August 26, 2015

Dr. Pamela Zickafoose, Executive Director  
Delaware Board of Nursing  
Cannon Building  
861 Silver Lake Blvd.  
Dover, DE 19904

RE: 19 DE Reg. 125 [DPR Board of Nursing Regulation]

Dear Dr. Zickafoose:

The State Council for Persons with Disabilities (SCPD) has reviewed the Division of Professional Regulation’s (DPR’s) proposal to adopt some amendments to the Board of Nursing regulation published as 19 DE Reg. 125 in the August 1, 2015 Register of Regulations. SCPD has the following observations.

First, as an alternative to a refresher course, an inactive nurse may be permitted to work in a facility under an alternative supervised practice plan. Qualifying facilities are limited to “an acute care or long term care skilled nursing healthcare facility”. There may be other facilities in which ample opportunities to engage in frequent, high-level nursing services are available. For example, the Stockley Center is an ICF/MR with 30 nurses and approximately 60-70 residents. See http://intermediate-care.healthgrove.com/1/783/Stockley-Center. The following sentence could be added to §4.2.1: “The Board may authorize other health care facilities to serve as a participating facility if it determines that the facility would provide comparable opportunity to complete the SPP clinical skills checklist for a nurse applicant.”

Second, §5.0 implements the recently enacted H.B. 111. However, H.B. 111 addressed LLAM trained UAPs giving both prescribed and nonprescription drugs. See §§1902(h) and 1932(a). In contrast, the regulation only limits giving a prescribed medication prior to completing LLAM coursework (§5.2.1). The Board may wish to consider whether to expand the limit to nonprescription drugs.

Third, the consequences of some medication errors are not clear. Under §5.5.2, an LLAM Trained UAP who commits 2 medication errors within a 6-month period must repeat the entire training program. That’s easily understood. However, §5.4.2 literally suggests that an LLAM Trained UAP can only renew “by successfully demonstrating competency in the LLAM process with no errors.” It’s unclear what this means. It could be interpreted that the person has had 0 medication errors in the past year. It could be interpreted that the person must have 0 medication errors in an annual assessment. What are consequences if the person has 1 error under §5.4.2? The Board may wish to consider clarifying the standards in this context.
Fourth, since this is a new process, annual retesting (§5.4.2) may be appropriate. However, in the future the Board may wish to exempt individuals with favorable multi-year results from an annual assessment.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: Mr. Brian Hartman, Esq.
    Mr. David Mangler, DPR
    Developmental Disabilities Council
    Governor's Advisory Council for Exceptional Citizens

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