

#1.

I was recruited to the Carl Vinson VAMC March 2011 by Dr. Ken-worth Holness. A former supervising while in NC. Within the same year of my arrival, the hospital director Mr. Goldman, removed Dr. Holness from his position as Chief of Primary Care service line and removed his privilege to supervise. When Dr. Holness renewed his license with NC, he updated his list of NPs he was supervising and I was removed from the list. North Carolina then put my **approval to practice on inactive status**. By NC Law, the approval to practice is on inactive status in the event the NP loses the supervising physician and once the approval to practice is inactive the NP can not see patients. I went to work the following day and arranged for my patients to be seen by other providers. I then reported my **inactive approval to practice status** to management. The hospital director, Mr. Goldman terminated me within 3 days of my reporting. My termination letter, (attached), states "Failure to Maintain Current Licensure," when in-fact my license was **active**. I have never had an inactive license or certification.

Under NC Law, a NP must work with a supervising physician who also has a NC License. Mr. Goldman would not allow Dr Holness to be my supervising physician because he was "**no longer in the building.**" and according to Mr. Goldman, he had to be under the same roof.

Once my job posted I applied. The HR Office Mr. Terrence Oster reposted the position 3 different times, denying me consideration due to having an inactive approval to practice with NC. Although this was within NC Law to have for me to have an inactive approval to practice, Mr. Oster would not listen to reason. On my third application for my position, I had GA NP approval and that is how I got my job back. Soon afterwards, I learned that Non of the GA Licensed NPs had the Nursing Protocol Agreement with the GA Medical Board. This is the same reason I was terminated November 2012. The GA Protocol Agreement is comparable to the NC Approval to practice.

Additionally, I learned that Dr. Graham, who also worked at the Carl Vinson VAMC and knew me from NC, wanted to be my supervising physician November 2012 as an alternative to my termination but Annie Hutchinson, Risk Manager, told him no, "they don't want you to do that." (see his letter attached.)

I was terminated because those making these decisions did not know the difference in NC license and approval to practice. Just as they did not know the difference in GA protocol agreement and license.

For the purpose of this reporting, please consider correcting the story centered around my termination as it was falsely called my **license** instead of **approval to practice**. The way it is written, it appears I let my license lapse and I did not. If this report goes out as it is written, it could potentially bring my career to an end. I am almost 60 years old and have never been terminated from a job in my life. Additionally I'm facing retirement in bankruptcy due to my termination, and don't have the time to start my career over.

It looks very bad for a practitioner to be terminated due to failure to maintain license. in retrospect, 2012, I was the only NP at the facility who followed the State and Federal Licensing Law but you can not tell by looking at my termination letter.

Kathleen Amos 06/09/2015

I have an active EEO involving my 2012 termination and my hearing date is closely approaching. Can you please consider leaving the details of my termination out of this report as it could potentially hurt my case.

**#2.**

Management Officials at Carl Vinson VAMC knew about the GA NP law and requirements because I told them in an email (attached) December 23, 2013, during which time I was fighting to get my job back. That was their opportunity to correct the situation but they did not.

**#3.** A Nurse Practitioner, Martha Dixon, who has a Family Nurse Practitioner Certification has worked in Mental Health for number of years and still does. She has never held a Mental Health NP Certification nor has she ever had the course work for a Mental Health Nurse Practitioner.

It appears that under VA Handbook 5005/27 March 17, 2009 , (attached), there is no violation of law since her assignment to Mental Health Services is permitted under VA rules prior to March 2009. However, a closer look at VA rules prior to March 2009, shows that the December 03, 2003 VA Handbook 5005/4 Part II., Appendix G6, (attached) states , the Clinical Nurse Specialist must possess a Masters degree from an academic program accredited by theNCNAC or CCNE with a **major** in the **clinical nursing specialty** to which the nurse is to be assigned. Ms Dixon did not major in Mental Health, so it appears, she should have never been appointed to MN because she has never had the Mental Health training.

**#4.** October 17, 2012 OSC File No. DI-12-1783: (attached)

This report addresses the same issue listed in #3 above concerning Ms. Dixon. October 17, 2012 is when Dublin VAMC should have been made aware of the license issue.

**#5.**

I do not wish to have my comments a part of the public file because I have been under attack & facing retaliation for at least a year.

Thank You,  
Kathleen Amos

Department of  
Veterans Affairs

# Memorandum

Date: November 29, 2012

From: Director (00)

Subject: Termination of Excepted Appointment for Failure to Maintain Current Licensure

To: Kathleen H. Amos, RN, NP

1. In accordance with VA Handbook 5021, Part VI, Paragraph 10, you are responsible for maintaining all qualifications required for appointment and for providing evidence of these qualifications as a Nurse Practitioner at Carl Vinson VA Medical Center in a timely manner. This includes having an active, current, full and unrestricted Nurse Practitioner State License.

2. On November 27, 2012, your license to practice as a Nurse Practitioner became inactive. Therefore, you have not maintained a qualification required for continued employment and are being separated effective upon receipt of this notification.

3. You have the right to seek a post-separation review of this action by the VISN Director. A request for review must be made in writing through me and must be delivered by hand or postmarked within **15 calendar days** of the date you received this notification. Your request for review must be based solely on evidence relating to your failure to meet statutory or regulatory requirements for appointment. If you request such a review, a complete record of your case along with the evidence submitted by you will be sent to the Network Director.

4. If you have questions concerning this notification, please contact Katrina Conner, Employee Labor Relations Specialist, Human Resources Management Service at (478) 272-1210 ext. 2380. You must properly clear the Medical Center prior to the release of your final paycheck. To do so, please contact Meenakshi M. Ram, MD, Chief of Primary Care Service, (478) 272-1210 ext. 2305.

  
John S. Goldman

I acknowledge that I have received the original plus one (1) copy of this document.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



July 1, 2014

To whom it may concern

I am retiring on July 31, 2014. Before writing this, I checked with Ivory Jones, and Patricia Sanders in Credentialing to look in the minutes of the meeting from November 28, 2012 about Ms. Amos' credentialing to see if my offer to have Ms. Amos associated with my license (since she was no longer on Dr Holness's license) was included in the minutes. I was not included. Therefore, I am providing this information to Annie Hutchinson and to Kathleen Amos for documentation.

On November 27, 2012 there was a Credentialing Committee meeting in 1A. I arrived after the meeting had started. One of the credentialing problems was with Kathleen Amos, who was a Nurse Practitioner in C&P. I knew her from Salisbury. Dr Holness also knew her from Salisbury and had been the Physician on whose license her approval to practice was linked. Dr Holness had been moved from Dublin to Perry CBOC and upon renewal of his license did not include Kathleen Amos linked to his license for approval to practice. (That action did not make sense to me since they knew each other. More than a year later, I learned by hearsay that Dr Holness's supervisory authority had been removed.)

In the meeting, I said my license was from North Carolina, I know Ms. Amos and know her ability to practice. I would offer my license to which her Nurse Practitioner could be associated. My thought was a solution to the termination of Ms. Amos because the Physician's license to which she was associated to practice had been removed. I was told by Ms. Hutchinson something to the effect "No, you can't do that."

Much later, I was told Ms. Amos was to be rehired. I offered my license again and it was accepted by HR. Ms. Amos name was included on my license, but then she did not work in Dublin. I was never told why.

Charles P. Graham, Jr.

Signed original provided to Annie Hutchinson  
Signed original provided to Kathleen Amos

[Print](#)[Close](#)**RE: [EXTERNAL]FW: NC NP Approval to Practice**

From: **kathleen amos** (kamos47@hotmail.com)  
Sent: Mon 12/23/13 8:47 AM  
To: Oster, Terence (terence.oster@va.gov)  
Cc: Brown, Cynthia (cynthia.brown7@va.gov); teresaw@ncbon.com (teresaw@ncbon.com); shauna.kinchloe-zaren@va.gov (shauna.kinchloe-zaren@va.gov); nannette.mcclendon@va.gov (nannette.mcclendon@va.gov); annie.hutchinson@va.gov (annie.hutchinson@va.gov)

Good Morning Mr. Oster,

I spoke with Ms. Whitt on last Friday. I am relieved that she has put us all on the same page in realizing there are no restrictions on my NC Nursing license nor my Nurse Practitioner Certification. She also confirmed, same as with you as she stated, that once I am selected for this position, the NCBON can have my approval to practice activated within 24 hours of receipt of all required documents.

Additionally, according to the Georgia Nursing Board Rules for NPs, the NP has a standing Authority to practice once becoming certified as an NP. This is why an NP certification in Georgia will always have an active Authority to practice when reviewed during the application process. However this does not give them Authority to prescribe. Once hired, the GA NP will have to petition the GA BON for Authority to prescribe. If she does not, she can not prescribe once hired. This is different from NC however it should not hinder the GA NP from being considered for a job with VA during the application process same as with the NC NP having an inactive approval to practice during the application process.

The difference between the NC and GA BON rules is most likely why there is confusion when trying to understanding why my approval to practice is inactive at this time during the application process.

Thank you so much in helping to clear all this up. Hopefully now we can move forward to the selection process.

Kind Regards,  
Kathleen

Subject: RE: [EXTERNAL]FW: NC NP Approval to Practice  
Date: Wed, 18 Dec 2013 07:08:55 -0500  
From: Terence.Oster@va.gov  
To: kamos47@hotmail.com; Nannette.McClendon@va.gov  
CC: Cynthia.Brown7@va.gov

Good morning, Ms. Amos –

Thank you for providing the information from Ms. Whitt. I will be in communication with her this morning, as the information provided in her email is inconsistent with your previous assertion that you must be employed prior to receiving an approval to practice.

Please keep in mind that applicants for federal employment must meet all qualification and eligibility criteria at the time of appointment. This would include a clear and unrestricted Nurse Practitioner certification (which requires an active approval to practice) in order to qualify as a Nurse Practitioner.

Thank you.

(3) **Registration**

(a) **Condition of Employment.** A registered nurse (RN) will have a current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the U.S. or in the District of Columbia. The appointing official may waive this registration if the RN is to serve in a country other than the U.S. and the RN has registration in that country (e.g., Philippines). *The RN must maintain a current, full, active and unrestricted registration to continue employment with VA.*

(b) **Impaired Registration.** An impaired registration is any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status. A registered nurse who has or ever had any such impairment to their registration as listed above may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 15 of this part.

(4) **Physical Standards.** See VA Directive and Handbook 5019.

(5) **English Language Proficiency.** RNs appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

(6) **Nurse Practitioners and Clinical Nurse Specialists.** On and after [March 17, 2009], registered nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications. This includes employees appointed before [March 17, 2009], who obtain such qualifications on or after [March 17, 2009.]

(a) **Nurse Practitioners.** A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, possess a master's degree from a program accredited by the NLNAC or CCNE, and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body. [The certification must be in the specialty to which the individual is being appointed or selected.]

(b) **Clinical Nurse Specialists.** A clinical nurse specialist must possess a Masters degree from an academic program accredited by the NLNAC or CCNE [and maintain full and current certification as a clinical nurse specialist from the American Nurses Association or another nationally recognized certifying body. The certification must be in the specialty to which the individual is being appointed or selected.]

(c) **Prescriptive Authority.** This handbook does not address any additional requirements that nurse practitioners and clinical nurse specialists must meet before they are granted prescriptive authority.

b. **Definitions**

(1) **Successful Nursing Practice.** Documented evidence of experience as an RN that is determined to be sustained and consistently at or above an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and passed the State licensing (board) examination on the first attempt, and experience as a Nurse Technician Pending Graduation provided the candidate possessed an active, current registration to

December 03, 2003

VA HANDBOOK 5005/4  
PART II  
APPENDIX G6

2. The Commission on Collegiate Nursing Education (CCNE), an accrediting arm of the American Association of Colleges of Nursing (AACN). The CCNE accredits bachelors and masters degree programs, and is located at One Dupont Circle N.W., Suite 530, Washington, DC 20036 or call (202) 463-6930. Additional information may be obtained from the [CCNE web site](#).

(c) In cases of graduates of foreign schools of professional nursing, possession of current, full, active, and unrestricted registration (see paragraph (3) below) [ ] will meet the requirement of graduation from an approved school of nursing.

**NOTE:** *[Most individuals admitted as permanent residents or adjusting to permanent resident status as registered nurses on or after December 14, 1998, for the purpose of working as a registered nurse, must meet the certification requirements in Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (Pub. L. 104-208, September 30, 1996). This certification involves a review of the alien's education, training, license(s), and experience, verification that the alien possess an acceptable level of competence in written and oral English, and a requirement that the individual has passed either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination or the National Council of State Boards of Nursing, Inc. examination, the NCLEX-RN. For additional information see Pub. L. 104-208, 63 Federal Register 55007-55012, dated October 14, 1998, and the CGFNS website].*

**(3) Registration**

(a) **Condition of Employment.** A [registered nurse (RN)] will have a current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the U.S. or in the District of Columbia. The appointing official may waive this registration if the RN is to serve in a country other than the U.S. and the RN has registration in that country (e.g., Philippines). *The RN must maintain a current, full, active and unrestricted registration to continue employment with VA.*

(b) **Impaired Registration.** [An impaired registration is a]ny registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status. A [registered] nurse who has or ever had any such impairment to their registration as listed above may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 15 of this part.

(4) **Physical Standards.** See VA Directive and Handbook 5019.

(5) **English Language Proficiency.** RNs appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

(6) **Nurse Practitioners and Clinical Nurse Specialists.** On and after January 12, 2003, [registered] nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications. This includes employees appointed before January 12, 2003, who obtain such qualifications on or after January 12, 2003.

(a) **Nurse Practitioners.** A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body.

(b) **Clinical Nurse Specialists.** A clinical nurse specialist must possess a Masters degree from an academic program accredited by the NLNAC or CCNE with a major in the clinical nursing specialty to which the nurse is to be assigned.

(c) **Prescriptive Authority.** This handbook does not address any additional requirements that nurse practitioners and clinical nurse specialists must meet before they are granted prescriptive authority.

**b. Definitions**

(1) **Successful Nursing Practice.** Documented evidence of experience as an RN that is determined to be sustained at or above an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and passed the State licensing (board) examination on the first attempt, and experience as a Nurse Technician Pending Graduation provided the candidate possessed an active, current registration to practice nursing in a State and was utilized as a professional nurse (See chapter 3, section G, paragraph 5, this part). It may also include performance as a VA [registered] nurse that is at or above the fully satisfactory level. Professional nursing experience should be documented on the Proficiency Report, VA Form 10-2623, Application for Employment – Nurses and Nurse Anesthetists, VA Form 10-2850a, or on a candidate's resume.

(2) **Length of Nursing Practice (Experience).** The amount of time documented on the VA Form 10-2850a or on a candidate's resume. (A performance evaluation or reference covering the candidate's most recent employment as a RN is essential.) Part-time experience as a RN is credited according to the relationship it bears to the full-time workweek. For example, a RN who worked 20 hours a week (i.e., on a half-time basis) would receive one full-time workweek of credit for each 2 weeks of such service.

(3) **Degree in a Related Field.** Baccalaureate and graduate degrees in fields related to nursing from a college or university which was accredited by the state at the time the candidate completed the program. Information on accredited colleges and universities is contained in Accredited Institutions of Post-secondary Education, published annually by the American Council on Education, One Dupont Circle NW, Washington, DC 20036, or call (202) 939-9300. Information can be obtained from the ACE web site.



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON  
October 17, 2012

The Honorable Carolyn N. Lerner  
Special Counsel  
U.S. Office of Special Counsel  
1730 M Street, NW, Suite 300  
Washington, DC 20036

Re: OSC File No. DI-12-1783

Dear Ms. Lerner:

This is in response to your letter dated June 20, 2012, regarding allegations reported by Ms. Christine Bethea, a Mental Health Nurse Practitioner (NP) at the Department of Veterans Affairs Medical Center (VAMC) in Charleston, South Carolina (Charleston VAMC). The whistleblower disclosed that clinical leadership at the Charleston VAMC assigned three NPs, who are not certified in mental health care, to positions within the Mental Health Service, where they perform mental health duties. The whistleblower alleges that this practice violates VA policy, state licensing requirements, law, rule or regulation, and compromises the care provided to VA mental health patients. You asked me to determine whether the information in the whistleblower's allegations disclosed a violation of law, rule or regulation, gross mismanagement, and a substantial and specific danger to public health and safety.

I asked the Under Secretary for Health to review this matter and conduct an investigation for purposes of providing your office with a report as required under 5 U.S.C. § 1213(c) and (d). The investigative team conducted a fact-finding investigation, which included interviews and documentation reviews, and produced the enclosed report. The report substantiates, in part, that VA policy and state law on specialty practice certifications were violated. The report also substantiates that the NPs were given a scope of practice beyond their level of formal education, training, and certification, which may have compromised patient care in the case of two NPs.

I have reviewed the report and action plan and concur with the findings, conclusions and corrective actions. The Veterans Health Administration will monitor the implementation of corrective actions. Thank you for the opportunity to respond to these issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric K. Shinseki".

Eric K. Shinseki

Enclosure

**OFFICE OF NURSING SERVICES**

**Report to the  
Office of Special Counsel  
OSC File No. DI-12-1783**

**Department of Veterans Affairs  
Ralph H. Johnson VA Medical Center  
Charleston, South Carolina**



**Veterans Health Administration  
Washington, DC**

**Report Date: September 18, 2012**

Any information in this report that is the subject of the Privacy Act of 1974 and/or the Health Insurance Portability and Accountability Act of 1996 may only be disclosed as authorized by those statutes. Any unauthorized disclosure of confidential information is subject to the criminal penalty provisions of those statutes.

### Executive Summary

The Under Secretary for Health requested that the Office of Nursing Services (10A1) investigate a complaint lodged with the Office of Special Counsel by (b) (6) a Psychiatric-Mental Health Nurse Practitioner at the Ralph H. Johnson VA Medical Center (VAMC) in Charleston, South Carolina. (b) (6) has alleged that facility employees are engaging in conduct that may constitute a violation of law, rule, or regulation, gross mismanagement, and a substantial and specific danger to public health and safety related to the hiring and assignment of three Nurse Practitioners (NPs) in Mental Health Services who are not certified in Adult Psychiatric-Mental Health Nursing. The investigative team leader interviewed (b) (6). The entire team reviewed VA policy, Functional Statements and Scopes of Practice for the three NPs, (b) (6), (b) (6) and (b) (6).

#### Summary of Any Violation of Law, Rule or Regulation

The investigative team found evidence of a violation of the VA policy that established basic requirements for NP qualifications after March 17, 2009 (VA Handbook 5005/27) in the case of two NPs, (b) (6) and (b) (6).

#### Summary of Conclusions

At the time of selection and assignment to Mental Health Services, neither (b) (6) nor (b) (6) possessed an Advanced Practice Registered Nurse (APRN) Psychiatric-Mental Health Certification in accordance with VA Handbook 5005/27, Part II, Appendix G6, "Section B, Nurse Qualification Standard," dated March 17, 2009. The third NP, (b) (6) was hired prior to March 2009, and therefore exempt from the VA Handbook 5005/27, Nurse Practitioner qualification policy.

#### Summary of Recommendations

1. (b) (6) and (b) (6) should be immediately reassigned or their duties modified to roles with a scope of practice that aligns with their current qualifications. Such reassignment should not be considered an adverse action and should not impact their current pay and grade.
2. The facility must complete a clinical care review of a random sample of the patient care records for (b) (6) and (b) (6) dating back to their date of hire. A sample of at least 10 percent of the patients should be completed. If any clinical care issues are identified, the facility should expand the sample to a 100 percent review.
3. The NP Functional Statement must be revised to reflect the qualification standards and dimensions of practice applicable under VA Handbook 5005/27.
4. The facility Quality Manager must review all APRN Scopes of Practice for relevancy, accuracy, and to align with the requirements of VA Handbook 5005/27.

5. (b) (6) and (b) (6) should be encouraged to complete a formal education program that prepares them to become eligible to take the Adult Psychiatric-Mental Health Nursing Certification Examination

## Report to the Office of Special Counsel

### I. Summary of Allegations

The Under Secretary for Health requested that the Office of Nursing Services (ONS) investigate a complaint submitted with the Office of Special Counsel by (b) (6) RN, MSN, ARNP-BC, a Psychiatric-Mental Health Nurse Practitioner at the Ralph H. Johnson VA Medical Center (VAMC) in Charleston, South Carolina. (b) (6) has alleged that Medical Center Clinical Leadership assigned three Nurse Practitioners (b) (6) who are not certified in Adult Psychiatric-Mental Health Nursing, to perform psychiatric-mental health duties and responsibilities. (b) (6) further alleges that the assignments constitute a violation of VA policy, state licensing requirements, law, rule, or regulation; potentially compromises patient care, and constitutes gross mismanagement by the Charleston VAMC management.

### II. Facility Profile

The Ralph H. Johnson VAMC is a primary, secondary, and tertiary care medical center that provides acute medical, surgical and psychiatric inpatient care, as well as primary and specialized outpatient services. The 117-bed facility currently operates 96 beds and a 28-bed nursing home unit. The facility serves greater than 53,000 Veterans in 22 counties along the South Carolina and Georgia coastline, in the main medical center or in one of six community-based outpatient clinics (CBOC) located in Myrtle Beach, South Carolina; Trident/North Charleston, South Carolina; Savannah, Georgia; Hinesville, Georgia; Beaufort, South Carolina; and Goose Creek, South Carolina. In addition, the facility supports the Veteran Readjustment Centers in North Charleston and Myrtle Beach, South Carolina and in Savannah, Georgia.

### III. Conduct of the Investigation

The investigative team consisted of a team leader, the Clinical Executive of the Office of Nursing Services (10A1); and the following members: The Director, Credentialing and Privileging (10A4B2); the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC); the Acting Deputy Chief, Patient Care Services (10P4); the Acting Director, Mental Health Operations (10NC5); and the ONS Liaison for Workforce Management and Consulting (10A2A).

As part of the investigation, the team leader interviewed (b) (6) by phone on July 16 and August 2, 2012, and the Mental Health Program Specialist, who retired in 2011, on August 7, 2012. In addition, the team leader communicated with one or more of the following individuals from the Ralph H. Johnson VAMC multiple times between July 17 and August 3, 2012, via conference calls, individual telephone calls, and e-mail.

1. (b) (6) / Acting Chief of Staff (COS)
2. (b) (6) / Associate Director for Patient Care Services (ADPCS)
3. (b) (6) / VAMC Quality Manager
4. (b) (6) / Mental Health Nurse Manager

5. (b) (6), Mental Health Program Specialist (retired)

#### IV. Summary of Evidence Obtained from the Investigation

The following documents were obtained and reviewed during the course of the investigation:

1. Verification of Certification Renewal for (b) (6) as a Family Nurse Practitioner (FNP) dated 06/2011;
2. Verification of Certification Renewal for (b) (6) as an Adult Nurse Practitioner (ANP) dated 08/2011;
3. Verification of Certification Renewal for (b) (6) as an FNP dated 06/2009;
4. VA Handbook 5005/27, Part II, Appendix G6, "Section B. Nurse Qualification Standard," (effective March 17, 2009);
5. VHA Directive 2008-049, "Establishing Medication Prescribing Authority for Advanced Practice Nurses" dated August 22, 2008.
6. South Carolina Code of Laws – Unannotated – Title 40 – Professions and Occupations, Chapter 33, Nurses, Article 1. Nurse Practice Act, Section 40-33-34.
7. RN Georgia Code – Title 43 – Professions and Businesses, Chapter 26, Nurses, Article 1, Georgia Registered Professional Nurse Practice Act / Rules of Georgia Board of Nursing – Chapter 410-12- 01/03, Regulation of Advanced Practice Nursing.
8. Notice of Personnel Action (SP50) for (b) (6) dated 01/2009 indicating NP-C was hired prior to March 17, 2009.
9. One Functional Statement (FS) titled "Advanced Practice Nurse – Mental Health Service Line – Outpatient Setting" for all of the NPs;
10. A Scope of Practice Statement for (b) (6) that identifies her as a Family and Psychiatric Mental Health Nurse Practitioner;
11. A Scope of Practice Statement for (b) (6) that identifies her as an Adult and Psychiatric Mental Health Nurse Practitioner;
12. A Scope of Practice Statement for (b) (6) that identifies her as a Family Nurse Practitioner;
13. Continuing Education Certificates for (b) (6) totaling 14.74 contact hours for 2009 and 17 contact hours for 2010 in psychiatric-mental health and general adult acute healthcare topics; and
14. VetPro documentation that contains recommendations and comments for (b) (6) (b) (6) and (b) (6).

V. Allegation #1: VAMC facility employees are engaging in conduct that may constitute a violation of VA policy, state licensing requirements, law, rule, or regulation.

#### Findings:

(b) (6) and (b) (6) are certified as Family Practice Nurse Practitioners under the South Carolina State Board of Nursing. (b) (6) is certified as an Adult Nurse Practitioner under the Georgia State Board of Nursing.

According to VA Handbook 5005/27, Part II, Appendix G6, 2. (Section B. Nurse Qualifications)  
a. (6) (a), Nurse Practitioners must be certified in the specialty to which they are being assigned:

*(6) Nurse Practitioners and Clinical Nurse Specialists. On and after March 17, 2009, registered nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications:*

*(a) Nurse Practitioners. A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, possess a master's degree from a program accredited by the NLNAC or CCNE, and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body. [The certification must be in the specialty to which the individual is being appointed or selected.]*

To become certified in a specialty, an NP must meet the eligibility requirements for each certification examination. The American Nurses Credentialing Center (ANCC) Certification Program, a subsidiary of the American Nurses Association administers certification exams for FNPs, ANPs, and Adult Psychiatric-Mental Health NPs (PMHNPs). The ANCC Certification Program enables nurses to demonstrate specialty expertise and validate knowledge to employers and patients through targeted exams that incorporate nurse-practice standards. Eligibility Criteria for the FNP and ANP Certification Exams include the following elements:

- a. Hold a current, active RN license in a state or territory of the United States;
- b. Hold a master's, post-graduate, or doctorate degree from an adult or family nurse practitioner program accredited by the Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours must be included in the adult or family nurse practitioner program; must include three separate courses in:
  - 1) Advanced physical/health assessment
  - 2) Advanced pharmacology
  - 3) Advanced pathophysiology

AND content in:

- 1) Health promotion and disease prevention, and
- 2) Differential diagnosis and disease management.

Eligibility Criteria for the Adult PMHNP Certification Exam includes all of the above elements and clinical training in at least two psychotherapeutic treatment modalities.

**(b) (6)** and **(b) (6)** were selected and assigned to the Mental Health Service at the Charleston VAMC with a Scope of Practice that includes the following position specific duties:

- a. Perform Mental Health Examinations to include Mental Status Examinations.
- b. Perform psychiatric therapy and counseling, individual and group in a community setting with an interdisciplinary team.

- c. Perform Substance Abuse Treatment in collaboration with the Substance Abuse Treatment Team.

**(b) (6)** was selected and assigned to the Mental Health Service at the Charleston VAMC with a Scope of Practice that includes the following position specific duties:

- a. Perform Mental Health Examinations to include Mental Status Examinations.
- b. Perform assessments, individual and group therapy to Veterans with a wide range of psychiatric illnesses, to include PTSD and substance abuse disorders, in a clinic setting.

In keeping with the requirements of the South Carolina Nurse Practice Act, **(b) (6)** and **(b) (6)** Scope of Practice Agreement identifies the names of their supervising and alternate physicians, all of whom are psychiatric specialty physicians. Likewise, in keeping with the requirements of the Georgia Nurse Practice Act, **(b) (6)** Scope of Practice Agreement identifies the names of her supervising physician, alternate supervising physician, and Mft specialty physician supervisor, all of who are psychiatric specialty physicians. However, all of the NPs were assigned duties that include the delivery of psychotherapeutic treatment modalities despite the lack of a psychiatric-mental health specialty certification.

The South Carolina Nurse Practice Act for **(b) (6)** and **(b) (6)** specifies that:

- a. Licensed NPs "performing delegated medical acts must do so under the general supervision of a licensed physician or dentist who must be readily available for consultation."
- b. "An APRN is subject to the scope and standards of practice established by the board-approved credentialing organization representing the specialty area of practice and shall function within the scope of practice of this chapter and must not be in violation of Chapter 47."
- c. One physician may supervise up to three NPs and at a practice site no greater than 45 miles without first requesting application to the Board of Nursing and Board of Medical Examiners to determine if adequate supervision exists, and
- d. "Delegated medical acts performed by a NP must be performed in accordance with an approved written protocol between the NP and physician." This must include but not limited to the following:
  - 1) The date the protocol was developed and dates the protocol was reviewed and amended;
  - 2) A description of how consultation with the physician is provided and provision for backup consultation in the physician's absence;
  - 3) This information for delegated medical acts:
  - 4) The medical conditions for which therapies may be initiated, continued, or modified;
  - 5) The treatments that may be initiated, continued, or modified;
  - 6) The drug therapies that may be prescribed;
  - 7) Situations that require direct evaluation by or referral to the physician.
- e. APRNs are authorized to prescribe controlled substances with evidence of completion of 45 contact hours of education in pharmaco-therapeutics within 2 years of application. Fifteen hours of education in controlled substances as part of

the 45 contact hours are required if the APRN is initially applying to prescribe Schedule III through V controlled substances.

**(b) (6)** and **(b) (6)** both licensed in South Carolina have met the requirements for controlled substances prescriptive authority and have received a Drug Enforcement Agency (DEA) number.

The Georgia Nurse Practice Act for **(b) (6)** specifies that an APRN shall:  
Adhere to a written nurse protocol which is a written document mutually agreed upon and signed by the nurse and licensed physician which specifies delegated medical acts delegated by the physician to the nurse and provides for immediate consultation with the delegating physician or a physician designated in the absence of the delegating physician; and

- a. Document preparation and performance specific to each medical act authorized by a written nurse protocol, including the ordering and administering of controlled substances, ordering and dispensing of dangerous drugs, and ordering. The nurse protocol agreement used by an advanced practice registered nurse which shall:
  - 1) Be in writing and signed by the advanced practice nurse and the delegating physician;
  - 2) Be dated, available upon request and specify parameters under which medical acts delegated by the physician may be performed;
  - 3) Include provisions for periodic review of patient records by the delegating physicians;
  - 4) Be reviewed, revised or updated annually;
  - 5) Include a provision for immediate consultation with the delegating physician or a physician designated in the absence of the delegating physician;
  - 6) Contain written provisions regarding the procedure for dispensing dangerous drugs which comply with O.C.G.A. §§ 43-34-26.1 if the dispensing of dangerous drugs is included as a delegated medical act in the nurse protocol agreement; and
  - 7) Contain written provisions regarding the procedure for ordering controlled substances which comply with paragraph (b)(1) of O.C.G.A. § 43-34-26.1, if the ordering of controlled substances is included as a delegated medical act in the nurse protocol.

Under title 38, United States Code, VA is authorized to prescribe all rules and regulations which are necessary and appropriate to carry out its statutory role as a provider of a national health care system for the Nation's Veterans. Under this authority, VA establishes the qualifications of its health care practitioners and regulates their professional conduct. While VA nurses must be licensed to practice their profession, VA determines their scope of practice, without regard to individual State Practice Acts, for clinical nursing practice other than the prescribing of controlled substances'. Under the Federal Controlled Substances Act, 21 USC 801 et seq., and implementing regulations in 21 C.F.R. Part 1300, a health care practitioner may prescribe controlled substances only if his or her state license authorizes such prescribing. VA policy also provides that advance practice nurses, including nurse practitioners, may prescribe controlled

substances within VA only if they are authorized to do so by their state of licensure or registration and comply with the limitations and restrictions on that prescribing authority. A review of both the Georgia and the South Carolina Nurse Practice Acts indicate that (b) (6), (b) (6) and (b) (6) are authorized by their APRN license to prescribe controlled substances under their collaborative agreement with their physician supervisor.

<sup>1</sup> Where State licensure and scope of practice rules conflict with Federal law, VA rules or regulations, VA employees must comply with VA rules or policy, even if their State Practice Acts are more restrictive.

#### Conclusions:

The team found evidence of violation of VA Handbook 5005/27, Part II, Appendix G6, specifically relating to the policy on the basic requirements for Nurse Practitioner qualifications and the requirement that certification must be in the specialty to which the individual is being appointed in the case of (b) (6) and (b) (6). Neither (b) (6) nor (b) (6) met the current NP qualifications for Psychiatric-Mental Health Nursing at the time of hire. (b) (6) was hired as an NP prior to March 17, 2009, and is therefore exempt from the VA Handbook 5005/27, Nurse Practitioner qualification policy.

There was no violation found of either the South Carolina or the Georgia State Board of Nursing Practice Acts with regard to (b) (6), (b) (6) and (b) (6) collaborative practice agreement and requirements for physician supervision.

Section 40-33-34(5) of the South Carolina Nurse Practice Act provides that "[a]n APRN is subject to the scope and standards of practice established by the board-approved credentialing organization representing the specialty area of practice...." Although South Carolina's requirement for certification in the specialty area of practice is consistent with VA's requirement in the NP qualification standard, VA also exempts NPs, such as (b) (6) who were hired prior to March 17, 2009. Further, state scope and practice standards do not apply to VA NPs to the extent they are inconsistent with those established by VA. Both (b) (6) and (b) (6) are licensed by South Carolina. The specialty certification requirement in section 40-33-34(5) was violated when (b) (6) was assigned to Mental Health Services without Psychiatric-Mental Health Nursing certification. However, there was no violation of law with respect to (b) (6), since her assignment to Mental Health Services is permitted under VA rules prior to March 2009.

#### Recommendations:

1. (b) (6) and (b) (6) should be immediately reassigned or their duties modified to roles with a scope of practice that aligns with their current qualifications. Such reassignment should not be considered an adverse action and should not impact their current pay and grade.
2. (b) (6) and (b) (6) should be encouraged to complete a formal education program that prepares them to become eligible to take the Adult Psychiatric-Mental Health Nursing Certification Examination.

VI. Allegation #2: There has been mismanagement by the Charleston VAMC management team with potential compromise to patient care as the result of the assignment of Nurse

Practitioners (NP) in Mental Health services who are not certified in Adult Psychiatric-Mental Health Nursing.

**Findings:**

The facility used a Functional Statement (FS) template intended to be customized for each new hire. At the time of the selection of (b) (6) and (b) (6), the FS was not updated to reflect the March 17, 2009, requirement for an NP incumbent to hold a certification in the specialty to which the individual is being appointed or selected. (b) (6) was hired as an NP prior to March 17, 2009, and therefore exempt from the VA Handbook 5005/27, Part II, Appendix G6, Nurse Practitioner qualification policy.

(b) (6) was the Chief of Mental Health Services at the Charleston VAMC when (b) (6), (b) (6) and (b) (6) were hired between 2009 and 2010. (b) (6) states that he based his selection of the three applicants on their previous mental health experience and references; each applicant had multiple years of mental health experience.

At the time of (b) (6) selection, (b) (6) raised concerns regarding the lack of proper certification to (b) (6), a Mental Health Program Specialist (MHPS) who indicated she would look into the issue. (b) (6) retired in 2011 but consented to be interviewed on August 7, 2012. (b) (6) recalls being asked to be a last minute substitute member of the interview panel for (b) (6). She recalls asking (b) (6) one interview question but doesn't recall the question or that she provided a composite score for (b) (6). Additionally, she doesn't recall having a conversation with (b) (6), the interview team members or anyone outside the interview team about (b) (6) qualifications.

(b) (6) also recalled discussing her concerns regarding (b) (6) qualifications with (b) (6), the Mental Health Nurse Manager (NM). She recalls specifically asking the (b) (6) about (b) (6) mental health certification. The team leader interviewed the NM on August 2, 2012. During the interview (b) (6) could only recall that (b) (6) expressed a concern about (b) (6) having the appropriate credentials. At the time, (b) (6) believed that (b) (6) was concerned about (b) (6) general credentials and she responded that she would check to see that the credentialing process was completed. (b) (6) did verify that (b) (6) was credentialed per facility policy, but she did not relay that back to (b) (6) stating she wanted to safeguard (b) (6) privacy. Unfortunately, (b) (6) did not understand that (b) (6) was referring to a Psychiatric-Mental Health NP Certification and not a general Advanced Practice RN certification.

(b) (6) alleged that (b) (6) and (b) (6) have "demonstrated a lack of training, knowledge, and experience in evaluation and treating patients with psychiatric and mental health issues." (b) (6) described a case during weekly telephone rounds where (b) (6) was on the phone speaking from the CBOC in Savannah. (b) (6) recommended that a patient diagnosed with bipolar disorder should undergo a CAT scan when the appropriate course of action should have been to review and modify the patient's medication levels. She noted that

(b) (6) recommendation reflected her training in a medical, rather than mental health, specialty. (b) (6) does not remember the exact date nor can she recall the patient's identifying information to enable further review.

(b) (6) also alleged that (b) (6) expressed anxiety during rounds about being assigned to evaluate a mental health patient who had arrived in the Urgent Care Unit. In relation to the pharmaceutical management of this patient, (b) (6) overheard (b) (6) ask of the attending physician two times "so what do we do?" When she didn't receive a response upon the conclusion of rounds, (b) (6) asked a social worker in the group "what did he say about that medication?" (b) (6) made a record of the date and the patient's name and Social Security Number. As a result, (b) (6) was able to review the patient record and documentation and she noted that (b) (6) patient order entry was adjusted correctly per the physician's order.

(b) (6) VAMC Quality Manager was asked to describe how new VHA Directives and Handbooks pertinent to quality management are handled. (b) (6) stated that new VHA Directives and Handbooks are received and reviewed by Quality Management staff to ensure national requirements are consistent with local policies. They are then sent to the appropriate Service Chiefs for review with the expectation that services will review the information and determine if their associated policies need to be updated. Quality Management began tracking this communication formally beginning with fiscal year 2012 and now follows up with services to ensure action has been taken if needed. When facility policies are updated or revised every three years, the responsible office is also required to review all current publications and to reference those in the policy. This reference is confirmed by Quality Management prior to publication.

Quality Management also reviews Office of the Inspector General (OIG) audit reports, and then utilizes those OIG checklists to perform similar reviews at the facility. (b) (6) does not have the manpower to perform facility audits for all new Handbooks and Directives.

To ensure the quality of staff such as (b) (6) who is exempted or grandfathered from the 2009 NP specialty certification qualification, her clinical performance is scrutinized using the same credentialing and privileging process utilized for every Charleston VAMC provider that delivers care via a set of privileges or a collaborative scope of practice. The VAMC Quality Manager, (b) (6) reviews a multitude of documents that includes Professional Standards Board (PSB) reviews of credentials, privileges or scope of practice; VetPro information; references; and data from organizational and service level ongoing professional practice evaluations. All of the foregoing information is used to review and validate the quality of (b) (6) clinical practice performance and ensure patient safety. In addition, (b) (6) states that (b) (6) works closely and collaboratively with her MH specialty physician supervisor and at no time is she without supervision.

VetPro is an application used by all VHA facilities for the credentialing of all VHA licensed, registered and/or certified health care providers. VetPro is VHA's electronic credentials data bank implemented in 2001, for all privileged providers and expanded for use in credentialing all

other licensed, registered, and/or certified health care providers (e.g., nurses, social workers, technologists, etc.) in 2005. APRNs have been credentialed through VetPro since 2004.

Primary source verification is obtained and documented in VetPro for each entry of education, training, licensure, certification, references, personal history, and work experience. All credentialed providers are also asked to answer seventeen supplemental questions related to whether or not they have had an adverse action taken against a license, registration, membership with a health care organization, clinical privileges, board certifications, etc. The supplemental questions also query involvement in a malpractice or tort claim, felony convictions, or any discharges from clinical positions. Answers to these questions are also verified with the primary source (e.g., the state licensure board, court documents, etc.).

VetPro contains verified information related to previous work history, training, and certifications that may be relative to competency in a specific specialty. Peer references and their comments (if any) are available within VetPro as well. At the time of the provider's VHA appointment and subsequent reappointment, the respective service chief has an opportunity to enter a free text comment related to their review of the provider's credentials and their recommendation for the appointment/ reappointment of the provider. Service Chiefs are encouraged to indicate what was assessed to determine the provider's competency and support of the privileges and appointment requested.

At the Charleston VAMC, the Service Chief and physician supervisors review the clinical practice of their service staff providers as part of their OPPE Evaluation at least every 6 months. At the time of re-privileging (every 2 years), PSB reviews the credentials, privileges or scope of practice, VetPro information, references, and data from organizational and service level ongoing professional practice evaluations for every provider that delivers care via a set of clinical privileges or a collaborative scope of practice. The PSB ensures that privileges and scopes of practice are aligned with qualifications and competencies and makes recommendations regarding renewal of privileges or scope of practice. The recommendations are forwarded to the Medical Executive Committee who in turn reviews the recommendations and forwards their concurrence or non-concurrence to the facility Director. The facility Director reviews the recommendations of the Medical Executive Committee and approves or disapproves the recommendations for privilege and scope of practice renewal.

Patient complaints are not recorded in Vet Pro. They are instead entered into the patient advocate tracking file. Co-worker complaints would most likely be reported to the Service Chief. (b) (6) receives a summary of patient complaints every 2 years in conjunction with the privilege and scope of practice renewal cycle. She does not routinely have access to these types of complaints unless an impact on clinical practice is implied or suggested. The Quality Manager checked with the Customer Service Manager and found there were zero complaints related to the delivery of care by the three NPs. A review of the VetPro documentation for the three NPs also revealed no deficiencies, negative comments or observations.

(b) (6) states that ten patient charts of every MH provider (including the NPs) are reviewed twice a year. The charts are reviewed by MH specialty peer providers who assess the appropriateness of the patient diagnosis and treatment plan of care including pharmaceutical

treatment. The record review results are then forwarded to the Chief of the Service line for additional review and comment on the appropriateness of care.

**Conclusions:**

The investigative team found evidence to substantiate that facility management hired and assigned an FNP (b) (6) and an ANP (b) (6) into Mental Health positions for which they were not qualified as evidenced by the lack of certification as Psychiatric-Mental Health Nurse Practitioner.

(b) (6) and (b) (6) were given a scope of practice beyond their level of formal education, training, and certification that may have resulted in less than optimal patient outcomes. However, there was no Vet Pro, Ongoing Professional Practice Evaluation or other clinical review evidence found to substantiate that patient care was negatively impacted for these NPs. All NPs work as part of teams led by physicians. They have daily huddles and have access to their lead physician (or designee if on leave) during their tours of duty. These teams are usually on 2-5 members and may include other care providers that care for the cohort of patients; thereby, providing direct oversight by a physician to monitor the quality of care delivered to our Veterans.

**Recommendations:**

1. The Functional Statement should be revised to reflect the qualification standards and dimensions of practice applicable to NPs under VA Handbook 5005/27.
2. The facility must complete a clinical care review of a random sample of the patient care records for (b) (6) and (b) (6) dating back to their date of hire. A sample of at least 10 percent of the patients should be completed. If any clinical care issues are identified, the facility should consider expanding the sample up to a 100 percent review.
3. The facility Quality Manager, (b) (6) must review all APRN Scopes of Practice for relevancy, accuracy, and appropriate alignment with current qualifications per VA Handbook 5005/27.

**Violations of Law, Rule or Regulation:**

The investigation found that VA policy requiring that NPs be certified in the area of specialty practice was violated when facility management assigned (b) (6) and (b) (6), who were not certified in mental health, to Mental Health Service. In the case of (b) (6), a similar state requirement also was violated. (b) (6) was hired before VA required specialty practice certification and is exempt from the requirement. The investigation also found that facility management gave (b) (6) and (b) (6) a scope of practice beyond their level of formal education, training and certification, which may have resulted in less than optimal patient outcomes. However, the investigation found no evidence to substantiate that patient care was negatively impacted.

Actions Taken or Planned:

1. VAMC Management is now aware of the correct APRN professional qualifications related to VA Handbook 5005/27 and is conducting a review of all APRN Scopes of Practice to ensure alignment with VA Policy.
2. VAMC Management has eliminated those elements from the Scopes of Practice of (b) (6) and (b) (6) that are inappropriate for an NP without a MH Certification.
3. VAMC Management has stated their intention to begin a 100 percent review of (b) (6) and (b) (6) patient records dating back to their date of hire.
4. The facility Functional Statement for NPs has been revised to reflect the qualification standards and dimensions of practice applicable to NPs under VA Handbook 5005/27.

Documents Reviewed

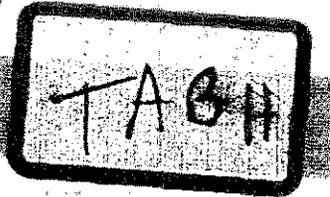
1. VA Handbook 5005/27, Part II, Appendix G6, "Section B. Nurse Qualification Standard," dated March 17, 2009.  
[http://vaww1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=465&FType=2](http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=465&FType=2)
2. VHA Directive 2008-049, Establishing Medication Prescribing Authority for Advanced Practice Nurses dated August 22, 2008.  
[http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1746](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1746)
3. The Functional Statement (FS) titled "Advanced Practice Nurse -- Mental Health Service Line -- Outpatient Setting."  
  
MH Outpatient NP  
Nurse III functional s
4. Scope of Practice Statements for (b) (6)
5. Verification of Certification Renewals for (b) (6)
6. VetPro documentation for (b) (6)
7. Continuing Education Certificates for (b) (6)
8. Notice of Personnel Action (SF50) for (b) (6) dated 01/2009.

2



HOME ABOUT US CONTACT US PUBLICATIONS/FORMS EVENTS QUICK LINKS SEARCH

Name: KATHLEEN HOSCH AMOS  
 License #: 148438  
 Nurse Type: RN  
 Original Date of Licensure: 08/21/1988  
 Confirmation #: 1354076W



LICENSE STATUS

Status: ACTIVE  
 Compact Status: SINGLE STATE  
 Expiration Date: 08/30/2013  
 Charges/Discipline Against License/Privilege: NO

Other Certifications, Credentials and Recognitions are only valid if the nurse holds a current RN license in North Carolina OR has multistate privileges through the Nurse Licensure Compact.

NURSE PRACTITIONER

Status: inactive  
 Approval #: 8082502  
 Initial Approval Date: 12/16/2008  
 Approval AA: ~~SNP~~  
 Inactive Date: 11/27/2012

Nurse Practitioners must renew their annual approval to practice by the last day of their birth month. NO grace period.

Nurse Practitioners are governed jointly by the North Carolina Board of Nursing and the North Carolina Medical Board.

Practice Name: CARL VINSON VAMC

Status: INACTIVE  
 Issue Date: 09/28/2011  
 Inactive Date: 11/27/2012  
 Supervising Physician: KENWORTH FITZGERALD HOLNESS  
 Practice Address: 1828 VETERAN BLVD, DUBLIN GA 31021  
 Practice Phone: (478) 272-1210

Practice Name: MINUTE CLINIC

Status: INACTIVE  
 Issue Date: 11/27/2007  
 Inactive Date: 10/14/2008  
 Supervising Physician: JASON GUANGBIN ZENG  
 Practice Address: 7820 SAM FURR ROAD, HUNTERSVILLE NC 28078  
 Practice Phone: 0

Practice Name: SALISBURY VA MEDICAL CENTER

Status: INACTIVE  
 Issue Date: 10/15/2008  
 Inactive Date: 08/06/2009  
 Supervising Physician: GARY WARDNER SIMS  
 Practice Address: 1601 BRENNER AVE, SALISBURY NC 28144  
 Practice Phone: (704) 638-9000

Practice Name: SALISBURY VA MEDICAL CENTER

Status: INACTIVE  
 Issue Date: 08/06/2009  
 Inactive Date: 12/21/2008  
 Supervising Physician: STEPHEN STEPHENSON  
 Practice Address: 1601 BRENNER AVE, SALISBURY NC 28144  
 Practice Phone: (704) 638-9000

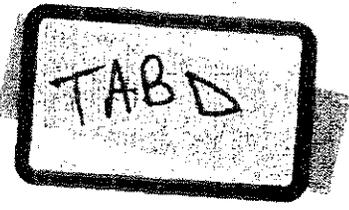
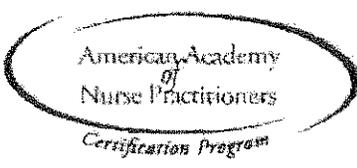
Practice Name: SALISBURY VA MEDICAL CENTER

Status: INACTIVE  
 Issue Date: 12/20/2008  
 Inactive Date: 10/14/2008  
 Supervising Physician: KENWORTH FITZGERALD HOLNESS  
 Practice Address: 1601 BRENNER AVENUE, SALISBURY NC 28144  
 Practice Phone: (704) 638-9000

Practice Name: SALISBURY VA MEDICAL CENTER

Supervising Physician: CHARLES ANDRE DE COMARMOND  
 Practice Address: 1601 BRENNER AVE, SALISBURY NC 28144

5



### Your AANPCP Wallet Card

The wallet card provided below represents your status as a Family Nurse Practitioner. In order to maintain your certification, you will need to return to AANPCP to recertify within 6 months of the expiration date printed on your card.

You may print out this document for your records. If you choose, you can cut out the card and carry it in your wallet. You may also save this PDF document to your computer for your records.

You may use this card to verify your certification status with your employer and state board of nursing.

We have designed this online wallet card so that a copy of your current card is always available to you at no charge. To access this secure, watermarked document, log in at [www.aanpcertification.org](http://www.aanpcertification.org) and click on "My Documents" then select the Wallet Card option.

Please contact our office if you have any questions about your certification.

<p><b>AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM</b></p>	<p><b>AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM</b> acknowledges that</p>
<p>Capitol Station, P.O. Box 12926 Austin, TX 78711 Tel: (512) 442-5282 Fax: (512) 442-5221 <a href="http://www.aanpcertification.org">www.aanpcertification.org</a></p>	<p><b>KATHLEEN HOSCH AMOS, NP-C</b></p>
<p>This card validates your certification status. Use this card to provide evidence of your certification status to your employer or state board of nursing.</p>	<p>has met the requirements for national certification as a <b>Family Nurse Practitioner</b> Certification No.: F1106406 Granted from November 1, 2005 through October 31, 2015</p>

TABQ

December 4, 2012

Reference: VISN Post-Separation Review of Termination of Excepted Appointment for Failure to Maintain Current Licensure

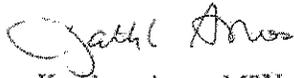
To: Charles Sepich, Network Director

Dear Mr. Sepich,

In response to #3 of 11/29/2012 letter of termination, I am seeking your post-separation review of this action.

Mode of delivery to HR: Hand delivery on 12/4/2012.

Thank You,



Kathleen Amos, MSN, FNP B-C

cc. Alverta Pearson, Network EEO Manager

cci. Kevin Jones, VISN Human Resource Officer

12-04-12A10:57 RCVD

(KO)



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
VA Southeast Network (VISN 7)  
3700 Crestwood Parkway, NW, Suite 500  
Duluth, GA 30096-5583

May 21, 2013

In Reply Refer To: 10N7/05

Ms. Kathleen H. Amos, RN NP  
[REDACTED]  
[REDACTED]

Dear Ms. Amos:

This letter is in response to your request for a second-level review of the findings by the Carl Vinson VA Medical Center (VAMC), located in Dublin, Georgia to terminate you from your position as an Advanced Practice Nurse (APN)/Nurse Practitioner at the Dublin, Georgia VAMC. In accordance with the rights afforded to you for a higher-level review, your request was made timely and submitted, along with the evidence file, to the Network Director for consideration and decision.

After a thorough review of the evidence provided, the determination has been made to uphold the recommendation made by the facility to terminate you from employment with the Dublin, Georgia VAMC due to the fact that your APN licensure was inactivated by the North Carolina Board of Nursing and that your licensure remained inactive at the time of your receipt of the termination notice in question.

Once you have taken the appropriate steps with the state licensing board to renew and/or re-activate your license, you will be eligible to reapply for positions at the Dublin VAMC or VA facilities, in which you are interested and qualified. For more information, or to initiate the application process, please contact Mr. Terence Oster, Human Resources Manager at the Dublin VAMC at (478) 272-1210, extension 3424. You may also visit [www.usajobs.opm.com](http://www.usajobs.opm.com) to search for available vacancies.

In the course of the termination process you were afforded full access to the information that resulted in this termination action, and have been provided due process at each step, to include the opportunity to obtain appropriate representation in order to assist you with any oral and/or written response. You have also been properly notified of your rights for redress at each step of the process, and have exercised them appropriately.

If it is your opinion that discrimination has played a factor in termination, you have the right to contact your Equal Employment Opportunity office for further assistance in seeking satisfactory resolution to your concerns.

Page 2

Should you have any further questions regarding this letter, please contact Mr. Kevin Jones, VISN 7 Human Resources Officer at (678) 924-5792.

Sincerely,



Charles E. Sepich, FACHE  
Director, VA Southeast Network (VISN 7)

GEORGIA DEPARTMENT OF LABOR  
CLAIMS EXAMINER'S DETERMINATION

SSN \*\*\*-\*\*-  
BYB 12/04/12  
CWB 12/02/12

CAREER CENTER  
4400  
DUBLIN  
910 N. JEFFERSON STREET  
DUBLIN, GEORGIA 31021  
FAX # (478) 275-6599  
4400

CLAIMANT KATHLEEN H AMOS [REDACTED]	EMPLOYER CARL VINSON VAMC 1826 VETERANS BLVD DUBLIN GA 31021
---	---

SECTION I - CLAIM DETERMINATION

Disqualification begins 12/02/12 and continues until claimant becomes reemployed, is separated and has earned insured wages equal to at least \$3300 (10 times WBA).

SECTION II - LEGAL BASIS FOR DETERMINATION

Section 34-8-194 (2) (A) of the Employment Security Law says that you cannot be paid unemployment benefits if you were fired from your most recent employer for not following your employer's rules or orders. In addition, you may not be paid unemployment benefits if you were fired for failing to perform the duties for which you were hired, if that failure was within your control. You also cannot be paid benefits if you were suspended for any of these same reasons. The law says that your employer has to show that discharge or suspension was for a reason that would not allow you to be paid unemployment benefits. If you cannot be paid unemployment benefits under this section of the law, you may qualify at a later time. To do this, you must find other work and earn wages covered under unemployment law. The covered wages must be at least ten times the weekly amount of your claim. If you then become unemployed through no fault of your own, you may reapply for unemployment benefits.

SECTION III - REASONING

You were fired for not following rules, orders, or the instructions of your employer when you failed to maintain a NP license. You were responsible for working under these guidelines. The facts show you were aware of your employer's requirements and failed to follow them. Therefore, you cannot be paid unemployment benefits.

SECTION IV - ACCOUNT CHARGEABILITY

NOTICE TO EMPLOYER:

SECTION V - APPEAL RIGHTS

NOTE: This determination will become final unless you file an appeal on or before 01/11/13. If you file an appeal you must continue to report on your claim as instructed, or you will not be paid if you win your appeal. Refer to the Claimant Handbook booklet or contact an office of the Georgia Department of Labor for more details.

Georgia Department of Labor  
Claims Examiner

12/20/12  
Date of Interview

12/27/12  
Mail Date



GEORGIA DEPARTMENT OF LABOR - APPEALS TRIBUNAL  
Suite 201, 1630 Phoenix Blvd., College Park, GA 30349-5506  
770-909-2828 Fax 770-909-2884  
appeals@dol.state.ga.us

DECISION OF ADMINISTRATIVE HEARING OFFICER - DOCKET# 951-13

Appealing Party	Claimant	Decision Mailed	02/06/2013
Appeal Filed	01/07/2013	Appeal Rights Expire	02/21/2013
Hearing Date	02/04/2013		

Claimant  
KATHLEEN H AMOS

~~HEVILLE JOHNSON, P.C.  
22 SEVENTH STREET N.E.  
ATLANTA GA 30308~~

Employer  
CARL VINSON VAMC

**APPEARANCES:** This hearing was conducted by telephone conference with the claimant and the employer's representative, Katrina Conner, Employee Labor Relations Specialist. Kevin Crayon, Attorney, acted as representative for the claimant.

**O.C.G.A. PROVISIONS AND ISSUES INVOLVED:** OCGA Section 34-8-194(2) - Whether the discharge or suspension of the claimant was for failure to follow orders, rules or instructions or failure to perform the duties for which employed.

OCGA Section 34-8-157(b) - Whether the employer supplied written separation information to the Department of Labor in a timely manner.

**FINDINGS OF FACT:** The claimant was employed as a Nurse Practitioner with the above named employer from March 12, 2011 until November 29, 2012. The claimant was terminated from her employment.

As a condition of her employment with the above named employer, the claimant was required to meet the nurse qualification standard, including full and unrestricted licensure in a State. An employee who fails to meet the qualification is subject to immediate termination. The qualifications for employment are graduation from a school of nursing and registration. The claimant met and maintained these qualifications, including unrestricted licensure, at all relevant times of her employment.

See reverse side

On November 27, 2012, the claimant informed the employer that her "approval to practice" had been placed on inactive status by the North Carolina Board of Nursing. The claimant's approval to practice was placed on inactive status because her supervising physician moved into a different building. The claimant had no control over the stationing of her supervising physician. Her status was placed as inactive even though there is no requirement a supervising physician be physically present or in the same building as the nurse practitioner. After the claimant informed her employer that her approval to practice was placed on inactive status, the employer terminated the claimant for failure to maintain licensure.

The employer provided written, signed separation information to the Department in a timely manner.

REASONS FOR DECISION: O.C.G.A. Section 34-8-194(2)(A) provides for a disqualification if it is shown that an employee has been discharged or suspended from his most recent employer for failure to obey rules, orders, or instructions, or for failure to perform the duties for which employed. This Section of the Law places the burden of proof on the employer to show by weight of the evidence that the employee was at fault by a deliberate, willing, and knowing action on his part.

The employer has not shown that the claimant failed to maintain the qualifications of her position. Though the claimant's approval to practice was placed on inactive status, she maintained full licensure and met education requirements. The claimant had no control over the circumstances leading her approval to practice to be placed on inactive status. Accordingly, the employer has not met its burden of showing a knowing, willing, or deliberate violation of its policy and the claimant is eligible for benefits.

O.C.G.A. Section 34-8-157(b) provides that benefits paid shall be charged to the account of the most recent employer. The amount charged shall be the amount of benefits paid for the period of unemployment or the amount of wages paid by the employer from the beginning date of the base period of the claim whichever is less.

DECISION: The determination released by the Department on December 27, 2012, disqualifying the claimant effective December 2, 2012, is set aside. The claimant shall be entitled to unemployment insurance benefits effective December 2, 2012, under the provisions of O.C.G.A. Section 34-8-194(2)(A). The claimant will be entitled to benefits for all weeks that claimant has met all the reporting and eligibility requirements as provided for under the provisions of O.C.G.A. Section 34-8-195(a)(3).

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The employer's tax account shall be charged for benefits paid for the period of unemployment or the amount of wages paid during the period beginning with the base period of the claim, whichever is less, in accordance with O.C.G.A. Section 34-8-157(b).



RYAN RAY  
HEARING OFFICER

This is to certify that this decision was mailed on the above date by the clerk of the Appeals Tribunal.

If you desire to appeal this decision, notify the office below in writing. Appeal rights expire 15 days after the decision is mailed. An appeal filed by mail is considered filed as of the postmark shown on the envelope, or in the absence of a legible postmark, the actual date of receipt by the Department. A postage meter date will not be used to determine the date filed. Appeals by fax are considered filed on the date received.

Georgia Dept. of Labor-Board of Review      Fax:404-232-3339  
Suite 801, 148 Andrew Young International Blvd. NE  
Atlanta, GA 30303

COPIES OF THIS DECISION WERE MAILED TO

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four nationally recognized roles of advanced practice nursing: Certified Nurse Practitioners (CNP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS). The details of these specialties are:

### **CNP**

CNPs diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses, providing initial, ongoing, comprehensive care; including diagnosing, treating, and managing patients with acute and chronic illnesses.

### **CNM**

CNMs provide a full range of primary health care services to women, including gynecologic care, family planning, preconception care, prenatal and postpartum care, childbirth, and care of the newborn, to include treating the male partner of the female patient for sexually transmitted diseases and reproductive health.

### **CRNA**

CRNAs initiate anesthetic techniques (general, regional, local) and sedation, provide post-anesthesia evaluation and discharge; order and evaluate diagnostic tests; request consultations; perform point-of-care testing; and respond to emergency situations for airway management.

### **CNS**

CNSs provide diagnosis and treatment of health or illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities within their scope of practice.

APRNs must be licensed to practice in one of the four APRN roles; hold a graduate-level degree from an accredited program, hold national certification in an APRN role from a nationally recognized certifying body, and possess advanced clinical knowledge, experience and skills.<sup>2</sup>

### **Qualifications for Employment as a VA APRN**

Under 38 U.S.C. § 7402(b), VA health care practitioners, including nurses, must be licensed in "a" state to professionally practice, and may practice under that license at any VA health care facility in any state, regardless of its location or the practitioner's

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<sup>2</sup> APRN Joint Dialogue Group Report, July 7, 2008, *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. Completed through the work of the APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee  
[https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)

state of licensure. VA often employs advanced practice nurses who obtain their license in one state, but are employed by VA to practice in another state.

To be eligible for VA employment as an APRN, the individual APRN must meet the qualification standards set forth in VA Handbook 5005/27, Part II, Appendix G6, which provides, at paragraph 2, section B.a.(6):

*“(6) **Nurse Practitioners and Clinical Nurse Specialists.** On and after March 17, 2009, registered nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications:*

*(a) **Nurse Practitioners.** A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, possess a master's degree from a program accredited by the National League for Nursing Accrediting Commission or American Association of Colleges of Nursing, and maintain full and current certification as a nurse practitioner from the American Academy of Nurse Practitioners (AANP) or the American Nurses Credentialing Center (ANCC). [The certification must be in the specialty to which the individual is being appointed or selected.]”*

## **Regulation of Practice**

States assume the responsibility within their borders for ensuring, through licensure and certification, that health care professionals provide services appropriate to their training.<sup>3</sup> The 50 States and the District of Columbia have differing laws governing APRN practice. Some states employ a joint board of Nursing and Medicine or a separate nursing board or medicine board to regulate APRNs, while others require physicians to enter into supervisory relationships with APRNs (Attachment B). Some states consider APRN practice a medically delegated act and require direct physician supervision of APRNs, while other states require physicians to be in contact with the APRN periodically, or to be physically within a defined radius of the APRN. Some states require a written agreement between the APRN and the collaborating physician, while others do not.

The State of Georgia requires the filing of Nurse Protocol Agreements with both the Board of Medicine (BOM) and Board of Nursing (BON), ongoing collaboration between the NP and the delegating physician, and that the physician complete chart reviews on at least 10 percent of the NP's charts. There are 17 APRNs employed by the Medical Center licensed in the State of Georgia who must comply with these licensing regulations. The remaining APRNs are licensed in California, Florida, Texas, and Virginia; there are no similar Nurse Protocol Agreement requirements in these states.

Each APRN must possess a nursing license from one of the 50 States or the District of Columbia. APRNs with more than one license must designate one as their primary. As

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<sup>3</sup> National Governors Association, *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*, Washington, D.C. (Dec. 20, 2012). <http://nga.org/cms/center>

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**Filing of Nurse Protocol Agreements with the Board**

(1) The delegating physician shall file the nurse protocol agreement and a Board approved form with the Board for review and submits the requisite fee for review established in the Board's fee schedule. Fees are non-refundable.

(2) In addition to submitting the nurse protocol agreement to the Board for review, the delegating physician shall obtain from the APRN and submit to the Board current verification from the Georgia Board of Nursing that the APRN is approved to practice as an APRN and whether the APRN has had any disciplinary action taken against him or her by the Georgia Board of Nursing.

(3) If, after review, the Board determines that the nurse protocol agreement fails to meet accepted standards of medical practice, the delegating physician will be so notified and be required to amend the agreement in order to comply with such accepted standards.

(4) The delegating physician shall file with the Board amendments to nurse protocol agreements previously reviewed by the Board within 30 days of the date the amendment was executed.

(5) Nurse protocol agreements must be received by the Board within 30 days from the date of execution of the agreement.

(6) Incomplete protocols that have been on file with the Board for more than three months shall be deemed invalid. No further action will take place on the protocol requests that have been incomplete for more than three months and a new protocol and fee will be required.

Authority O.C.G.A. Sections 43-1-7, 43-34-5, 43-34-21, and 43-34-25. **History.** Original Rule entitled "Filing of Nurse Protocol Agreements with the Board" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007. **Amended:** F. Mar. 12, 2007; eff. Apr. 1, 2007. **Amended:** F. Jan. 13, 2014; eff. Feb. 2, 2014.