

Arizona State Board of Nursing

Janice K. Brewer
Governor

Joey Ridenour
Executive Director



Board Meeting Minutes

The Strategic Planning Session of the Arizona State Board of Nursing convened at 8:14 a.m., Monday, March 22, 2010, in the Board of Nursing Board Room, Suite 200, 4747 N. 7th Street, Phoenix, Arizona, with Kathy Malloch, PhD, MBA, RN, FAAN, President, presiding.

BOARD MEMBERS PRESENT:

Kathy Malloch, PhD, MBA, RN, FAAN, President
Denise Link, PhD, WHCNP, FNAP, Vice President
Kathy Scott, RN, MPA, PhD, FACHE, Secretary
Terri Berrigan, LPN, Member
Kathryn L. Busby, JD, Member
E. Gary Gum, MSN, RN, FCN, Member
Lori Gutierrez, BS, RN-C, RAC-CT, CBN
Patricia Johnson, LPN, Member
M. Hunter Perry, Member

LEGAL COUNSEL:

Seth Hargraves, Assistant Attorney General
Kim Zack, Assistant Attorney General
Nina Zimmerman, Assistant Attorney General

STAFF:

Joey Ridenour, RN, MN, FAAN, Executive Director
Judy Bontrager, RN, MN, Associate Director of Operations
Pamela Randolph, RN, MSN, Associate Director of Education and Evidence Based Regulation
Valerie Smith, RN, MS, Associate Director of Investigations
Ron Lester, Senior Investigator
Linda Monas, Senior Investigator
Deborah Richards, JD, Senior Investigator
Jeanine Sage, RN, MSN, Nursing Assistant Consultant
Barbara Melberg, Legal Secretary

I. Call to Order

The meeting was called to order at 8:14 a.m., Monday, March 22, 2010.

The following Board members were present: Link, Scott, Johnson, Gutierrez, Gum, Perry, Berrigan and Busby. (Malloch arrived 8:45 a.m.)

Link presided.

II. Board Reports for Discussion, Information, Staff Direction and/or Decision

II.A. Executive Director's Report

II.A.2. Review NCSBN Chemical Dependency Committee's Proposed Draft Recommendations Regarding Substance Abuse Disorders & Recommend Changes to Substantive Policy Statement: Alcohol and/or Drug Investigative and Disciplinary Guidelines – Smith

Smith gave an overview of the proposed draft recommendations regarding substance abuse disorders & recommended changes to Substantive Policy Statement: Alcohol and /or Drug Investigative and Disciplinary Guidelines. See attached draft.

Smith is currently serving on the National Council State Board of Nursing's (NCSBN) Chemical Dependency Committee, along with 8 additional members from different states. The committee charges are:

- Review discipline and alternative programs;
- Discuss the in-development guidelines based on current research and evidence
- Provide recommendations on best practices for detection, prevention and intervention of substance use disorders cases.
- Recommend regulatory practices for licensees with substance use disorders

Smith discussed the rights of the public to know information about nurses who are in Alternative to Discipline programs such as CANDO. The Citizens Advocacy Center questions such as: What are the criteria for entry into the Alternative to Discipline Program? How are employers/other Boards notified when the person enters the program? How much information is the Board privileged to know?

The Chemical Dependency Committee will be sponsoring a forum on Substance Use Disorder Guidelines April 27-28, 2010 in Chicago. The purpose of the forum is to increase the adoption and implementation of the standardized guidelines for Substance Use Disorders by boards of nursing, alternative to discipline programs, and other relevant stakeholders. In addition, the feedback provided during the forum will allow for modification of the guidelines before being published as part of *The Hand-book for Best Practices for Alternative Programs & Boards of Nursing*.

Smith discussed the differences that individual states have in their chemical dependency programs. Some states contract to other states or private agencies to operationalize/oversee their program.

The admission criteria for AzBN's CANDO program includes:

- Nurses are typically denied if they are not eligible for licensure in Arizona.
- Respondent should not have a past history of discipline
- Nurses with a pending criminal history or a prior felony must have Board approval for entry into CANDO.
- Nurses who are a significant risk to the public or could cause harm are not candidates for CANDO.
- Nurses that have diverted & provided drugs to another person are not accepted into CANDO.
- Nurses discharged from CANDO, due to unsuccessful completion, may not be accepted a second time.

Smith emphasized the need to collect all pertinent collateral information from multiple sources before nurses are accepted into the CANDO program. She also shared it is unusual for nurses to call and self report as the majority of nurses are reported by employers.

The Chemical Dependency Committee sent a survey to all nursing board programs with a 80% return rate. She stated there is a wide range of responses related to: the length of chemical dependency programs (2-5 years) and the frequency of collecting urine drug screens (every month – every 6 months). The Citizens Advocacy Center questioned if urine drug screens should not be collected while the person holds a license.

Recidivism rates also vary state to state. AZ's CANDO program is stringent while other programs allow 4 or 5 relapses. Most states require the person to stop working as a nurse, while some Boards limit the nurse's practice to one state. The Chemical Dependency Committee is working on guidelines based on: 1.) most current research and evidence for best practices; 2.) consistent language and terms; and 3.) requiring standardized steps for recovery.

Smith responded to the Board members questions:

- Persons on chronic pain meds are not candidates for CANDO.
- Nurses who enter into CANDO agree to inactivate their license until allowed to return to work.
- AzBN contacts other states the nurse is licensed regarding entry into CANDO
- Nurses must notify their employer they are in CANDO and provide a copy of the stipulated terms.
- 40% of the alternative to discipline programs are run external to the Board.
- If the alternative program is external to the Board, it is important that the Board knows a nurse is in program. There needs to be transparency of information between the program and the Board. (Smith stated this is one area the Chemical Dependency Committee struggled with the most.)
- Not all states require the nurse to cease practice if they have a positive drug screen.

- AzBN requires drug testing 2-3 times per month for the first 18 months
- AzBN also requires the nurse to work 12 months in nursing as part of their probationary terms to demonstrate they are safe in their practice.
- Chemical Dependency programs began in the early 80's and were supported by the Nursing Associations. Some programs are referred to as the professional model protecting the nurse versus a regulatory model with a focus on protecting the public.
- It is estimated that <2% of nursing population has substance abuse problems but is typically the highest volume complaint that the Board investigates.

Board members voiced support for the draft guidelines presented by Smith. She will be proposing recommended changes to the substantive policies statements and board policies at the May 2010 meeting.

Malloch arrived at the meeting at 8:45 a.m.

IV. Call to the Public

A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Board may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G).

Ridenour introduced Brian Miele, from the Auditor General's office. The auditors are on site over the next three or more months to perform a Sunset Audit Review. Malloch asked if he had questions for the Board and how they could help facilitate the audit. Malloch noted the Sunset process takes place once every ten years. Meile stated there were no questions for the Board at this time, but stated they would bring questions as they arose.

The meeting recessed at 8:56 a.m. and reconvened at 9:10 a.m.

II.A.1. Educational Topic: Dr. Greenburg – What Regulators Need to Know Regarding Licensees with Substance Abuse Disorders

Dr. David Greenburg is the Medical Director of the Monitoring Program at Arizona Medical Examiners Board. Kate Collins, R.N., specializing in addictions, was also present. Greenburg gave a summary of his background. He stated that growing up as a teenager in the eighties in San Francisco and serving in the army gave him a high exposure to drugs. In 1984 he worked for the Az Medical Examiners Board as a part time consultant/examiner. He later trained as an investigator and monitored the program. Dr. Greenburg stated in the early 1980's if a person was given probation, the investigator collected urine drug screens and told them to get into a support group. In 1986, stipulated

agreements were initiated. The Board would inform the facility where the person worked, and if they relapsed, the physician was placed on probation.

Dr. Greenburg stressed that the longer a person is in treatment, the better the prognosis. He stated that “fancy places” don’t add value to the recovery process. He indicated that outpatient intensive treatment given for a long duration can be as effective as inpatient treatment. However, outpatient treatment generally does not work as well for doctors as for the general population. The minimum standard now is a 30 day residential program, but the cost may be prohibitive. He emphasized the need for intensity and duration of patient care and monitoring. Long term intensive monitoring is essential.

He also spoke about the ease of getting drugs on the black market and that the number one cause of accidental death is opioids overdose. He further stated we live in an environment of “opioids on demand” and health care providers don’t always know how to prescribe for patients. The Drug Enforcement Agency only investigates doctor’s who have deaths with opioids.

Dr. Greenburg recommended the use of lab panels that test for 30 drugs on the market at a cost of \$75. This is more expensive than the \$5 panel for 5 street drugs and alcohol. He also recommended the use of hair testing in addition to urine drug screens, since the urine drug screens are easy to alter. The hair testing should be done every 90 days as provides a history of substance use.

Dr. Greenburg also discussed the prescription monitoring program, where the physician can see what the patient received and where it was obtained. One down side of the program is the 2 week time delay in obtaining the information.

Addiction is a chronic illness and lifetime support and monitoring is essential. The longer the monitoring is done, the better the outcomes. It is essential the right diagnosis is made and the person is enrolled in the right program. He also stated it is most ideal if the patient can go into a setting so they can be observed for a couple days.

Dr. Greenburg stated that the Medical Board does not negotiate the terms of their agreements. They have minimum standards that are included for a reason. He indicated that the Medical Board has a 15% recidivism rate. He recommended that hair testing be included at least once a year if there are no apparent questions. He also stated that they do not decrease the length of probation because of “good behavior” as it is no longer allowed.

Smith summarized the discussion, stating that we want to assure that our guidelines are appropriate. She will bring recommendations for CANDO and disciplinary monitoring guidelines to the Board in May. Board members suggested the need to provide more statewide education, look at evidence based research, discuss the need for hair testing and evaluations, review test panels to be used, and revise the policy based on these findings.

II.A.3. Review & Recommend Changes to 2010- 2011 Strategic Initiatives - Ridenour/Smith/Bontrager/Randolph

- 1. Facilitate Board Member and staff development through education related to core competencies**
- 2. Promote evidenced based regulation and practice breakdown research that provides for public protection.**
- 3. Enhance communication between the Board and consumers, key stakeholders and Advisory Committees to support change and innovation for improved public protection.**

- Suggestion was made for two regularly scheduled Advance Practice meetings each calendar year.
- Identify who the Board should regularly be receiving program/services feedback from in addition to those surveyed through the CORE surveys. Suggested groups: AARP, AzONE, AzNA, LTC, Acute Care/Hospitals, Aging Services of Az, National Alliance for Mentally Ill (NAMI), Hospices, and Arizona Partnership for Improving Patient Safety.
- Develop a media plan as some Boards are receiving negative press. How can the Board avoid this? Malloch inquired about placing an article in the Journal regarding “Communicating with the Public.” Ridenour stated that was the theme for an upcoming Journal. She also commented that the next media event would be the release of Sunset Review findings.

- 4. Develop a regulatory model and tools to assess continuing competence of individuals reported to the Board for unsafe practice**

- Ridenour noted a breakthrough regarding continued competence assessments based on the NCSBN grant received in collaboration with ASU and Scottsdale Community College. Randolph stated an update was in the Board’s packet with a model of what to expect from the evaluation being proposed.
- Link suggested that the word “continuing” be added before “competence in strategic initiative #4, since it’s been raised in the legislature. Other members agreed.
- Malloch stated that regardless if the legislation goes forward or not, the board should have this strategic initiative. She suggested a task force be appointed to develop recommendations for continuing competence for all nurses. Scott agreed to take the lead with the assistance of Gutierrez and Link.
- Scott discussed Pat Benner’s report on the education of nurses. Nursing hasn’t evaluated the educational model for over thirty years. Benner conducted research over a 2 year period through the Carnegie Foundation,

working with programs and looking at exemplary teaching and education. Based on that research, 26 recommendations were made starting with education in the schools and moving into practice and regulatory settings. Two of the recommendations were that entry level nurses become prepared at the BSN level. Beginning in 2012, newly licensed nurses have an expectation to achieve their Master's Degree by 2022.

- Link noted that the Macy Organization has also become involved in and desires interdisciplinary education to start at the pre-licensure level.
- Ridenour suggested that Continued Competence Task Force appointed by the Board, define 2 or 3 objectives/charges to prevent confusion regarding the role of the Education Committee.
- Doctor Benner will be in Phoenix on October 8th speaking at a conference sponsored by AzNA.

5. Improve processing and decision making of investigative reports during Board Meetings; reduce cycle times of investigative cases to six months or less.

- Ridenour reported investigative cycle times for the past year are approximately 7.5 - 7.6 months. She stated that as lower risk/harm cases are being closed earlier based on summary letters of concern or case disposition criteria and the more complex or higher risk cases are being investigated which typically take more resources and time to bring to the Board for action. In prior years the 500 or more cases that were opened now meet the triage criteria for not opening and therefore gave a false overall lower average cycle time as these cases were closed early in the process when no violation was determined in the probable cause phase. One area that continues to be analyzed is ways to close cases earlier. Another factor is that there are times when attorneys create delays in the process.
- Smith noted sometimes when a case is close to placed on the agenda, the licensee retains an attorney who asks for continued time to review the case. Staff have been informed to move the case forward, if ready, and the Board can make the decision as to whether or not to grant more time before a decision is made on probable cause or determines the outcome of the case.
- Busby voiced agreement for letting the attorneys request additional time but also asked if there is a way to segregate those numbers on the timeframes, i.e. from receipt of a complaint to resolution, so that we are not being penalized when the number increases because of a request to continue the case. There is also the need to close them to protect the public as well as to avoid the person being left in limbo. Malloch stated there should not be a different reporting mechanism for persons who have attorneys. She also asked what the criteria would be for granting a continuance. Ridenour stated for those cases that are ready for Board action, the Board will make the decision. Scott stated she struggles with the requests for continuances. As the continuance may negatively impact the public, the Board needs to make the decision.
- Zack stated a continuance should not be given if there is enough evidence for probable cause. When agreeing to continuances, attorneys can get confused as it

may appear like the hearing process. The question becomes, “do you have enough probable cause to make a decision”.

- Ridenour suggested that Kim and Seth work on a policy related to continuances and submit recommendations for Board consideration at the May Board meeting.
- Berrigan stated her concerns about decisions about probable cause when the attorney’s present and will not allow the nurse to be interviewed.
- Ridenour responded to a comment regarding more frequent Board meetings, affirming the case volume has remained the same by going to every other month meeting versus every six weeks.
- Ridenour noted that when AzBN is compared to like Boards in the CORE data, the investigative cycle times are comparable to Boards of similar size and staffing.

Due to the learning curve of newly hired investigators, it takes 18-24 months for an investigator to be able to complete a volume of 10 cases a month.

- Malloch noted that the target for the cycle time for investigative cases would remain at 6 months.

6. Reduce cycle times for Hearing department cases to 18 months or less.

- Ridenour stated that the current 5-6 months is an improvement in the past 2 years. There is a “delusional factor” for the cycle time, i.e. motions to deem as there are typically 40 or more at each Board meeting. Attorneys may find it to their benefit to delay the case to have it potentially come back for reconsideration.
- Discussed possible ways to report data to show the % of cases that are continued for a long period of time and the cause for the delay.
- Ridenour suggested the Board may want to consider an option for disciplinary panels or committees. Boards that have this option have the President serve on both disciplinary committees and part of the Board is represented on one committee and the remainder represented on another committee. One committee could meet each month. The committees may make final decisions and only complicated or requested cases would go to full Board. Malloch suggested this be on a future Board agenda for more discussion.

7. Reduce cycle time between receipt of complete application and time of licensure/certification.

- Bontrager reported that the RN/LP renewal cycle is currently in progress for 2010 with 47 % of the nurses renewed. Last year the renewal cycle was 14.3 days. Multiple emails have been sent to facilities and nurses with email addresses regarding the change of renewal date. It was also noted in the Board’s Journal. Bontrager spoke about the change in the “due for renewal” date from June 30 to April 1. If the nurse has not renewed as of May 2, and if they have worked, they are required to pay a late fee. The license does not expire until August 2. If they have not renewed by that time it goes to lapsed/expired status. Ridenour reminded the Board members that the change of date occurred because of cash flow problems when the sweeping of the funds occurred in FY 2009.

- Malloch raised the question as to how long the renewal cycle should be. Bontrager stated that if the nurses submitted their documentation for citizenship/lawful presence before their on line renewal in the year they are due, would take just a few days. Documentation only needs to be submitted once, unless it is a time limited document. Waiting for the nurse to submit documentation is the key factor in delay.

8. Enhance effectiveness of customer service through use of technology.

- Bontrager reported on the benefits of the new phone system installed in July, 2010. The callers now hear the amount of anticipated wait time when the call is received. Abandoned calls can also be counted. Findings show that people aren't always willing to wait so they'll hang up within the first two minutes. System also tracks calls received vs. those actually answered. In January the licensing techs and the receptionists received 4,892 calls. Approximately 82% of the calls presented are being answered. The stats are reviewed with the staff at monthly meetings to show the need for improvement. There is also a means to enter in the code of what the caller requested to analyze reasons for the call and identify ways to improve access to information on the web. Many of the applicants are calling to see the status of their license. More statuses have been added so that the information that is pending will be seen on the web page.
- Ridenour noted that we will be doing another CORE survey in May or June, 2010.

III.B.2. Update AZBN Advisory Committee Charges for 2010-2011: 1. Advanced Practice, Education, Scope of RN/LPN Practice & LPN Advisory; 2. Evaluate Committee Structure/Need for Additional Task Forces

- Randolph reported on the Board's partnership with the Hospital Association and ASU to collect workforce data. Grant monies support the data collection. The Board collects the data thru the RN/LPN renewal applications and transfers the data over to ASU. ASU is committed to continue the data analysis and is seeking other funding sources to support the report writing. The report from last year's cycle is available. Randolph noted that part of her Institute of Regulatory Excellence project is to review the data and look at the work force patterns. Randolph stated that even if funding is sparse, it is important that we continue to collect /maintain the data to refer to when the next nursing shortage occurs. Scott requested that if there are not sufficient funds to analyze the data, that the Board be made aware so that additional sources may be considered. Randolph indicated that she felt funding would be available for analysis this year.

Additional considerations for strategic initiatives:

- Scott suggested the Board discuss the hiring trends related to new graduates. Do we have data regarding this and what should we anticipate from the regulatory perspective if they haven't been able to get a nursing position?
- Randolph stated that there is a need for more data regarding the subject. She indicated plans to poll recent licensees through email and survey monkey. AzNA is having a conference on April 10th for new grads who can't find jobs. It is a regulatory challenge as many need additional time after graduation to fully function safely as a nurse.
- Malloch suggested this issue be referred to the Education Committee to address. Part of the question could be: do we have too many nurses being admitted to nursing programs and is the shortage really abated or is there a false interpretation of the data related to the economy?
- Scott, Gum and Busby also expressed concerns as to how to help the new graduate become competent post graduation if they're not employed. This concern is not unique to Az.
- Gutierrez spoke regarding the on boarding of new grads into long term care. Need to create an on boarding of opportunities for these new grads and introduce them to areas other than acute care settings.
- Malloch expressed caution that we are functioning within the NPA, not in the operations part of the work force. The Education Committee could work on this, especially as it pertains to continued competence. Scott and Randolph agreed to lead the work in this area.

II.B. President's Report – Strategic Planning/Board Self Assessment

III.B.1. Report on Board Self- Assessment of Board Member Competencies & Board Member Specific Initiatives 2010-2011

- Malloch called for an open discussion about the Board's performance. She clarified that the self assessment completed last time did not include input from all Board members and wanted to have every ones input. Johnson said she felt they have had a lot of guidance from the Board's legal counsel and the solicitor general when requested.

Analytical Understanding -

- Malloch asked if it is necessary to ask the respondent if the investigator has talked to them about the option. Smith said she thought it was an appropriate question to ask to ascertain their understanding. This is especially important when an individual may not have been in contact with the staff and they see the person for the first time at the Board meeting. It is an expectation that the investigator will have shared the potential options with the person who is being investigated, understanding that the Board may determine a different decision.. Link said she asks the question so that it is noted on the record. Johnson said she asks to clarify

their understanding of the option. Zack commented that the question of whether they understand is better than asking if they have a problem with an option, because that invites negotiation.

- Malloch asked Zack for input as to how the Board Members are doing with recusing themselves. Zack stated it is not necessary to say “I know so-and-so but show no bias”. Zack feels it suggests an appearance of impropriety and prefers that no statement be made. If members know someone and feel it rises to the level that they need to say something, they need to ask themselves if it’s a statutory/otherwise a conflict, and if it is, to recuse. Members agreed.
- Zack has observed that when persons present a hardship story, the Board struggles with making an exception. She encouraged the Board to focus on consistency, whether a person is present at the Board meeting or not. Malloch emphasized the importance of the consistency based on the evidence. Busby said the problem comes when the person hasn’t had any contact. Zack reported that the Board has more options due to the recent statute change. In the past, for a Complaint and Notice of Hearing with no response, the Board was required (“shall”) to deem, and now it has been changed to “may” deem, so it is within the Board’s discretion.

Decision Making -

- Malloch encouraged Board Members to discuss their thoughts when they vote in opposition to assist others in fully understanding the viewpoint. Busby agreed to do that on significant issues. Scott felt it would also help new members to understand rationale for discussion to take place. Zack said if a member feels strongly enough to vote against the motion, there must be something there that’s valuable and should be heard. Malloch said that part of the process is being as transparent as possible.
- Malloch requested an educational topic about the practice issues resulting in harm and how it relates to mandatory reporting.

Interacting with Others –

- Board members agreed to remove the following two items from the evaluation. “Interacting with Others” and “Picks up on Non –Verbal Clues/Body Language – They agreed it is more important to focus on “Builds on ideas and suggestions of others”.

Achieving Results –

- Board members agreed they continue to monitor program results and related measures.

III.B.3. Suggest Topics for 2010-2011 Education Plan for Developing Board Member Competencies – All

Educational topics were discussed and listed in the above minutes.

The Purpose and Goals for Continuing Competence Committee

- Ridenour suggested Scott present the charges for the committee at the May Board meeting.

III.B.2. Update AZBN Advisory Committee Charges for 2010-2011: 1. Advanced Practice, Education, Scope of RN/LPN Practice & LPN Advisory; 2. Evaluate Committee Structure/Need for Additional Task Forces

Advanced Practice

- Link suggested set meeting dates, as the “as needed” plan has resulted in meeting when there’s a crisis. Board Members agreed to meet twice a year and more frequently as needed. She noted that items 3 and 4 under Purpose and Goals are the same. It was agreed to remove item 4 from the list.

Education

- Randolph said she feels that the goals listed are still relevant. Committee members will evaluate the goals and recommend changes. She suggested waiting for that evaluation most likely to be done at the June meeting. Malloch asked if anyone had interest in serving on this committee. Gum agreed to co-chair with Malloch.

Scope of Practice – no changes or discussion.

LPN Committee – no changes; Malloch anticipates a lot of activity for this committee in the future.

Continued Competency - Scott to propose purpose and goals in May 2010.

The following committee chair/co-chair assignments were agreed upon:

- AP – Link & Busby
- Education – Malloch & Gum
- Scope – Scott & Johnson
- LPN – Johnson, Berrigan & Gutierrez
- Continued Competency – Scott & Perry

III.B.4. Summary & Evaluation of Strategic Planning Process – All

Johnson reiterated to the new members that, as a Board member, it doesn't matter what your qualifications are, we are all equal and all opinions count. She expressed that this meeting was very helpful and valued the presentation from Dr. Greenburg .

Gutierrez said she's excited to be on the Board and represent long term care perspectives. She commented that her orientation was very good and looks forward to working with everyone.

Gum said he thought this meeting was amazing and the information brought by Dr. Greenburg was enlightening

Scott said she thought it was a good process. Scott also felt the dialogue was helpful and it was a good opportunity to discuss board related matters.

Link agreed with previous comments.

Perry voiced appreciation for Gutierrez's experience in long term care and is glad she was appointed to serve on the Board.

Berrigan expressed appreciation for this meeting and Dr. Greenburg's presentation was very beneficial.

Busby mentioned a couple of process issues: i.e. getting bogged down on certain cases. She encouraged members to try to keep cases throughout the meeting. The second issue concerned educational topics. Because of time issues, it may be beneficial to have a couple more half day meetings per year for educational topics only.

Malloch thanked the staff and AAG's for their work that makes it possible for the Board to do their work.

Ridenour stressed the importance of the board members and staff understanding their roles and how they each contribute to effective governance. Even though the board members may be reluctant at times to share their viewpoints, the open dialogue may change a final decision. She concurred with Busby's suggestion for education topics to be dedicated to special Board meetings. Smith said she agreed with the suggestion for a designated time education topics.

VI. Adjournment

Busby moved, Link seconded, and it was unanimously carried to adjourn the meeting.

The meeting adjourned at 1:03 p.m., Monday, March 22, 2010.

Kathy Malloch, PhD, MBA, RN, FAAN,
President