Annual Board Update

STATE OF NEVADA BOARD OF VETERINARY MEDICAL EXAMINERS

NOVEMBER 2006

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From The President

Jon Pennell, DVM, MS

This letter will mark the end of my term as President of the Board of Veterinary Medical Examiners. It has been an honor for me to serve as President the last two years and to have been a member of the Board for nine years. The Board is in good hands with Dr. Chris Yach as our new President and I offer my congratulations to him.

During the past nine years I have learned many lessons. Some were learned outright, others were already known and simply reinforced. The practice act has changed over time. The Board's mandate is to protect the public and regulations have been added over the years to accomplish that goal. Recently we went through the entire act, line by line to be sure it was up to date, fair and lived up to its mandate. Our Board has worked hard to be able to regulate animal chiropractic care and more recently animal physical therapy and has been cited as being among the leaders in the nation concerning those issues. There are now three AVMA approved technician programs in the state. The Board has clarified the duties of licensed veterinary technicians and also the duties of unlicensed assistants. Hopefully, with three schools, the technician shortage will continue to decrease. The Board has heard passionate pleas from clients with complaints, the veterinarians and in some cases the technicians who were on the receiving end of the complaints and attorneys from both sides. No matter how difficult the decision I feel we always tried to stay true to our mission and be fair in the process. Recently, we went to an all open meeting format and changed the way complaints are investigated. There was never any impropriety in the way we conducted our meetings, but now there can be no doubt. With the new investigation process we strive to get the investigations done in a timely manner and still do a thorough investigation. Almost every case we hear stems from the lack of communication, client education or poor record documentation.

I would like to thank Debbie Machen and Tracie Estep for their knowledge and attention to detail in running the Board office. They do a wonderful job. I will miss working with the Board members. They are all dedicated professionals. It has been a pleasure for me to meet many of the veterinarians and clients in the state. Thank you for this opportunity.

A Farewell to Our President

Thank-you Dr. Pennell for nine years of leadership in helping us achieve our goals and protect the interests of the public.

With admiration, your fellow Board members and staff.

Disciplinary Action

The following is a summary of disciplinary hearings, disciplinary Consent Decrees, and Letters of Reprimand that were entered into with the Board in the past year. The findings of the Board and the discipline taken are detailed below:

- *The Board filed a complaint in June of 2006 following an audit being conducted to ensure compliance with requirements for continuing education. The complaint was investigated and it was determined that the Licensee's conduct violated: NRS 638.1402, in misrepresenting information to secure a license.*

  The Board Order stated that: 1) The Licensee shall take an additional fifteen (15) hours of continuing education by December, 30, 2006. 2) The Licensee shall be audited, at a minimum, from 2007-2009 and shall be required to provide supporting documentation proving that he has participated in at least 15 hours of completion of continuing education during the 12 months immediately preceding the beginning of the new licensing year. 3) The Licensee will pay attorney fees, investigative costs, and Board costs of $250.00 and a fine of $500.00.

- *A consumer complaint was filed with the Board in May of 2006. The complaint was investigated and it was determined that the Licensee had violated: NAC 638.0175 and NAC 638.057, in failing to establish a VCPR by examining the animals prior to delegating any tasks to a licensed veterinary technician.*

  The Board Order stated that: 1) The Licensee must take and pass the Nevada State jurisprudence examination. 2) The Licensee must take an additional two (2) hours of continuing education in professional ethics. 3) The Licensee will pay attorney fees, investigative costs, and Board costs of $250.00.

- *The Board filed a complaint in March of 2006 following a hospital inspection. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated: 1) NAC 638.053 in allowing non-licensed personnel to perform dentals, which is a task that is restricted to a licensed veterinary technician or a veterinarian and 2) NAC 638.063 (2), equipment not being properly sterilized.*

  The Board Order stated that: 1) The Licensee shall pay investigative costs to the Board in the amount of $250.00; 2) The Licensee shall take and pass the Nevada State Jurisprudence examination; 3) The Licensee shall attend the "Anatomy of a Complaint" seminar; 4) The veterinary facility shall be subject to random inspections at staff's discretion at the Licensee's expense; and 5) The Licensee will not allow any of his employees to perform animal health tasks for which licensure is required as a veterinary technician.

- *The Board filed a complaint in February of 2006 following a hospital inspection. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated: 1) NAC 638.0475, medical records, in that the Licensee did not maintain adequate medical records; and 2) The Licensee having undertaken the care of two animals failed to continue care by examining and treating the animals on a daily basis. Specifically there was no medical record to document treatment of either patient.*

  The Board Order stated that: 1) The Licensee's veterinary license is to be placed on probation for one year; 2) The Licensee shall pay investigative costs to the Board in the amount of $500.00; 3) The Licensee shall take and pass the Nevada State Jurisprudence examination; 4) The Licensee shall attend the "Anatomy of a Complaint" seminar; and 5) The veterinary facility shall be subject to random inspections at staff's discretion and the Licensee's expense.

- *A consumer complaint was filed with the Board in February of 2006. The complaint was investigated and it was determined that the Licensed facility had violated the provisions of Chapter 638. The violation was NAC 638.053, allowing non-licensed personnel to perform euthanasia and administer a controlled substance, which are tasks that are restricted to a licensed veterinary technician or a veterinarian.*

  The Board Order stated that: 1) The facility shall pay investigative costs to the Board in the amount of $500.00; and 2) The facility will not allow any employee to perform animal health tasks for which licensure is required as a veterinary technician.

- *A consumer complaint was filed with the Board in February of 2006. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated: 1) NAC 638.053 in allowing non-licensed personnel to perform euthanasia and administer a controlled substance, which are tasks that are restricted to a licensed veterinary technician or a veterinarian; and 2) The Licensee allowed the treatment of a patient and the administration of a controlled substance without first establishing a veterinary-client-patient relationship.*

  The Board Order stated that: 1) The Licensee shall pay investigative costs to the Board in the amount of $250.00; and 2) The Licensee will not allow any employee to perform animal health tasks for which licensure is required as a veterinary technician.

- *A consumer complaint was filed with the Board in January of 2006. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated NAC 638.045 (2), negligence, a departure from the standard of practice of veterinary medicine, in that the Licensee failed to use an appropriate technique of ligation during a c-section and ovariohysterectomy.*

  The Board Order stated that: 1) The Licensee shall pay investigative costs to the Board in the amount of $250.00; and 2) Take an additional three hours of continuing education in reproduction which must include surgery and two hours of continuing education in critical care.

- *A consumer complaint was filed with the Board in August of 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated NAC 638.053, in that the Licensee allowed unlicensed personnel who were owners of the animal to administer a controlled substance and closed a wound with staples.*

  The Board Order stated that: 1) The Licensee shall pay investigative costs to the Board in the amount of $250.00; 2) The Licensee shall take and pass the Nevada State Jurisprudence examination; 3) The veterinary facility shall be subject to random inspections at staff's discretion and the Licensee's expense; and 4) Will not allow any of his employees to perform animal health tasks for which licensure is required as a veterinary technician.

- *A consumer complaint was filed with the Board on November 8, 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee's conduct violated NAC 638.045, negligence, a departure from the standard of practice of veterinary medicine, in that the Licensee failed to properly monitor anesthesia.*

  The Board Order stated that: 1) The Licensee shall pay investigative costs to the Board in the amount of $250.00; and 2) Take an additional three hours of continuing education in critical care.

- *A complaint was filed by the Board in November of 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee provided medical assistance and treatment to a child.*

  The Board Order stated that: 1) The Licensee's license is suspended with a stay; and 2) The Licensee shall pay investigative costs to the Board in the amount of $250.00.

- *A complaint was filed by the Board in May of 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee having undertaken the care of an animal did not continue care by examining the dog daily.*

  The Board Order stated that: 1) the Licensee shall pay investigative costs to the Board in the amount of $250.00; and 2) The Licensee shall take and pass the Nevada State Jurisprudence examination.

- *A complaint was filed by the Board on September 1, 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee failed to administer treatment to a critical patient in an emergency situation and the medical record failed to provide all clinical information pertaining to the animal to justify the diagnosis or the medical status of the animal.*

  The Board Order stated that: 1) The Licensee shall take three hours of continuing education in critical care; and pay investigative costs to the Board in the amount of $700.00.

- *A complaint was filed by the Board in September of 2005. The complaint was investigated and it was determined that the Licensee had violated the provisions of Chapter 638 in that the Licensee failed to properly repair a tibial fracture.*

  The Board Order stated that: 1) The Licensee shall take twenty hours of continuing education in orthopedic surgery; 2) Submit pre and post operative radiographs, medical records, and a critique of the procedure and the repair for six orthopedic cases; and 3) Pay investigative costs to the Board in the amount of $250.00.

Board Adopts New Regulations

A complete copy of the following adopted regulations can be obtained by calling the board office at (775) 688-1788 or you can visit our web-site at www.nvvetboard.us to review the entire Practice Act (NRS/NAC 638).

- **On June 1, 2006 the Board adopted the following changes to NAC 638:**
  - All Licensees shall display their license in a conspicuous manner within the place of employment.
  - Redefining of "indirect, direct, and immediate supervision."
  - Redefining of a "Veterinary intern."
  - A licensee who does not comply with annual continuing education requirements may be subject to disciplinary action.
  - Medical records of an animal is confidential and may not be released except: 1) owner request; 2) in response to a court order; 3) to ensure compliance with any federal, state and local statutes, regulations or ordinances. Nothing in this section is intended to prevent the sharing of veterinary medical information among veterinarians, law enforcement officials, and members, agents or officers of a society for the prevention of cruelty to animals who are acting to protect the welfare of an animal.
  - Veterinary technicians may apply casts for the immobilization of fractures under immediate supervision and can apply casts and splints under immediate or direct supervision.

- **On September 7, 2006 the Board adopted the following changes to NAC 638.**
  - Aseptic surgical procedures require each member of the surgical team to wear the appropriate sanitary cap and mask; any instrument used must be sterilized; and each member of the surgical team who is handling an instrument or touching the surgical sight shall wear a sterilized surgical gown and sterilized gloves. "Aseptic surgery" means surgery performed under sterilized conditions to prevent the introduction of infectious microorganisms.
  - When performing "clean surgery" any instrument used must be sterilized and each member of the surgical team who will be handling an instrument or touching the surgical site shall wear clean attire and gloves. "Clean surgery," means a surgical procedure which does not warrant the use of aseptic surgical procedures and which is conducted in a manner that is consistent with the prevailing standards of acceptable veterinary medical practice.
  - Criteria for registration as a veterinary-technician-in-training.
  - A supervising veterinarian is responsible for ensuring that unlicensed personnel do not perform duties that are specific to licensed veterinary technicians or licensed veterinarians. If a supervising veterinarian does not comply they may be subject to disciplinary action.
  - Increase a facility license to $50.00/yr.
  - A veterinary facility must maintain dated surgical packs including drapes sponges and proper instrumentation with proof of internal and external sterilization.
  - The Board may issue a citation and assess fines for persons who practice veterinary medicine without a license.
  - Repeal laws regarding a "Committee on Euthanasia Technicians."

NEVADA Programs accredited by the AVMA Committee on Veterinary Technician Education and Activities

Contact information for the Nevada Veterinary Technician Programs:

Dennis Olsen, DVM, Director
Community College of Southern Nevada
www.ccsn.nevada.edu
Veterinary Technology Program
6375 W. Charleston Blvd.
Las Vegas, NV 89146-1164
702-651-5852
2 year Associate in Applied Science
Initial Accreditation March 8, 2006
FULL ACCREDITATION

Ms. Wendi Ford, LVT, Director
wford@tmcc.edu
Truckee Meadows Community College
www.tmcc.edu
Veterinary Technology Program
18600 Wedge Parkway, Bldg. B
Reno, NV 89511
775-850-4006
(Initial Accreditation-September 16, 2005
PROVISIONAL ACCREDITATION

Dennis Lopez, LVT, Director
dlopez@pmi.edu
Pima Medical Institute
www.pmi.edu
Veterinary Technician Program
3333 E. Flamingo Road
Las Vegas, NV 89121
702-458-9650
15 - 18 month Occupational Associate
Initial Accreditation March 10, 2006
PROVISIONAL ACCREDITATION

Security and Accuracy of Computer Data

By Richard Simmonds, DVM, MS

Computerized data systems for practice management have become the rule rather than the exception in today's veterinary hospitals. Whether it's a solo practitioner using a self-developed Excell® database or a large, multi practitioner practice using a commercially purchased, all encompassing, multi modular system, we are seeing a definite trend away from paper records in favor of electronic records.

While this trend is likely unstoppable, there are some pitfalls that need to be addressed regarding the security and accuracy of the computerized records. First and foremost, as every one who has worked with computers has been advised, there needs to be adequate provisions for secure backup for the data, with frequent updating. In spite of this well known advice, there are still instances where critical data are lost because there were inadequate provisions for backup or updates were not done often enough. This may be particularly important if the backup data are co-located with the primary data and the facility is destroyed by fire or flood. If critical data are not retrievable when you have to respond to a complaint filed with the Board, it may be impossible to defend yourself against the allegations made by the client.

The second most important consideration is the accuracy of the data in the electronic records. That is, there must be safeguards against the ability to retrospectively alter the records in ways that can not be detected. There is absolutely nothing wrong in going back into a clinical record and making corrections, changes, additions, or deletions IF the fact that the changes were made AND the original notations are indicated and preserved, respectively. However, if your system permits altering an existing record without a reviewer/auditor being able to see what changes were made and when they were made, the system is not adequate to permit you to defend yourself in the case of a complaint filed with the Board or a civil lawsuit brought against you by a client.

A final bit of advice, be sure that any archival data in the system you use is retrievable for at least the length of time that records must be maintained. This period may vary depending on what data you are archiving, e.g., tax data for 7 years, clinical records for at least 4 years, occupational health data on your staff for 30 years after employment, and so forth. As computer hardware and software evolve, often at a frightening pace, it is easy to forget that archived data may not be retrievable with the current systems (after all, how many of you still have a disc drive and software that would allow you to get data off of a 5¼" floppy disc – for you young whippersnappers, how many of you even know what a 5¼" disc is!). Thus, you must have provisions in your computer management program to migrate any archived data into your upgraded system as upgrades are made.

Passing the Baton

By Craig Schank, DVM

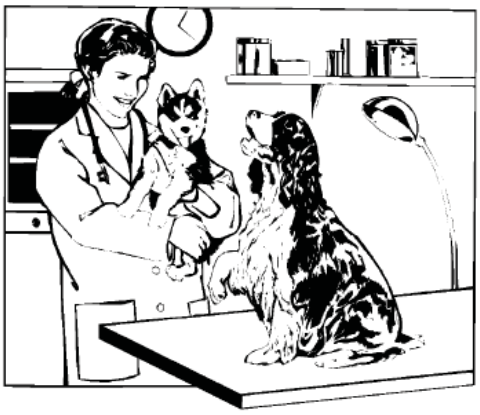
It is well understood that even with four fast runners in a relay race, if the baton is bobbled or dropped between one or more runners, a favorable outcome in the race could be in jeopardy. In today's multiple doctor practices, efficient patient care is a product of multiple individuals becoming involved much like a relay race.

A not too unusual scenario may be as follows: Dr. A sees a patient that requires surgery. A thorough description of the procedure, cost, expected prognosis, and aftercare is carefully explained. In the client's mind, this doctor is to provide the total care for their pet. A technician comes and takes the pet away for appropriate blood tests, etc. Dr. B. happens to be the surgeon of the day and performs the necessary procedure. The patient requires two days hospitalization and Dr. A is off during these two days. Dr. C. is responsible for the continued care of the patient during its hospitalization and makes daily communication with the owners. When the pet is discharged to its owner, Dr. D. happens to be the only Dr. available to see the client. Confusing? Yes! Especially to a client that keeps waiting to hear from Dr. A.

How do we avoid this confusion to the client?

1. Be clear in explaining to the client who will be involved in the care of their pet.
2. If there will be a change in doctors handling the case due to days off, vacation, etc., communicate this information to the client so they are aware of who is now in charge of the care of their pet.
3. Medical records need to be clear, concise, and updated in a very timely manner. Write what is necessary to avoid confusion when the next doctor looks at the record. We have yet to find a medical record that has too much information!
4. Organized "rounds" or some regularly scheduled method of getting staff together to discuss and review cases should be routine.

In summary, if multiple doctors are involved in a case, make that point clear with the client and then communicate well between the doctors.



Dentistry:
Are You Educating Your Clients?
By Jon Pennell, DVM, MS

Dentistry is an important part of many small animal practices. Even though extractions have a place in dentistry they can lead to disgruntled clients and at times even trigger Board complaints. Some of us have heard exasperated clients say something like, "You pulled four teeth!#*! How is poor 'Yorkie' going to be able to eat?" Without proper client education the client's perception may be that teeth are extracted for no apparent reason. The practice of dentistry has advanced tremendously over the years and there are techniques to save teeth in mouths with significant periodontal disease. However, due to severe infection, bone loss and the probability of pain to the pet, some teeth can't be saved. Clients have a right to be fully informed on all procedures being done on their pet and thereby give their informed consent. Signed consent forms are best and help eliminate possible confusion. Ideally, consent should be given both verbally and in writing. It helps tremendously if the veterinarian has had time prior to the dental prophy to discuss the possibility of losing some teeth. In our practice a dental release form that addresses certain procedures such as x-rays and extractions including an approximate estimate of the number of teeth that may need to be extracted has helped lessen some of the confusion and unhappiness shown by clients. Some clients consent to allow the veterinarian to do whatever is necessary. Others want to be contacted by phone if there are problems encountered during the procedure so they'll know what the recommendations are and what their options are. However you handle it, the fewer surprises clients encounter the happier they are.

Consent That Is Informational
Michael T. Chumrau, DVM

It has become apparent in recent years that the practice of veterinary medicine has had an awakening with the human-animal bond that developed with animals that are considered "members of the family." To protect you as a licensed professional and your practice, it is important that you are aware of the responsibility you have to obtain informed consent. To accomplish this requirement it is necessary that you know what is involved.

First of all, the need to acquire informed consent is addressed in the practice act in NAC 638.0175 as it pertains to the establishment of a veterinary-patient-client-relationship (VPCR). It is a condition of this relationship that the veterinarian obtains "informed consent" of the client to treat a patient. Under NAC 638.046, it is unethical to not "inform" the client of the expected results, and costs, and the related risks of each treatment regimen. Violation of this principle constitutes cause for disciplinary action by the board.

Pertaining to the practice of human medicine: "True consent as to what happens to one's self can be defined as the informed exercise of choice to receive treatment which entails an opportunity to evaluate knowledgably the options available and the predictable risks dependant upon each option." This implies that the individual giving the consent comprehends what is recommended and consents to that action along with its costs and risks. In veterinary medicine the consent is given by an owner for the patient, the animal, to be treated. Again, it is fundamental that the owner understands the available options, what each option involves, the risk of each option, and all associated costs. It is also essential that as treatment continues, costs, risks, and the treatment plan is updated regularly and the owner is kept informed of any changes over what is authorized.

If a doctor makes recommendations for the care of the patient and the owner declines consent there are still two options: 1) refuse service to the patient and ask the client to seek care elsewhere 2) note in the medical record that the client declines some or all of the recommendations and retain the noncompliant client. Remember if option number two is elected that you, as a licensed professional, must treat within the standard for practice of veterinary medicine. A stronger recommendation may be necessary after evaluating the minimal tests that were authorized.

Upon review of the components required to provide informed consent, three criteria need to be met. These criteria are the results expected from the recommended treatment, the cost estimated to do the treatment, and the inherent risks associated with the treatment. It is incumbent upon the veterinarian to document the medical record with all the required information prior to the start of the recommended treatment. If the situation arises, it is the medical record that is scrutinized for clarity and content. In addition, the medical record must contain the diagnosis or condition of the animal at the beginning of custody and the progress and disposition of the case (NAC 638.0475). All consent forms that are used should be reviewed by your legal council.

Did I Say What You Heard?

By Gary Ailes, DVM

What you think I said has little resemblance to what I meant for you to understand.

Isn't communication a wonderful thing? If we go by the research, 5% of communication is in the words, 37% is tone of voice and 58% is body language especially of the facial muscles.

Have you ever had someone tell you something that you just didn't quite believe but you didn't know why? Is it possible that we, as doctors, sometimes communicate things to our clients that we simply didn't intend?

How many times do we, as doctors, worry more about the client's pocket book than they do? Does that create a situation where we communicate mixed signals to the client? Did we actually talk them out of doing a test that we recommended?

All this information may seem silly unless you are called in front of the board by someone who feels they, or their animal, have been wronged. A simple example of this would be the doctor who continued to prescribe prednisone for a dog's allergies even though the owners would not bring the dog back for any tests or evaluation. When the dog developed iatrogenic Cushings, it was the doctor's fault that the dog was not checked, not the fact that the owners browbeat the doctor into giving the medication.

What this boils down to, is developing the clearest communication style that fits your personality. Are you a visual communicator? Do you use words like; can you see why we are doing this? This is the overall picture of his health. Or, do you use words like; can you hear what I just said? This problem sounds like it could be….

Or, do you use feeling words? I feel this is the best course of action. We'll just have to work our way through the soft and fuzzy to find the problem.

If you are a visual communicator, trying to get something across to a feeling (kinesthetic) person could be like fingernails on a chalk board. It can be just as hard for the communication to move from the feeling to the seeing. While this is going on, the person who communicates by hearing (audio) is lost from the visual and the feeling.

With all these different things going on while we are communicating, is it any wonder that miscommunication occasionally occurs.

As each of us grows in our own direction, we must continue to work on all of our skills, whether they are diagnostic, surgical or communication. Whatever you believe you have communicated to the client, make sure it is documented in the record for your own peace of mind.

Address of Record– It is Public Information

Your address of record with the Board is your facility address. This information is public information and is released to the public upon request. This address is also displayed on the Board's website.

Visit the Board's Website @ www.nvvetboard.us

- ✔ **Online renewals**
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- ✔ **Status of licensed individuals**
- ✔ **Board Members**
- ✔ **Board meeting dates**
- ✔ **Practice Act (Rules & Regulations)**
- ✔ **Application information & forms**
- ✔ **Request a letter of good standing**

Mission Statement

The Nevada State Board of Veterinary Medical Examiners was created in 1919 by the Nevada State Legislature for the protection of the public and their animals. It is composed of seven members appointed by the Governor. Board membership is comprised of six residents of the State of Nevada who have graduated from an approved veterinary college and who have been lawfully engaged in the practice of veterinary medicine for at least five years. One member must be a member of the general public. The board regulates the standards of conduct for the profession, reviews complaints and takes disciplinary action against licensees who have violated the statutes. The board develops and designs examinations and conducts them semi-annually for the licensure of veterinarians, veterinary technicians and euthanasia technicians, and renews their licenses on an annual basis. The Board also licenses approximately 176 Veterinary Hospitals in the State of Nevada.

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2006 Statistics

	2006	2005
Number of New Veterinarians licensed	87	85
Total Number of Active Veterinarians licensed	669	647
Total Number of Inactive Veterinarians licensed	191	181
Number of new Board Certified Diplomates licensed	3	4
Total Number of Board Certified Diplomates licensed	61	59
Total Number of Veterinary Facilities licensed	182	176
Number of New Vet.Techs.licensed/pending	76	66
Total Number of Veterinary Technicians licensed	327	284
Total Number of Veterinary Technicians in Training	108	81
Number of New Euthanasia Technicians licensed	0	22
Total Number of Euthanasia Technicians licensed	78	85
Number of Animal Chiropractor Registrations	3	3
Number of Animal Physical Therapists Registrations	2	2
Number of complaints called into the Board office	113	142
Number of formal complaints filed	54	56
Number of complaints dismissed	29	30
Number of disciplinary settlement agreements	12	13
Number of administrative hearings held/pending	0	2

BOARD MEETING SCHEDULE

January 11, 2007 Video
April 12, 2007 Las Vegas

EXAMINATION SCHEDULE

NAVLE

April 9-21, 2008
Deadline January 9, 2007
Nov. 12-Dec. 8, 2007
Deadline August 13, 2007

VTNE

January 19, 2007
Deadline November 9, 2006
June 15, 2007
Deadline April 9, 2007