRD	GRD	GRDPT	COURSE	Course Title	CRD	GRD	GRDPT
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End of official record.

Dona Perrone

Registrar

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Fairfield University
EGAN

School of Nursing & Health Studies

June 24, 2020

Helen M. Smith, R.N., M.S.N.
Nurse Consultant
Practitioner Licensing & Investigations Section Healthcare Quality & Safety Branch
Department of Public Health State of Connecticut

Dear Helen,

I am writing to request a six month temporary waiver to teach maternity nursing clinical for Lindsay Collins, BSN, RN. Lindsay, has twelve years of clinical nursing experience at Danbury Hospital, Connecticut Children's and Hartford Hospital. If granted this temporary waiver, Lindsay will teach a group of six junior-level nursing students for NS 3314, Maternity Nursing at Danbury Hospital this Fall. Lindsay has been enrolled in our Doctorate of Nursing Midwifery Program since September, 2018 with a 4.0 GPA. She is scheduled to graduate in May, 2021 at which point the waiver may expire. Her Egan school mentor will be Dr. Karen Burrows, who will also conduct clinical site visits to support Lindsay. We will ensure that Lindsay receives a full-faculty orientation at both the Egan School and Danbury Hospital.

As you are aware, finding master's prepared maternity clinical faculty members has been challenging in our state and we appreciate the board's consideration of this request. Currently, Fairfield has one permanent waiver for Professor Susan Reynolds. Approval of this waiver still leaves us far below 10% of the overall number of nursing faculty.

Attached, please find:

- 1) CV
- 2) BSN and DNP-CNM Transcript
- 3) A verification letter from Dr. Joyce Shea, Associate Dean for Graduate Studies
- 4) NS 3314 Maternity Nursing Course Syllabus

I would appreciate it if this request could be added to the board's agenda for July. Thank you very much for your time and consideration.

Sincerely yours,

Meredith Wallace Kazer, PhD, APRN, FAAN
Dean and Professor

Lindsay Collins RN, BSN, DNP(c)

190 Tomlinson Ave Unit 15A

Plainville, CT 06062

860-937-7941

LindsayJRN@gmail.com

Education:

Fairfield University 2008

Bachelors of Science in Nursing

Fairfield University : Expected 2021

Doctorate of Nursing Practice in Midwifery (Summa Cum Laude)

Experience

Student Nurse Midwife

September 2018-May 2021

- Withheld a strong academic priority during training, maintaining high honors
- Participated in a wide variety of clinical settings including provider office for antepartum and GYN rotations and family birth center for Intrapartum management
- Medatrx management of clinical skills and documentation of clinical experiences are available for review

Registered Nurse

Fairfield University

January 2019-current

Graduate Assistance

- Conducted pediatric simulation clinical rotations for undergraduate and second degree nursing students using high fidelity simulation equipment
- Aided in the students understanding of disease processes presented in the various scenarios utilizing technology available
- Facilitated student's critical thinking development through explanation, demonstration, observation and reflection
- Monitored the progress of each student and provided a formal evaluation upon completion of clinical rotation

Lincoln Technical Institute

May 2018-current

Nursing Instructor

- Providing theoretical and clinical education to students using current technology
- Planning meaningful clinical experiences for students and supervising their activities that coincide with their didactic modules.
- Demonstrating direct nursing care to students in group environment

- Developing and giving clinical assignments to students and assessing their skills to ensure progressive personalized development of each student with structured feedback

Hartford Hospital

June 2016- Dec. 2017

Registered Nurse

- Delivers direct care to laboring mother in a family centered environment
- Monitor and treats fetal distress and patient's tolerance of labor experience
- Collaborates with Physicians and Midwives in the medical decisions and advocates for the patient's needs and birth plan
- Assisted in the re-designation of Hartford's Baby Friendly status, prioritizing early breastfeeding initiations, staff education and reinforcement of latest guidelines.

Connecticut Children's Medical Center

Jan. 2010- June 2016

Pediatric ICU Nurse

- Provided direct family centered care to patients in 18 Bed PICU, specializing in Neurological, Endocrine, Cardiac and Trauma patients
- Chair of unit based Quality Improvement Shared Governance Nursing Board
- Formulated presentation and educated new staff members on "Care of the Neonate" in the PICU
- Created family spirituality resources in the PICU to increase patients and family's awareness of additional support we provide.
- Assessed case outcomes and investigated potential errors with monthly chart reviews

Quality and Patient Safety Specialist

Nov. 2012- Feb. 2013

Medication Safety Specialist Nurse

- Oversaw process improvement initiatives from process planning, implementation and control phase using LEAN and 6 Sigma methodology
- Assisted in cultivating a culture of Just and Fair Accountability using HPI Tools
- Provided staff development and training on Error Prevention Management
- Lead root cause analysis to discover the systemic and operational barriers staff face that result in direct patient errors

Danbury Hospital

June 2008 –Jan. 2010

- Provided direct client care on a 17 bed Pediatric Medical/Surgical Unit
- Monitored and treated Adult Medical/ Surgical/OB-GYN clients
- Delivered care to postpartum mother-infant clients with dyad philosophy in Family Birth Center

- Per-diem in Community Health Center serving the pediatric population in greater Danbury providing :vaccine education, normal development plotting and health screenings

Current Licenses/Certification:

- Registered Nurse in State of Connecticut
- CRP and CPR Instructor Certified
- NRP and EFM certified

Student No: 10100969

Date Issued: 15-JUN-2020
EXTL

Record of: Lindsay J Collins
190 Tomlinson Ave Apt 15A
Plainville, CT 06062-2977



Page: 1

Issued To: Michelle Saglimbene
78 Granite Dr
Wilton, CT 06897-1317

ACADEMIC TRANSCRIPT

Course Level: Undergraduate
Matriculated: Fall 2004

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

Program of Study

College : Egan School of Nursing/Health

Major : Nursing

Comments:

Rank: 398/745

Sophomore Ignatian Residential College

Degree Awarded: Bachelor of Science 18-MAY-2008

College : Egan School of Nursing/Health

Major : Nursing

Spring 2005

CH 0084	Gen Chem I-For Health Science	3.00	A-	11.01
CH 0084	Gen Chem I-Health Science Lab	1.00	B+	3.33
EN 0012	Introduction to Literature	3.00	A	12.00
MA 0019	Introduction to Calculus	3.00	B+	9.99
PH 0010	Questions in Anc/Medieval Phil	3.00	A	12.00
SP 0102	Interm Span II-Htlh Sciences	3.00	B	9.00
Ehrs: 16.00		GPA-Hrs: 16.00	QPts: 57.33	GPA: 3.58

Summer 2005

BI 0107	Human Anatomy & Physiology	4.00	B+	13.32
BI 0108	Human Anatomy and Physiology	4.00	A	16.00
Ehrs: 8.00		GPA-Hrs: 8.00	QPts: 29.32	GPA: 3.67

Fall 2005

AE 0271	Sacred Balance	0.00	W	0.00
BI 0151	Elements of Microbiology	4.00	B-	10.68
NS 0110	Intro Professional Nursing	3.00	A-	11.01
NS 0112	HealthcareDeliverySys	3.00	A-	11.01
RS 0112	The Problem of God	3.00	B+	9.99
Ehrs: 13.00		GPA-Hrs: 13.00	QPts: 42.69	GPA: 3.28

Spring 2006

AE 0291	Business Ethics	3.00	B	9.00
HI 0030	Europe & World in Transition	3.00	B+	9.99
NS 0270	Health Assessment	4.00	A	16.00
NS 0272	Geriatric Nursing	3.00	A-	11.01
Ehrs: 13.00		GPA-Hrs: 13.00	QPts: 46.00	GPA: 3.54

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Fall 2003

Univ of Connecticut

BI 0015	General Biology	3.00	T	
Ehrs: 3.00		GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00

Spring 2004

Univ of Connecticut

BI 0016	General Biology II	3.00	T	
Ehrs: 3.00		GPA-Hrs: 0.00	QPts: 0.00	GPA: 0.00

INSTITUTION CREDIT:

Fall 2004

EN 0011	Comp & Prose Literature	3.00	B+	9.99
FE 0001	Freshman Experience	0.00	S	0.00
MA 0017	Intro Probability & Statistics	3.00	B	9.00
PY 0163	Developmental Psych-Non Majors	3.00	B+	9.99
RS 0010	Intro to Religious Studies	3.00	B+	9.99
SP 0101	Interm Sp I-HlthSciences	3.00	B+	9.99
Ehrs: 15.00		GPA-Hrs: 15.00	QPts: 48.96	GPA: 3.26

Fall 2006

NS 0301	Wellness to Illness	4.00	A-	14.68
NS 0303	Concepts of Patho/Pharm	3.00	B	9.00
NS 0305	Mental Health Nursing	4.00	B	12.00
NS 0307	Therapeutic Nsg Interventions	3.00	B+	9.99
Ehrs: 14.00		GPA-Hrs: 14.00	QPts: 45.67	GPA: 3.26

***** CONTINUED ON NEXT COLUMN *****

***** CONTINUED ON PAGE 2 *****

AN OFFICIAL SIGNATURE IS WHITE WITH A RED BACKGROUND REJECT DOCUMENT IF SIGNATURE BELOW IS ALTERED

This officially sealed and signed transcript is printed on red SCRIP-SAFE® security paper with the name of the university printed in white type across the face of the document. A raised seal is not required. When photocopied a security statement containing the institution name will appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.

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Record of: Lindsay J Collins
Level: Undergraduate



SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

Spring 2007

NS 0310	Research in Nursing	3.00 B-	8.01
NS 0312	Patterns of Illness I	5.00 B-	13.35
NS 0314	NursingWomen&ChildbearingFmly	4.00 B+	13.32
Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 34.68 GPA: 2.89			

Summer 2007

HI 0260	American Indian History	3.00 B	9.00
PY 0101	General Psychology	3.00 B	9.00
Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 18.00 GPA: 3.00			

Fall 2007

EN 0258	SpTop:GlobalizationTheories	3.00 A-	11.01
NS 0323	Nursing of Children & Family	4.00 B	12.00
NS 0325	Patterns of Illness II	5.00 B	15.00
Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 38.01 GPA: 3.17			

Spring 2008

NS 0321	Prof Nursing:Leadership & Man	3.00 B+	9.99
NS 0330	Public Health Nursing	4.00 B+	13.32
NS 0332	Trans:ProfNursPractice	4.00 B	12.00
NS 0360	Critical Care Nursing	3.00 B+	9.99
PH 0150	Questions in Modern and Contemporary Philosophy: Descartes to Derrida	3.00 C+	6.99
Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 52.29 GPA: 3.08			

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	126.00	126.00	412.95	3.28
TOTAL TRANSFER	6.00	0.00	0.00	0.00
OVERALL	132.00	126.00	412.95	3.28

***** END OF TRANSCRIPT *****

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Student No: 10100969

Date Issued: 15-JUN-2020
EXTL

Record of: Lindsay J Collins
190 Tomlinson Ave Apt 15A
Plainville, CT 06062-2977



Page: 1

Issued To: Michelle Saglimbene
78 Granite Dr
Wilton, CT 06897-1317

Course Level: Doctorate
Matriculated: Fall 2018

Program of Study
College : Egan School of Nursing/Health
Major : Midwifery

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Institution Information continued:			
NSMW 0625	Intrapartum Care	3.00 A	12.00
NSMW 0626	Intrapartum Clinical	2.00 A	8.00
Ehrs: 11.00 GPA-Hrs: 11.00 QPts:		44.00 GPA:	4.00

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
INSTITUTION CREDIT:			
Fall 2018			
NS 0604	Advanced Health Assessment	4.00 A	16.00
NSMW 0620	Antepartum Care	3.00 A	12.00
NSMW 0621	Antepartum Clinical	2.00 A	8.00
Ehrs: 9.00 GPA-Hrs: 9.00 QPts:		36.00 GPA:	4.00

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Spring 2020			
NS 0605	Advanced Healthcare Policy	3.00 A	12.00
NS 0687	DNP Immersion	1.00 P	0.00
NSMW 0627	Advanced Midwifery Management	3.00 A	12.00
NSMW 0628	Advanced Midwifery Clinical	2.00 A	8.00
Ehrs: 9.00 GPA-Hrs: 8.00 QPts:		32.00 GPA:	4.00

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Spring 2019			
NS 0601	Epidemiology and Biostatistics	3.00 A	12.00
NS 0608	Research Methods for Evidenced-Based Practice	3.00 A	12.00
NS 0641	Advanced Pharmacology	3.00 A	12.00
NS 0697	DNP Seminar I	1.00 A	4.00
NSMW 0622	Women's Primary Care and Gynecological Health I	3.00 A	12.00
Ehrs: 13.00 GPA-Hrs: 13.00 QPts:		52.00 GPA:	4.00

Summer 2020			
IN PROGRESS WORK			
NS 0611	Population Health	3.00	IN PROGRESS
In Progress Credits		3.00	

Fall 2020			
IN PROGRESS WORK			
NSMW 7955	Integration to Nurse-Midwifery Practice	6.00	IN PROGRESS
NURS 7687	DNP Immersion	2.00	IN PROGRESS
In Progress Credits		8.00	

***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	51.00	50.00	200.00	4.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	51.00	50.00	200.00	4.00
***** END OF TRANSCRIPT *****				

Full Summer Session 2019			
NS 0612	Research Trans for Clin Pract	3.00 A	12.00
NSMW 0623	Women's PrimCare/Gyn Health II	3.00 A	12.00
NSMW 0624	Women's PrimCare/Gyn Hlth Clin	3.00 A	12.00
Ehrs: 9.00 GPA-Hrs: 9.00 QPts:		36.00 GPA:	4.00

Fall 2019			
NS 0613	Finance and Quality Management in Healthcare Organizations	3.00 A	12.00
NS 0614	Information Technology for Healthcare Improvement	3.00 A	12.00

***** CONTINUED ON NEXT COLUMN *****

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In accordance with USC 439 (6) (4) (B) (the Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agent or employees will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

Lynn M. Kohm, University Registrar

Student No: 10100969

Date Issued: 15-JUN-2020
EXTL

Record of: Lindsay J Collins
190 Tomlinson Ave Apt 15A
Plainville, CT 06062-2977



Page: 1

Issued To: Michelle Saglimbene
78 Granite Dr
Wilton, CT 06897-1317

Course Level: Graduate

Program of Study

College : Egan School of Nursing/Health
Major : Family Nurse Practitioner

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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INSTITUTION CREDIT:

Fall 2010				
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R	
NS 0610	Adv Nurs Roles&Reflective Prac	3.00 A	12.00	
NS 0640	Adv Physiology & Pathophys	3.00 B	9.00	
Ehrs: 6.00		GPA-Hrs: 6.00	QPts: 21.00	GPA: 3.50
***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	6.00	6.00	21.00	3.50
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	6.00	6.00	21.00	3.50
***** END OF TRANSCRIPT *****				

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In accordance with USC 438 (6) (4) (8) (the Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agent or employees will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

Lynn M. Kohm, University Registrar

Student No: 10100969

Date Issued: 15-JUN-2020
EXTL

Record of: Lindsay J Collins
190 Tomlinson Ave Apt 15A
Plainville, CT 06062-2977



Page: 1

Issued To: Michelle Saglimbene
78 Granite Dr
Wilton, CT 06897-1317

Course Level: Non-Credit

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R	
***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	0.00	0.00	0.00	0.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	0.00	0.00	0.00	0.00
***** END OF TRANSCRIPT *****				

AN OFFICIAL SIGNATURE IS WHITE WITH A RED BACKGROUND

REJECT DOCUMENT IF SIGNATURE BELOW IS ALTERED

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In accordance with USC 438 (b) (4) (B) (the Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agent or employees will not permit any other party access to this record without consent of the student. Alteration of this transcript may be a criminal offense.

June 18, 2020

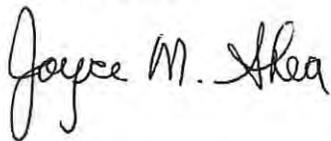
Helen M. Smith, R.N., M.S.N.
Nurse Consultant
Practitioner Licensing & Investigations Section Healthcare Quality & Safety Branch
Department of Public Health State of Connecticut

Dear Helen,

This letter is to confirm that Lindsay Collins is currently enrolled in our Doctor of Nursing Practice program. She has completed 57 out of the 75 required credits in our Nurse Midwifery track and is enrolled in three additional credits for the Summer, 2020 semester. She is scheduled to graduate in May, 2021.

Thank you for your time and attention. Please don't hesitate to contact me if you need anything further.

Sincerely yours,



Joyce Shea, DNSc, APRN, PMHCNS-BC
Associate Dean for Graduate Studies and Associate Professor
Fairfield University, Egan School of Nursing and Health Studies
1073 North Benson Road
Fairfield, CT 06824-5195
Tel: (203) 254-4000, Ext. 2575
eMail: jshea@fairfield.edu

FAIRFIELD UNIVERSITY
EGAN SCHOOL OF NURSING & HEALTH STUDIES

NS 3314: Maternal and Newborn Nursing
Fall, 2020

CREDITS: 4 (3 Theory, 1 Clinical)

PRE-REQUISITES: NS 301, NS 303, NS 305, NS 307, NS 312*

* indicates concurrency allowed

FACULTY: Karen Burrows, DNP, MSN

Email: karen.burrows@fairfield.edu (best way to reach me)

CLASS TIME: TBD

COURSE DESCRIPTION:

This course is designed to provide students with the opportunity to assist the patient and family to cope with changes in reproductive and gynecological needs. The childbearing cycle including: pregnancy, childbirth, postpartum, lactation, care of the healthy newborn, perinatal complications, and theoretical models will be explored. Cultural, ethical and legal aspects of reproductive health across the lifespan will be examined. Emphasis is on development of clinical reasoning and evidence based practice skills related to the nursing care of women and childbearing families.

COURSE OBJECTIVES:

1. Apply clinical reasoning skills in the provision of high quality nursing care for women and the childbearing family.
2. Integrate evidence based practice in planning, implementing and evaluating outcomes of care.
3. Utilize patient care technologies and information systems to support a safe practice environment for patients and healthcare workers.
4. Implement patient centered care that reflects an understanding of lifespan development, genetics, and communication.
5. Deliver compassionate, family centered, evidence based care that respects woman's culture, values and beliefs.
6. Reflect on the role of the nurse on interprofessional teams to optimize outcomes of women and families in the life cycle.
7. Advocate for social justice including a commitment to the health of women and the childbearing family and the elimination of health disparities.

ACTIVE LEARNING:

Syllabus is subject to change based on the needs of the students

FAIRFIELD UNIVERSITY
EGAN SCHOOL OF NURSING & HEALTH STUDIES

The goal of nursing education at Fairfield University is to prepare students to be safe and effective professional nurses. Faculty are responsible for facilitating active learning through fostering critical thinking skills, which includes identification of assumptions, key concepts, ideas, supporting examples, implications and consequences. Students are active participants in the learning process and are required to complete assigned readings prior to each class. Assessment will focus on the application of content to case examples using critical thinking/clinical reasoning.

CLINICAL COMPONENT DESCRIPTION:

This component of the course will provide experience in the application of principles of nursing used in the care of childbearing families. Clinical experiences will be in the hospital setting and simulation lab. Attendance in the clinical site or simulation lab is mandatory.

CLINICAL OBJECTIVES:

Following this clinical practicum, students will be able to:

1. Compare and contrast biopsychosocial responses of women, newborns and childbearing families when faced with life-changing or life-threatening events or conditions.
2. Utilize communication strategies to collect a thorough reproductive health history and to identify families' needs.
3. Perform a variety of health assessments in the evaluation of newborns and women during various stages of the childbearing cycle and lifespan.
4. Intervene with women, newborns, and families in a safe, timely, and resourceful manner.
5. Evaluate the response of women, newborns, and their families to these interventions in a legally and ethically appropriate manner, reflecting accurate care to both obstetrical and/or gynecological patients.
6. Critique selected nursing research studies for application to the care of women, newborns, and their families.
7. Collaborate with other health care professionals in providing care for women, newborns and their families.
8. Demonstrate professional accountability and responsibility in performing all aspects of the nursing student role.

TEACHING STRATEGIES:

1. Simulation Lab: postpartum assessment, labor & delivery assessment, newborn assessment, breastfeeding teaching.
2. Supervised nursing care of selected patients
3. Pre and Post-conferences accompanying each clinical experience, rounds
4. Patient case presentations
5. Self-directed learning activities, including role-playing/simulation
6. Case studies
7. Flipped Classroom Student Presentations

REQUIRED TEXT:

Syllabus is subject to change based on the needs of the students

**FAIRFIELD UNIVERSITY
EGAN SCHOOL OF NURSING & HEALTH STUDIES**

Murray, S. & McKinney, E. (2019). *Foundations of Maternal-Newborn & Women's Health Nursing*, 7th Edition. Maryland Heights, MO: Saunders Elsevier. ISBN: 9780323398947
Nix, S. (2017). *Williams' Basic Nutrition and Diet Therapy* 15th Edition. Maryland Heights, MO: Saunders Elsevier. [Specifically (Chapter 10, 11, 12)]

Suggested Texts:

Lehne, R.A. *Pharmacology for Nursing Care*. Philadelphia: W. B. Saunders.

EVALUATION:

Summative:

Exam 1	20%	
Exam 2	20%	
Exam 3 = Quizzes	15%	(5 Quizzes, lowest 1 is dropped)
Final Exam	25%	
ATI	10%	
Self-Reflection	2%	

Formative:

Assignments, class participation, group work	8%
Clinical Papers (Required Pass)	Pass/Fail (see clinical packet)

Students are expected to read the assigned content prior to class, complete an assignment, and participate in discussion.

All students must receive a final course grade of 77 to pass the course

PHONE CALLS/SCOPE OF PRACTICE QUESTIONS SUMMARY – MONTH: May 2020 (31 calls)

Answered with or without written documents

APRNs 10 calls:

- 5-Request a copy of the APRN scope of practice. *Refer to the Board of Examiners for Nursing (BOEN) website and the Connecticut (CT) Nurse Practice Act (NPA).*
- 2-Request information on collaborative practice agreements. *Refer to the Department website, Practitioner Licensing and APRN Collaborative Practice Agreements.*
- 3-Can an APRN certified in one practice area, practice in a “new” area with education, verification of competency and a collaborative practice agreement with a CT licensed physician in the “new” practice area? *Yes.*

RNs 6 calls:

- 3-Request a copy of the RN scope of practice. *Refer to the BOEN website and the CT NPA.*
- 3-Request an update on RN renewal application. *Refer to the Department’s licensing unit.*

LPNs 7 calls:

- 2-Request a copy of the LPN scope of practice. *Refer to the BOEN website and the CT NPA.*
- 4- LPNs completing the Excelsior College RN Associate Degree program concerned that this program has recently “lost” ACEN accreditation & wondering if they will be able to apply for a CT license. *Will be discussed at upcoming BOEN meeting (on 05/20) and refer to a Supervisor in the Department’s licensing unit.*
- LPN completing license renewal & requesting assistance. *Refer to the Department’s licensing unit.*

ULAP 5 calls:

- 2-Can an ULAP administer medications? *No.*
- 3-Request a copy of the scope of a MA. *As the Department does not license MA the Department cannot provide a scope but may want to refer to the BOEN website and the Declaratory Ruling of Delegation to ULAP.*

Guidelines/Other 3 calls:

- Caller asking how to request graduate nursing school transcript (went to a CT hospital based program for nurse anesthetist) and that program has since closed. *Discussed may want to contact that CT Hospital as they may be storing the transcripts.*
- Nursing staffing agency asked if CT RN temporary licenses “show up” on the NCSBN Nursys database (a national database for licensure verification). *Refer to a Supervisor in Department’s licensing unit.*
- In the process of setting up a Medical Spa requesting guidance. *Refer to the Medical Spa Statute 19a-903 c.*

PHONE CALLS/SCOPE OF PRACTICE QUESTIONS

SUMMARY – MONTH: June 2020 (47 calls)

Answered with or without written documents

APRNs 14 calls:

- 6-Request a copy of the APRN scope of practice. *Refer to the Board of Examiners for Nursing (BOEN) website and the Connecticut (CT) Nurse Practice Act (NPA).*
- 5-Request information on collaborative practice agreements. *Refer to the Department website, Practitioner Licensing and APRN Collaborative Practice Agreements.*
- 2-Request an update on APRN initial application. *Refer to the Department's licensing unit.*
- Request information on how to apply for a waiver for Medications for Addiction Treatment (MAT) from SAMHSA (Substance Abuse and Mental Health Services Administration). *Directed to contact SAMHSA.*

RNs 17 calls:

- 5-Request a copy of the RN scope of practice. *Refer to the BOEN website and the CT NPA.*
- RN licensed in CT requesting direction/instructions on how to start a "Nurse Refresher Course" for those that have failed the NCLEX. *The Department would not be able to provide such direction/instructions although this proposed program may be subject to BOEN review and approval.*
- 8-Request an update on RN renewal application. *Refer to the Department's licensing unit.*
- Caller requesting another appointment for taking the NCLEX. *Must contact Pearson Vue for an appointment (as the Department does not administer the NCLEX).*
- Request information on "standing orders/medical protocols". *Refer to the BOEN website then "Guidelines for use of Medical Protocols".*
- Does a CT RN license allow her to practice nursing in other states? *Would need to contact the other states.*

LPNs 8 calls:

- 3-Request a copy of the LPN scope of practice. *Refer to the BOEN website and the CT NPA.*
- Request an update on LPN renewal application. *Refer to the Department's licensing unit.*
- 2-LPNs completing the Excelsior College RN Associate Degree program concerned that this program has recently "lost" ACEN accreditation & wondering if they will be able to apply for a CT license. *Was discussed at upcoming BOEN meeting (on 05/20) and refer to a Supervisor in the Department's licensing unit.*
- 2-Can an LPN complete a patient assessment? *No, the LPN can contribute objective and subjective data in an accurate and timely manner (please refer to the BOEN website and the Declaratory Ruling titled "Licensed Practical Nurse" and the CT NPA).*

ULAP 2 calls:

- Can an unlicensed staff member administer medications (long term care facility)? *No.*
- Can an ULAP administer medications in a doctor's office? *No.*

Schools 6 calls:

- University of New Hampshire: Does the BOEN and/or the Department have oversight of post-licensure nursing programs. *No.*
- Yale University: Asking about the process to allow their students to take the NCLEX earlier than usual due to the online learning and condensing content their students may complete the courses early (June versus July). *Refer to a Supervisor in the Department's licensing unit.*
- Husson University, Maine: Does the BOEN and/or the Department have oversight of post-licensure nursing programs. *No.*
- Endicott College, MA: Does the BOEN and/or the Department have oversight of post-licensure nursing programs. *No.*
- Johns Hopkins School of Nursing: Does the BOEN and/or the Department have oversight of post-licensure nursing programs. *No.*
- Horry-Georgetown Technical College, SC: Does the BOEN and/or the Department have oversight of post-licensure nursing programs. *No.*

Guidelines/Other No calls.

SUMMARY SUSPENSION COVER SHEET

In re: Sandra Jeannine Blanchette R.N.

Petition No. 2020-431

1. Sandra Jeannine of Willimantic, Connecticut (hereinafter "respondent") was issued license number 134577 to practice as a registered nurse on June 28, 2016. She graduated from Goodwin College in 2016.
2. Respondent suffers from alcohol use disorder.
3. During the course of approximately November 2019 through May 2020, respondent abused and/or utilized to excess alcohol.
4. In or around April 2020, respondent abused and/or utilized to excess hydromorphone.
5. Respondent engaged with the Health Assistance InterVention Education Network (HAVEN) for substance abuse treatment and monitoring in or around December 2019. Respondent had multiple late, missed, and positive screens and has been non-compliant with treatment and monitoring requirements since approximately April 2020.
6. Respondent's abuse and/or utilization to excess of alcohol does and/or may affect her practice as a registered nurse.
7. Respondent's abuse and/or utilization to excess of hydromorphone does and/or may affect her practice as a registered nurse.
8. For the foregoing reasons, the Department believes that respondent's continued practice as a registered nurse represents a clear and immediate danger to the public health and safety. The Department respectfully requests that this Board summarily suspend respondent's license until a full hearing on the merits can be held.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

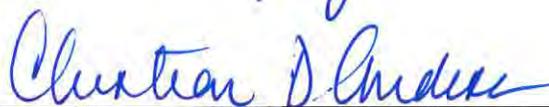
In re: Sandra Jeannine Blanchette R.N.

Petition No. 2020-431

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Sandra Jeannine Blanchette to practice registered nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of registered nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 8TH day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sandra Jeannine Blanchette R.N.

Petition No. 2020-431

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Sandra Jeannine Blanchette:

1. Sandra Jeannine Blanchette of Willimantic, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nursing license number 134577.
2. During the course of approximately November 2019 through May 2020, respondent abused and/or utilized to excess alcohol.
3. Respondent's abuse and/or utilization to excess of alcohol does, and/or may, affect her practice as a registered nurse.
4. In or around April 2020, respondent abused and/or utilized to excess hydromorphone.
5. Respondent's abuse and/or utilization to excess of hydromorphone does, and/or may, affect her practice as a registered nurse.
6. The above describe facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(5).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Sandra Jeannine Blanchette as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 8th day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

SUMMARY SUSPENSION COVER SHEET

In re: Heather L. Orsi, L.P.N.

Petition No. 2020-314

1. Heather L. Orsi of Torrington, Connecticut (hereinafter "respondent") was issued license number 032169 to practice as a licensed practical nurse on January 10, 2007. She graduated from New England Technical Institute (Hamden) in 2007.
2. During the course of approximately December 2019 through February 2020, while working as a nurse at Connecticut Junior Republic Cable Academic and Vocational Center in Bristol, Connecticut (hereinafter "CJR"), respondent failed to meet the standard of care in one or more of the following ways:
 - a. Respondent engaged in inappropriate physical contact with Patient 1, a minor student at CJR;
 - b. Respondent provided alcohol and/or controlled substances, including marijuana and/or Lysergic Acid Diethylamide ("LSD"), to Patient 1;
 - c. Respondent consumed alcohol and/or controlled substances, including marijuana and/or LSD, with Patient 1; and/or
 - d. Respondent engaged in conduct and/or communication that violated appropriate professional boundaries with Patient 1.
3. On or about February 12, 2020, respondent abused and/or utilized to excess LSD.
4. In or around March 12, 2020, the Department of Children and Families ("DCF") substantiated allegations of Physical and Moral Neglect and placed the respondent on the Central Registry for Abuse and Neglect.
5. Respondent's abuse and/or utilization to excess of LSD does and/or may affect her practice as a licensed practical nurse.
6. For the foregoing reasons, the Department believes that respondent's continued practice as a licensed practical nurse represents a clear and immediate danger to the public health and safety. The Department respectfully requests that this Board summarily suspend respondent's license until a full hearing on the merits can be held.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Heather L. Orsi, L.P.N.

Petition No. 2020-314

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Heather L. Orsi to practice licensed practical nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of licensed practical nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 8th day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Heather L. Orsi, L.P.N.

Petition No. 2020-314

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Heather L. Orsi:

1. Heather L. Orsi of Torrington, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nursing license number 032169.
2. During the course of approximately December 2019 through February 2020, while working as a nurse at Connecticut Junior Republic Cable Academic and Vocational Center in Bristol, Connecticut (hereinafter "CJR"), respondent failed to meet the standard of care in one or more of the following ways:
 - a. Respondent engaged in inappropriate physical contact with Patient 1, a minor student at CJR;
 - b. Respondent provided alcohol and/or controlled substances, including marijuana and/or Lysergic Acid Diethylamide ("LSD"), to Patient 1;
 - c. Respondent consumed alcohol and/or controlled substances, including marijuana and/or LSD, with Patient 1; and/or
 - d. Respondent engaged in conduct and/or communication that violated appropriate professional boundaries with Patient 1.
3. On or about February 12, 2020, respondent abused and/or utilized to excess LSD.
4. Respondent's abuse and/or utilization to excess of LSD does, and/or may, affect her practice as a licensed practical nurse.
5. The above describe facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §§20-99(b)(2) and/or 20-99(b)(5).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Heather L. Orsi as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 8th day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

CONSENT ORDER COVER SHEET

Stephen Keller, R.N.

Petition No.: 2017-1112

1. Steven Keller of Killingworth, Connecticut (hereinafter “respondent”) was issued license number 124643 on February 10, 2015 to practice as a registered nurse.
2. Respondent graduated from Three Rivers Community College in 2014.
3. At all relevant times, respondent was employed as a Forensic Nurse at Whiting Forensic Hospital, located on the campus of Connecticut Valley Hospital in Middletown, Connecticut.
4. The Department alleges that on or about March 16, 2017, respondent failed to meet the standard of care in one or more of the following ways:
 - a. he failed to intervene and/or report to his nursing supervisor when he observed staff members physically abusing Patient #1 and/or failing to follow the plan of care for Patient #1;
 - b. he failed to follow the plan of care for Patient #1 which required that he and another male staff member maintain constant observation of Patient #1.
5. Respondent has no history of disciplinary actions.
6. The proposed Consent Order requires 1) a reprimand; and 2) probation with coursework in nursing awareness of patients with mental health issues including autism spectrum disorder and personality disorder, and coursework containing a review of mandatory reporter laws, including reportable incidents and definition of abuse of patients with mental illness. The probationary period shall terminate upon proof of successful completion of all coursework. Respondent and the Department respectfully request that the Board of Examiners for Nursing approve and accept this Consent Order.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Stephen Keller, R.N.

Petition No. 2017-1112

WHEREAS, Stephen Keller (hereinafter “respondent”) of Killingworth, Connecticut, has been issued license number 124643 to practice as a registered nurse by the Connecticut Department of Public Health (hereinafter “the Department”) pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, the Department alleges that:

1. At all relevant times, respondent was employed as a Forensic Nurse at Whiting Forensic Hospital, located on the campus of Connecticut Valley Hospital in Middletown, Connecticut.
2. On or about March 16, 2017, respondent failed to meet the standard of care in one or more of the following ways:
 - a. he failed to intervene and/or report to his nursing supervisor when he observed staff members physically abusing Patient #1 and/or failing to follow the plan of care for Patient #1; and
 - b. he failed to follow the plan of care for Patient #1 which required that he and another male staff member maintain constant observation of Patient #1.
3. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Board of Examiners for Nursing (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's license number 124643 to practice as a nurse in the State of Connecticut is hereby reprimanded.
4. Respondent's license number 124643 to practice as a nurse in the State of Connecticut is hereby placed on probation subject to the following terms and conditions:
 - A. Within six months of the effective date of this Consent Order, respondent shall attend and successfully complete 1) coursework in nursing awareness of patients with mental health issues including autism spectrum disorder and personality disorder; and 2) coursework containing a review of mandatory reporter laws, including reportable incidents and definition of abuse of patients with mental illness. All coursework shall be pre-approved by the Department. The probationary period shall be deemed terminated upon proof of respondent's successful completion of such coursework, to the Department's satisfaction.

B. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of probation.

C. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.

D. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.

E. All reports required by the terms of the Consent Order shall be due according to a schedule to be established by the Department of Public Health.

F. All correspondence and reports shall be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Licensing and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

5. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Consent Order.

6. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a matter of public record.
10. Respondent understands and agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to

cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, Sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.

13. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
14. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent

agree that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim or error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by Board.

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15. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
 16. Respondent has had the opportunity to consult with an attorney prior to signing this document.
 17. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
 18. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.
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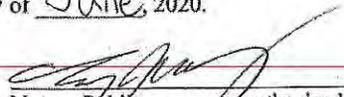
I, Stephen Keller, have read the above Consent Order, and I agree to the terms set forth therein. I

further declare the execution of this Consent Order to be my free act and deed.



Stephen Keller, R.N.

Subscribed and sworn to before me this 29 day of June, 2020.



Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 6th day of July, 2020, it is
hereby accepted.



Christian D. Andresen, M.P.H., C.P.H, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut
Board of Examiners for Nursing on the _____ day of _____, 2020, it is hereby
ordered and accepted.

By: Connecticut Board of Examiners for Nursing

CONSENT ORDER COVER SHEET

In Re: Nicolette Strizzi, R.N.

Petition No. 2019-171

1. Nicolette Strizzi, of Old Lyme, Connecticut (hereinafter "respondent") graduated from Regis College and was licensed to practice nursing in Connecticut in 2016. She has not been subject to any other discipline.
2. On March 6, 2019 respondent and the Department entered into an Interim Consent Order by which they agreed that her nursing license would be suspended pending resolution of Petition No. 2019-171 which the parties wish to resolve by this Consent Order.
3. On various occasions in May 2018, while working as a registered nurse at Lawrence Memorial Hospital, respondent: 1) charted that she administered controlled substance medications to three patients when in fact she failed to administer said controlled substance medications; 2) ordered lorazepam at higher doses for several patients than what was prescribed; and/or 3) documented administering controlled substance medications to patients prior to withdrawing the medications.
4. In or about August 2018 and/or September 2018, respondent abused and/or utilized to excess opiates and/or cocaine. Respondent was also diagnosed with emotional and/or mental illnesses ("diagnoses.")
5. In or about December 2018 and/or January 2019, respondent abused and/or utilized to excess multiple controlled substances.
6. Respondent's diagnoses and/or abuse and/or utilization to excess of multiple controlled substances does and/or may affect her practice of nursing.
7. The proposed Consent Order places respondent's license on probation for four years under the following terms and conditions:
 - One year narcotic key restriction,
 - Urine screens,
 - Therapy and Employer Reports,
 - Support meetings, and
 - No solo practice.
8. The Department and respondent respectfully request the Board to accept the proposed Consent Order.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Nicolette Strizzi, R.N.

Petition No. 2019-171

CONSENT ORDER

WHEREAS, Nicolette Strizzi (hereinafter "respondent") of Old Lyme, Connecticut has been issued registered nurse license number 141223 by the Department of Public Health (hereinafter "the Department") pursuant to Connecticut General Statutes, Chapter 378, as amended.

WHEREAS, the Department alleges:

1. On various occasions in May 2018, while working as a registered nurse at Lawrence Memorial Hospital, respondent: 1) charted that she administered controlled substance medications to three patients when in fact she failed to administer said controlled substance medications; 2) ordered lorazepam at higher doses for several patients than what was prescribed; and/or 3) documented administering controlled substance medications to patients prior to withdrawing the medications.
2. In or about August 2018 and/or September 2018, respondent abused and/or utilized to excess opiates and/or cocaine. Respondent was also diagnosed with emotional and/or mental illnesses ("diagnoses").
3. In or about December 2018 and/or January 2019, respondent abused and/or utilized to excess multiple controlled substances.
4. Respondent's diagnoses and/or abuse and/or utilization to excess of multiple controlled substances does and/or may affect her practice of nursing.
5. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b), including but not limited to §20-99(b)(2); §20-99(b)(4) and/or §20-99(b)(5).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above admitted violations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board"). Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-9, 19a-10 and 20-99(a).

WHEREAS, on March 6, 2019 respondent and the Department entered into an Interim Consent Order by which they agreed that her nursing license would be suspended pending resolution of Petition No. 2019-171 which the parties wish to resolve by this Consent Order.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-17 and 20-99(a) respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. Respondent's Connecticut registered nurse license number 141223 is hereby placed on probation for four (4) years, subject to the following terms and conditions:
 - A. At her own expense, she shall engage in therapy and counseling with a Connecticut licensed therapist (hereinafter "therapist") pre-approved by the Department for the entire probationary period.
 - (1) She shall provide a copy of this Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, she or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status

by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph B below, and by providing the reports described in paragraph C below.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates her or her services.

B. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said health care professional of respondent's substance abuse history.

- (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ("Attachment 'A': Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Department, after consultation with the Department, as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
- (2) Respondent shall be responsible for notifying the laboratory, her therapist, the Department and her prescribing practitioner of any drug(s) she is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:
 1. A list of controlled substances prescribed by this provider for the respondent;
 2. A list of controlled substance(s) prescribed by other providers;
 3. An evaluation of the respondent's need for the controlled substance;

4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one (1) such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation and at least two (2) such screens and report every month for the second and third years of the probationary period.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory report every month for the first and fourth years of probation and at least one (1) such random test and report every month for the remainder of the probationary period.
- (5) All screens shall be negative for the presence of drugs and alcohol.
Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if the test reports EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines remedies shall not constitute a defense to such a screen.
- (6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (7) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

- C. Respondent shall be responsible for the provision of written reports from her therapist directly to the Department for the entire probationary period; monthly for the first and fourth year of probation; and quarterly for the second and third year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.
- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- E. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
- F. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
- G. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first year after returning to work as a nurse.
- H. Respondent shall attend "anonymous" or support group meetings on an average of eight to ten times per month, and shall provide quarterly reports to the Department concerning her record of attendance.
- I. Respondent shall be responsible for the provision of written reports directly to the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the first and fourth year of her probation; and quarterly for the second and third year of probation. Respondent shall provide a copy of this Consent Order to any and all employers if practicing as a nurse during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the

commencement of employment as to the receipt of a copy of this Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph N below. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.

- J. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
 - K. Respondent shall notify the Department of any change in her home or business address within fifteen (15) days of such change.
 - L. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
 - M. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
 - N. All correspondence and reports shall be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
4. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Consent Order.
5. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.

6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
7. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
8. Respondent understands this Consent Order is a public record.
9. Respondent agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which (1) respondent's compliance with this same order is at issue, or (2) respondent's compliance with Connecticut General Statutes §20-99(b), as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank
10. In the event respondent violates any term of this Consent Order, respondent agrees to immediately to refrain from practicing nursing, upon request by the Department, with notice to the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes §§4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
11. If, during the period of probation, respondent practices nursing outside Connecticut, she shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the

- probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.
12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
 13. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes, Chapters 54 and 368a, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
 14. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.
 15. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

16. Respondent has been advised that she may consult with her attorney prior to signing this document.
17. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
18. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Nicolette Strizzi, have read the above Consent Order, and I agree to the terms set forth therein.
I further declare the execution of this Consent Order to be my free act and deed.


Nicolette Strizzi, R.N.

Subscribed and sworn to before me this 16th day of June, 2020.




Commissioner Superior Court/Notary Public

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the day of June 22, 2020 it
is hereby accepted.


Christian D. Andresen, MPH, CPH Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board
of Examiners for Nursing on the _____ day of _____, 2020, it is hereby ordered and
accepted.

BY: _____
Connecticut Board of Examiners for Nursing

CONSENT ORDER COVER SHEET

In Re: Tabitha Banker, L.P.N.

Petition No. 2018-557

1. Tabitha Banker of Jewett City, Connecticut (hereinafter "respondent") was issued license number 033469 on August 4, 2008 to practice as a licensed practical nurse.
2. Respondent graduated from the University of Connecticut nursing school on May 10, 2009.
3. Respondent is not licensed in any other state.
4. Respondent has no disciplinary history.

5. At all relevant times respondent worked as a licensed practical nurse at Generations Family Health Center, Incorporated, located in Putnam, Connecticut ("the facility"). On one or more dates, including March 20, 2018, respondent did not take the vital signs of multiple patients, but placed vital signs information in the patient's charts.
6. Respondent has successfully completed coursework in Ethics of Nursing Practice presented by the National Council of State Boards of Nursing.
7. At the January 15, 2020 meeting of the Connecticut State Board of Examiners for Nursing, the Board requested an addition to the Consent Order of employer reports every two months for the entire six-month probationary period. The proposed Consent Order also provides for a reprimand of the license and a probationary period of six months with coursework in documentation standards.
8. The Department and respondent respectfully request that the Board accept the proposed Consent Order.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Tabitha T. Banker, L.P.N.

Petition No. 2018-557

CONSENT ORDER

WHEREAS, Tabitha T. Banker (hereinafter "respondent") of Jewett City, Connecticut, has been issued license number 033469 to practice as a licensed practical nurse by the Connecticut Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. At all relevant times respondent worked as a licensed practical nurse at Generations Family Health Center, Incorporated, located in Putnam, Connecticut ("the facility"). On one or more dates, including March 20, 2018, respondent did not take the vital signs of multiple patients, but placed vital signs information in the patient's charts.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, respondent has successfully completed coursework in Ethics of Nursing Practice presented by the National Council of State Boards of Nursing;

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the allegations at a hearing before the Connecticut State Board of Examiners for Nursing (hereinafter "the Board"). Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's license number 033469 to practice as a licensed practical nurse in the State of Connecticut is hereby reprimanded.
4. Respondent's license number 033469 to practice as a licensed practical nurse in the State of Connecticut is hereby placed on probation for six (6) months, subject to the following terms and conditions:
 - A. During the probationary period, respondent shall attend and successfully complete coursework in documentation standards, pre-approved by the Department. Within fourteen (14) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s). Respondent's probation shall terminate upon the successful completion of said coursework.

- B. Respondent shall provide respondent's chief of service, employer, contractor, partner and/or associate at any hospital, clinic, partnership and/or association at which respondent is employed, contracted or with which respondent is affiliated or has privileges at each place where respondent practices as a licensed practical nurse throughout the probationary period (hereinafter, collectively "employer") with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from such employer once every two (2) months for the duration of the probationary period, stating whether respondent is practicing with reasonable skill and safety. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
- C. All correspondence and reports shall be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.

7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a matter of public record.
10. Respondent understands and agrees that this Consent Order shall be deemed as evidence of the above-alleged violations in any proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).

The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

12. In the event respondent does not practice as a licensed practical nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes practice as a licensed practical nurse, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a licensed practical nurse without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. If requested to do so by the Department, respondent further agrees to complete the following: attend and successfully complete coursework, remediation, and/or retraining pre-approved by the Department. Upon completion, respondent shall provide the Department with proof, to the Department's satisfaction, of successful completion. Respondent agrees that any return to practice as a licensed practical nurse without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
13. If, during the period of probation, respondent practices nursing outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the

probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.

14. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
16. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent agree that the Board has complete and final discretion as to whether an executed Consent Order is

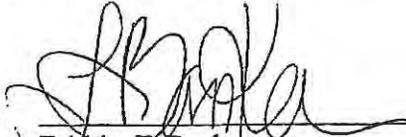
approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a Statement of Charges resulting in a proposed decision and/or final decision by the Board.

17. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent has had the opportunity to consult with an attorney prior to signing this document.
19. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
20. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

*

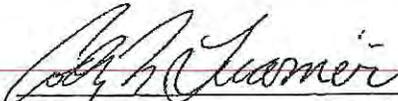
*

I, Tabitha T. Banker, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Tabitha T. Banker

Subscribed and sworn to before me this 7th day of February, 2020.



Notary Public or person authorized
by law to administer an oath or affirmation
Commissioner of the Superior Court
Cody N. Guarneri, Esq.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 11th day of February, 2020, it is hereby accepted.



Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut State Board of Examiners for Nursing on the _____ day of _____, 2020, it is hereby ordered and accepted.

BY: _____
Connecticut State Board of Examiners for Nursing

NCSBN Learning Extension

National Council of State Boards of Nursing | learningext.com

Course Completion Certificate

This certifies that

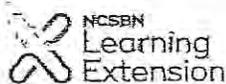
Tabitha Banker

has completed

Ethics of Nursing Practice v6.1.7 R

Course Session Date: 7 Jun 2018 - 23 Jun 2018

Contact Hours: 4.80



This course is approved by NCSBN which is an accredited provider of continuing education in nursing in Alabama (Provider Number: ABNP1046, expiration October 2018) and California (Provider Number: CEP 15807, expiration July 2019).

Printed 6/23/2018 9:24:05 AM

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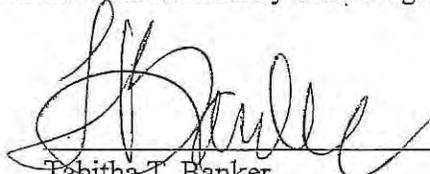
PREHEARING REVIEW AGREEMENT

I, Tabitha T. Banker, the undersigned, do hereby permit any conversation which is necessary between the Office of Legal Compliance of the Healthcare Quality and Safety Branch Connecticut Department of Public Health, and the Connecticut State Board of Examiners for Nursing (hereinafter "the Board"), or any member thereof, for the purpose of discussing the possibility of obtaining a Consent Order.

I understand that the Board has complete and final discretion as to whether or not a Consent Order is approved and granted, and that, if said order is granted, it is not subject to reconsideration or judicial review under any form or in any forum.

I agree that the Board may review and examine any or all documents and/or facts relative to the case against me when considering whether to accept or reject the Consent Order. If the Board rejects the Consent Order, I agree that the case against me will proceed to formal hearing before the Board. Therefore, it is agreed that the review of documents or facts cited above shall not unfairly or illegally prejudice the Board or any members thereof from participating in a formal hearing against me. I hereby waive any right I may have to challenge the composition of the Board from participating in the formal hearing against me based on the review the documents and/or facts cited above by the Board.

I further acknowledge that I have the right to consult with an attorney before signing this document.



Tabitha T. Banker

Sworn and subscribed to before me this 30th day of November 2019
at Hartford, Connecticut.



Notary Public
Commissioner of the Superior Court

Brooke Garcia
Notary Public-Connecticut
My Commission Expires
June 30, 2023

LICENSURE CERTIFICATION

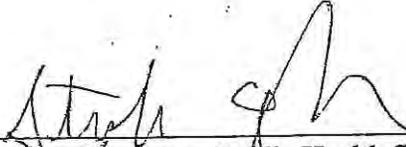
I, Stephen Carragher, am Public Health Services Manager of the Connecticut Department of Public Health, Practitioner Licensing and Investigations Section and, as such, I am the custodian of the official licensure records of this section.

I hereby certify that the records of this section indicate the following:

Tabitha T. Banker, was issued Connecticut licensed practical nursing license number 033469 on August 4, 2008.

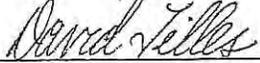
License number 033469 was current during the time period of March 2018.

Tabitha T. Banker's address of record is 39 Dey Street, Jewett City, Connecticut, 06351.



Stephen Carragher, Public Health Services Manager
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

Subscribed and sworn to before me this 30th day of December, 2019.



Commissioner of the Superior Court

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: **William Meister, RN**

Petition No. 2020-542

SUMMARY SUSPENSION ORDER

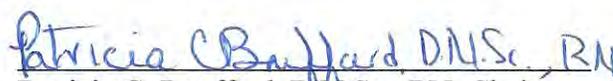
WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 102986 of **William Meister**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 15th day of July 2020, at 9:00 a.m., at the Department of Public Health 410 Capitol Avenue, Hartford, CT.

Dated at Waterbury, Connecticut this 17th day of June, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308



**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

William D. Meister
12 South Avenue
North Haven, CT 06473-2714

Via Email (william.meister@live.com)

RE: William D. Meister, RN - Petition No. 2020-542

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on July 15, 2020. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. **DO NOT MARK THE ORIGINAL IN ANY WAY.**
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)
- c. Next, paginate each document in the lower right hand corner of each page of the redacted photocopy.

Order Re: Filings

In preparation for this hearing you must, no later than July 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to the undersigned at jeffrey.kardys@ct.gov.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 19th day of June, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: William Meister, RN

Petition No. 2020-542

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend William Meister's nursing license in Connecticut. This motion is based on the attached Statement of Charges, affidavit and on the Department's information and belief that the William Meister's practice of nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 15th day of June 2020.



Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: William Meister, RN

Petition No. 2020-542

STATEMENT OF CHARGES

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against William Meister:

1. William Meister of North Haven, Connecticut ("respondent") is the holder of Connecticut registered nursing license 102986.
2. On March 18, 2020, the Board issued a Consent Order in Petition No. 2018-733 based on respondent's diversion of Hydromorphone and Propofol. The Consent Order placed respondent's license on probation for four (4) years and required, in part, random urine drug testing.
3. On or about May 20, 2020 failed to submit to a random urine drug screen after being contacted by his screening monitor.
4. Respondent's conduct as described above constitutes a violation of the Consent Order's probationary terms and subjects his license to revocation or other disciplinary action authorized by Connecticut General Statutes §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 15th day of June 2020.


Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: Laura Kisatsky, RN

Petition No. 2019-541

SUMMARY SUSPENSION ORDER

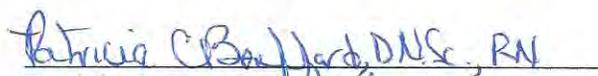
WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

4. That license number E57105 of **Laura Kisatsky**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
5. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
6. That a hearing in this matter is scheduled for the 15th day of July 2020, at 9:00 a.m., at the Department of Public Health 410 Capitol Avenue, Hartford, CT.

Dated at Waterbury, Connecticut this 17th day of June, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308



**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Laura J Kisatsky
31 Pines Street
PO Box 12
Cornwall, CT 06753-0012

Via Email (laurakissky@yahoo.com)

RE: Laura Kisatsky, RN - Petition No. 2020-541

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on July 15, 2020. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)
- c. Next, paginate each document in the lower right hand corner of each page of the redacted photocopy.

Order Re: Filings

In preparation for this hearing you must, no later than July 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to the undersigned at jeffrey.kardys@ct.gov.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 19th day of June, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

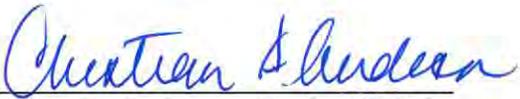
In Re: Laura Kisatsky, RN

Petition No. 2020-541

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend Laura Kisatsky's nursing license in Connecticut. This motion is based on the attached Statement of Charges, affidavit and on the Department's information and belief that the Laura Kisatsky's practice of nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 15th day of June 2020.



Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Laura Kisatsky, RN

Petition No. 2020-541

STATEMENT OF CHARGES

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Laura Kisatsky:

COUNT ONE

1. Laura Kisatsky of Cornwall, Connecticut ("respondent") is the holder of Connecticut registered nurse license E57105.
2. On March 6, 2019, the Board ordered a Memorandum of Decision in Petition No. 2018-691 ("First Order") based upon respondent's morphine abuse. The Order placed respondent's license on probation and required her, in part, to (a) submit to random urine screens all of which must be negative; and (b) prohibited her from obtaining and/or using controlled substances.
3. On or about April 14, 2020, respondent abused and/or utilized to excess fentanyl and/or norfentanyl while the terms and conditions of the First Order remained in full force and effect.
4. Respondent's abuse and/or utilization to excess of fentanyl and/or norfentanyl does and/or may affect her practice of nursing.
5. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99 including but not limited to §20-99(b)(5).

COUNT TWO

6. Paragraphs 1 and 2 are incorporated herein by reference as if set forth in full.
7. On or about April 14, 2020, respondent's urine tested positive for fentanyl and/or norfentanyl while the terms and conditions of the First Order remained in full force and effect.
8. On April 15, 2020, the Board ordered a Memorandum of Decision in Petition No. 2018-1416, ("Second Order") based upon respondent's alcohol abuse. The Order, in part, required respondent to submit to random urine drug screens.
9. On or about May 7, 2020, May 12, 2020, May 22, 2020, and/or May 28, 2020 respondent failed to submit to random urine drug screens while the terms and conditions of the Second Order remained in full force and effect.
10. On or about April 14, 2020, respondent's urine tested positive for fentanyl and/or norfentanyl.
11. Respondent's conduct as described above constitutes violations of the First and Second Order's probationary terms and subjects her license to revocation or other disciplinary action as authorized by Connecticut General Statutes §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 15th day of June 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Denise Ambrose, LPN

Petition No. 2019-751

SUMMARY SUSPENSION ORDER

WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 036078 of **Denise Ambrose**, to practice as a licensed practical nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 15th day of January 2020, at 9:00 a.m., in room 2-A, at the Legislative Office Building, 300 Capitol Avenue, Hartford, Connecticut.

Dated at Hartford, Connecticut this 18th day of December, 2019.



Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing

STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Denise Ambrose
111 North Main Street
Southington, CT 06489

Service by State Marshal
First Class Mail
Via EMAIL (deniseonerato@yahoo.com)

RE: Denise Ambrose, LPN - Petition No. 2019-751

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at **9:00 AM** at the **Legislative Office Building, Conference Room 2-A, 300 Capitol Avenue, Hartford, Connecticut** on **January 15, 2020**. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health **within 14 days from the date of this Notice of Hearing**. ***Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.***

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. **DO NOT MARK THE ORIGINAL IN ANY WAY.**
- b. Secondly, **if any of the following information appears on any page of the document, on the photocopy**, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (15) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

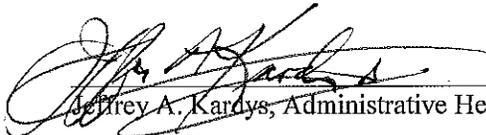
Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 18th day of DECEMBER, 2019.

For the Connecticut Board of Examiners for Nursing


Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance
Brittany Allen, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Denise Ambrose, L.P.N.

Petition No. 2019-751

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Denise Ambrose to practice licensed practical nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of licensed practical nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 12th day of December 2019.



Barbara Cass, R.N., Branch Chief
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Denise Ambrose, L.P.N.

Petition No. 2019-751

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Denise Ambrose:

1. Denise Ambrose of Southington, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nursing license number 036078.
2. During the course of approximately January 2019 through April 2019, while working as a licensed practical nurse at Apple Rehabilitation, respondent:
 - a. Diverted oxycodone for personal use;
 - b. Failed to completely, properly and/or accurately document medical or hospital records; and/or
 - c. Falsified one or more Controlled Substance Receipt Records.
3. During the course of approximately January 2019 through May 2019, respondent abused and/or utilized to excess oxycodone.
4. Respondent's abuse and/or utilization to excess of oxycodone does, and/or may, affect her practice as a licensed practical nurse.
5. Respondent's conduct as described above constitutes a violation of the terms of probation as set forth in the May 15, 2019 Consent Order, and subjects respondent's license to revocation or other disciplinary action authorized by the General Statutes of Connecticut, §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Denise Ambrose as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 12th day of December 2019.



Barbara Cass, R.N., Branch Chief
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

January 13, 2020

Denise Ambrose
111 North Mai Street
Southington, CT 06489

First Class Mail
and **VIA EMAIL (deniseonerato@yahoo.com)**

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Denise Ambrose, LPN - Petition No. 2019-751

RULING ON REQUEST FOR CONTINUANCE

Respondent emailed the Board office on January 10, 2020, requesting a postponement of the hearing scheduled for January 15, 2020. Without objection from the Department of Public Health respondent's request is granted.

The hearing has been rescheduled for **Wednesday, March 18, 2020, at 9:00 a.m.** at the Department of Public Health Complex, 470 Capitol Avenue, Hartford, Connecticut in conference room 470-A/B.

The Summary Suspension of respondent's licensed practical nurse license remains in effect.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: 

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904

c: Matthew Antonetti, Principal Attorney, Office of Legal Office Compliance, DPH



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

March 13, 2020

Denise Ambrose
111 North Main Street
Southington, CT 06489

First Class Mail
and **VIA EMAIL (deniseonerato@yahoo.com)**

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Denise Ambrose, LPN - Petition No. 2019-751

REVISED NOTICE OF HEARING

The location for the hearing in the referenced matter scheduled for **Wednesday, March 18, 2020** has changed.

The hearing will held in at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut, in the **third floor Hearing Room**, beginning at 9:00 a.m.

FOR: BOARD OF EXAMINERS FOR NURSING

BY:



Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

March 16, 2020

Denise Ambrose
111 North Mai Street
Southington, CT 06489

VIA EMAIL (deniseonerato@yahoo.com)

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Denise Ambrose, LPN - Petition No. 2019-751

RULING ON REQUEST FOR CONTINUANCE

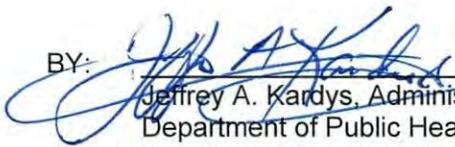
Respondent emailed the Board office on March 16, 2020, requesting a postponement of the hearing scheduled for March 18, 2020. Without objection from the Department of Public Health respondent's request is granted.

Notification of a new hearing date will be sent when determined.

The Summary Suspension of respondent's licensed practical nurse license remains in effect.

FOR: BOARD OF EXAMINERS FOR NURSING

BY:



Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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410 Capitol Avenue, P.O. Box 340308
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

June 15, 2020

Denise Ambrose
111 North Main Street
Southington, CT 06489

VIA EMAIL ONLY (deniseonerato@yahoo.com)

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Denise Ambrose, LPN - Petition No. 2019-751

NOTICE OF HEARING

The hearing in the above referenced matter, is rescheduled to July 15, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than July 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to the undersigned at jeffrey.kardys@ct.gov.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer



**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Nicholas Lewonczyk
33 Raymond Street
Stratford, CT 06614

CMRRR# 91 7199 9991 7038 3995 5724
First Class Mail
and Via EMAIL (lewonczyks@aol.com)

RE: Nicholas Lewonczyk, LPN - Petition No. 2017-50

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on March 18, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer: Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health *within 14 days from the date of this Notice of Hearing*. Please note: *failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.*

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. **DO NOT MARK THE ORIGINAL IN ANY WAY.**
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 26th day of FEBRUARY 2020.

For the Connecticut Board of Examiners for Nursing


Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Nicholas Lewonsczyk, L.P.N.

Petition No. 2017-50

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Nicholas Lewonsczyk:

1. Nicholas Lewonsczyk of Stratford, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut license number 033506 to practice as a licensed practical nurse.
2. Respondent has been diagnosed with bipolar and anxiety disorders, cannabis abuse and opioid dependence.
3. Respondent's emotional disorders and/or cannabis abuse and/or opioid dependence does, and/or may, affect his practice as a licensed practical nurse.
4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to
 - a. §20-99(b)(4); and/or
 - b. §20-99(b)(5).

THEREFORE, the Department prays that:

The Board of Examiners for Nursing, as authorized in §§19a-17 and 20-99, revoke or order other disciplinary action against the licensed practical nurse license of Nicholas Lewonsczyk as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 30th day of October 2019.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

March 13, 2020

Nicholas Lewonczyk
33 Raymond Street
Stratford, CT 06614

First Class Mail
and **VIA EMAIL (lewonczyks@aol.com)**

Diane Wilan, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Nicholas Lewonczyk, LPN - Petition No. 2017-50

REVISED NOTICE OF HEARING

The location for the hearing in the referenced matter scheduled for **Wednesday, March 18, 2020** has changed.

The hearing will held in at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut, in the **third floor Hearing Room**, beginning at 9:00 a.m.

FOR: BOARD OF EXAMINERS FOR NURSING

BY:

A handwritten signature in blue ink, appearing to read "Jeffrey A. Kardys".

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

March 16, 2020

Nicholas Lewonczyck
33 Raymond Street
Stratford, CT 06617

VIA EMAIL (lewonczyck@aol.com)

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

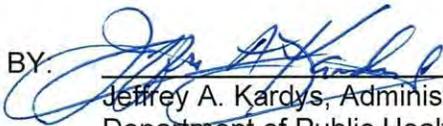
RE: Nicholas Lewonczyck, LPN - Petition No. 2017-50

NOTICE OF POSTPONMENT

The hearing in the above referenced matter, scheduled for March 18, 2020, is postponed.

Notification of a new hearing date will be sent when determined.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: 

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

June 15, 2020

Nicholas Lewonczyck
33 Raymond Street
Stratford, CT 06617

VIA EMAIL ONLY (lewonczyks@aol.com)

Diane Wilan, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Nicholas Lewonczyck, LPN - Petition No. 2017-50

NOTICE OF HEARING

The hearing in the above referenced matter, is rescheduled to July 15, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than July 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to the undersigned at jeffrey.kardys@ct.gov.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: Heather Spaulding, RN

Petition No. 2019-1224

SUMMARY SUSPENSION ORDER

WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 072000 of **Heather Spaulding**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 20th day of May 2020, at 9:00 a.m., at the Department of Public Health Complex, Room 470-A/B, 470 Capitol Avenue, Hartford, CT.

Dated at Waterbury, Connecticut this 15th day of April, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action Equal Opportunity Employer



STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Heather Spaulding
29 Adair Street
Norwich, CT 06360

Service by State Marshal
and First Class Mail
and Via Email (spauldinghs.509@gmail.com)

RE: Heather Spaulding, RN - Petition No. 2019-1224

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on May 20, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 15th day of APRIL, 2020.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Heather Spaulding, R.N.

Petition No. 2019-1224

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend Heather Spaulding's nursing license in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that Heather Spaulding's continued nursing practice represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 13th day of March, 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Heather Spaulding, R.N.

Petition No. 2019-1224

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Heather Spaulding:

1. Heather Spaulding of Norwich, Connecticut (hereinafter "respondent") is the holder of Connecticut registered nursing license number 072000.
2. On or about November 17, 2018, respondent abused and/or utilized to Xanax.
3. In 2018, 2019 and 2020 respondent was diagnosed with an emotional disorder and/or mental illness ("diagnosis").
4. Respondent's diagnosis and/or abuse and/or excessive use of Xanax does, and/or may, affect her practice of nursing.
5. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99 including but not limited to
 - a. §20-99(b)(4) and/or
 - b. §20-99(b)(5).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 13th day of March 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

From: [Newton, Joelle](#)
To: [Kardys, Jeffrey](#)
Cc: [internet](#)
Subject: HEARING - Board of Examiners for Nursing
Date: Wednesday, May 13, 2020 8:10:29 AM

I am forwarding your request to Mr. Kardys who works in the public health hearing office.

Thank you for your attention.

Joelle C. Newton, Staff Attorney
State of Connecticut Department of Public Health
410 Capitol Avenue, MS 12 LEG
Hartford, CT 06143

Email: joelle.newton@ct.gov
Telephone: [860-509-7600](tel:860-509-7600)
Fax: [860-509-7650](tel:860-509-7650)

NOTICE OF CONFIDENTIALITY This e-mail (including attachments) is covered by the Electronic Communications Privacy Act 18 U.S.C. Sec [2510-2521](#) and is confidential. This confidential transmission may include attorney-client privilege, attorney work product, privileged medical, psychiatric, and/or drug treatment information intended only for the recipient(s) names above. If you are not the intended recipient, reading, disclosure, discussion, dissemination, distribution or copying of this information by anyone other than the intended recipient or their legal agent(s) is strictly prohibited.

From: Heather <hespld05@gmail.com>
Sent: Tuesday, May 12, 2020 10:20 PM
To: Newton, Joelle
Subject: Re: [secure] HEARING - Board of Examiners for Nursing

Good evening,
In light of my situation is there anyway possible that I could have a continuance? I am not ready with my documentation. Please let me know.
Sincerely,
Heather Spaulding

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

May 14, 2020

Heather Spaulding
29 Adair Street
Norwich, CT 06360

First Class Mail
and **VIA EMAIL (hespld05@gmail.com)**

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Heather Spaulding, RN - Petition No. 2019-1224

RULING ON REQUEST FOR CONTINUANCE

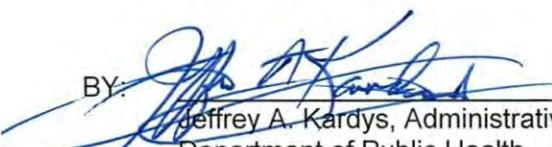
In an email dated May 12, 2020, respondent requested a postponement of the hearing scheduled for May 20, 2020. The Department of Public Health does not object to this request.

Respondent's request is granted.

The hearing is rescheduled to **Wednesday, July 15, 2020, at 9:00 a.m.**

The Summary Suspension of respondent's registered nurse license remains in effect.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: 

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
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Hartford, CT 06134-0308
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Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

June 15, 2020

Heather Spaulding
29 Adair Street
Norwich, CT 06360

VIA EMAIL ONLY (hespld05@gmail.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Heather Spaulding, RN - Petition No. 2019-1224

REVISED NOTICE OF HEARING

The hearing in the above referenced matter, is scheduled for July 15, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than July 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to the undersigned at jeffrey.kardys@ct.gov.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
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From: [Heather](#)
To: [Kardys, Jeffrey](#)
Subject: RN Licensure
Date: Friday, April 24, 2020 4:31:46 PM

Dear Mr. Kardys,

Here is my answer to my licensure reference # 07200

1)admit

2)admit

3)admit

4)deny

5)admit

Also, please take note that my email address has changed to: hespld05@gmail.com

Thank you in advance for your consideration in this matter.

Sincerely,

Heather Spaulding