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FROM THE EXECUTIVE DIRECTOR

Combating Opioid Prescription Abuse



As I noted in my last editorial message, it was my pleasure to participate in the very first Tri-Regulator Symposium held in Washington, DC, October 17th & 18th, 2012. This momentous event brought together members of medical boards, nursing boards and pharmacy boards from across the nation to discuss public protection issues of

mutual concern and to interact and network within a collegial atmosphere of cooperation and shared purpose.

Having been asked to serve on the panel to discuss opioid prescription abuse, I was challenged to examine this important societal issue as it relates to the nursing profession and how we are addressing this issue in Louisiana. It was an opportunity for introspection that I would like to share with you.

First, the problem of opioid dependence has risen to a major public health concern. The number of opioid prescriptions dispensed by pharmacies in the United States has risen from 76 million in 1991 to over 219 million by 2011 (Ungar, 2012). The number of emergency room admissions and deaths related to opioid overdose continues to rise at an alarming rate and, in 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year. The growing numbers have led to the identification of prescription drug abuse as an American crisis of epidemic proportions (Centers for Disease Control and Prevention, 2011).

The issue of combating opioid prescription abuse is a societal issue that requires attention and collaboration not only by medicine, nursing, and pharmacy, but also substance abuse health professionals and drug enforcement.

I realize that this is indeed a major concern for our profession on several fronts: the patients we care for, ourselves, and colleagues who are prescribed opioids for treatment, and advanced practice registered nurses (APRNs) who prescribe these medications in their practice.

From a caregiver perspective, I would encourage all of us to become better informed health professionals on this issue. The CDC is an excellent resource for more information on the facts

surrounding this major public health concern and America's blueprint for response.

From a personal perspective, nurses need to understand the risk of taking prescribed medications for ourselves and colleagues, and be responsible users if medically necessary. About 25% of the registered nurses who enter the recovering nurse program (RNP) are due to prescription opiate dependence. Also, we need to address the potential impact to the ability to practice safely while taking prescribed narcotic medications. The LSBN has addressed this issue in its Advisory Statement entitled "*Practicing while taking prescribed narcotic medication*". Click [here](#) to read the Advisory Statement.

From a prescriber's perspective, it is critical that APRNs authorized to prescribe controlled substances are well versed on the facts surrounding opioid abuse and dependency and engage in responsible prescribing practices. Louisiana is fortunate to have a comprehensive prescription monitoring program (PMP) that will soon be linked to fourteen (14) other state prescription monitoring programs, with more states coming on line with the National Association of Boards of Pharmacy PMP Interconnect system yearly. APRN prescribers need to utilize this tool to identify high risk individuals for abuse and overdose and those individuals seeking prescriptions from multiple providers. At the Tri-Regulator Conference, I learned that the Federation of State Medical Boards (FSMB) has recently updated its clinician's guide to opioid prescribing and it's available at the FSMB website, <http://www.fsmb.org/index.html>, in eBook.

Lastly, from a public health perspective, it is imperative that health professionals, law enforcement, and policy makers' work together to conquer this modern American epidemic, and do our part in achieving the blueprint for response put forth by the White House, which can be found [here](#).

For The Public Trust

Barbara L. Morvant





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References

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New LSBN Board Appointments

The Louisiana State Board of Nursing is pleased to announce Board members that have been appointed by Governor Bobby Jindal for 2013-2016.

Dr. Demetrius Porche, DNS, APRN, PH.D, FNP has been re-appointed for a second term to the LSBN Board. Dr. Porche is currently serving as the President of the Board and brings a wealth of knowledge and experience to the Board. He is the Dean and Professor at Louisiana State University Health Sciences Center (LSUHSC) School of Nursing in New Orleans. Dr. Porche is certified as a Clinical Specialist in Community Health Nursing and a Family Nurse Practitioner. He is the Founder and Chief Editor of the American Journal of Men's Health. Dr. Porche is currently teaching at the undergraduate and graduate level in the LSUHSC School of Nursing.

Dr. Laura Bonanno DNP, CRNA has been newly appointed to the LSBN Board. Dr. Bonanno is a Certified Registered Nurse Anesthetist, and she is also the Program Director of the LSUHSC School of Nursing Nurse Anesthesia Program. Dr. Bonanno has been appointed to serve as a registered nurse anesthetist nominated by the Louisiana Association of Nurse Anesthetists, as required by statute.

Each Board member serves a four-year term with possible re-appointment for one additional term.

Nursys e-Notify



NEW Service!

The National Council of State Boards of Nursing's Nursys® is the

only national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). It is comprised of data obtained **directly** from the licensure systems of U.S. boards of nursing (BONs) through frequent, secured updates.

e-Notify is an innovative nurse licensure notification system that delivers real-time notifications to employers about nurses in their employ. The system provides licensure and publicly available discipline data directly as the information is entered into the Nursys database by boards of nursing.

For more information on this service please visit the board website [here](#).

Disciplinary Matters

LSBN took a total of 39 actions at the November 13, 2012 hearing panel. For a complete listing click the link below: [November 13, 2012](#)

LSBN took a total of 33 actions at the December 11, 2012 hearing panel. For a complete listing click the link below: [December 11, 2012](#)

LSBN took a total of 40 actions at the January 8, 2013 hearing panel. For a complete listing click the link below: [January 8, 2013](#)





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APRN Corner

Title of “Doctor”

Last year Senate Bill 320 Act 772 authored by Senator Martiny and other representatives was signed by the governor and provided for matters related to the use of the title “Doctor” or abbreviation “Dr” . The bill states that “No healthcare provider, while performing direct patient care, shall present himself...to a patient using the title of ‘Doctor’... as a prefix to his name without using a suffix to denote either the type of professional license held...or the degree to which he is entitled...”.

Prescription Format

The current guidelines in the LSBN Chapter 45 rules and regulations regarding the format and content of prescriptions are adopted directly from the Louisiana Board of Pharmacy’s regulations (page 3 of <http://www.pharmacy.la.gov/assets/docs/Laws/LAC46Chap2520100420.pdf>). As the utilization of individually printed prescriptions and the practice of e-prescribing are growing, take time to verify that the products vendors are offering to create are products that meet the requirements of the Louisiana State Board of Nursing as well as those of the Louisiana Board of Pharmacy. Keep in mind that there are also federal regulations that affect e-prescribing controlled substances.

Distributing Medications

In Louisiana, only licensed pharmacists or physicians who possess a dispensing license can **dispense** to patients or a patient’s agent. Physicians with dispensing licenses cannot delegate their authority to an APRN. APRNs are prohibited from dispensing but can **distribute** prepackaged medications or samples of non-controlled substances for which the APRN has prescriptive authority (LAC46: XLVII.4513.D.4.c). Distribute means to hand the medication *directly* to the patient or patient’s agent.

An APRN with prescriptive authority may **distribute** prepackaged drugs prepared and labeled by a pharmacist that are specific to the patient. When the drug provided to the patient is not a sample, 100% of the labeling must be provided by a licensed pharmacist.

Additionally, out of state pharmacies must be permitted by the Louisiana Board of Pharmacy to provide goods and services in our state. This includes, but is not limited to, pharmacies providing goods and services via U.S. mail, commercial carrier, the Internet, and/or directly to Louisiana residents.





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Reporting of Human Immunodeficiency Virus, Hepatitis C Virus, and Hepatitis B Virus Status by Danielle Smith, MSN, RN Director of Monitoring

Periodically LSBN receives a form or a letter disclosing an individual's Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), or Hepatitis B Virus (HBV) status. Most of these forms are generated from one of Louisiana's Schools of Nursing in an attempt to comply with L.A.C. Title 46, Part XLVII Chapter 40 which outlines a nurse's responsibility to prevent the transmission of these viruses. The purpose of this article is to clarify a common misinterpretation of the guidelines for reporting if you are seropositive.

In accordance with Chapter 40, all registered nurses, registered nurse applicants, and nursing students enrolled in a clinical nursing course who know or should know that they carry and are capable of transmitting HBV, HCV, or HIV, **and who perform or participate in exposure-prone procedures** shall report their status to the Board of Nursing.

The full definition for an '**Exposure-Prone Procedure**' is listed in Chapter 40 §4401.A, which includes in part:

... an invasive procedure in which there is an increased risk of percutaneous injury to the registered nurse, registered nurse applicant, or a nursing student...by virtue of digital palpitations of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is significant risk of contact between the blood or body fluids of the registered nurse, registered nurse applicant, or a nursing student and the blood or body fluids of the patient. Examples of exposure prone procedures: cardiothoracic surgical procedures, including sternal opening and closing, and major gynecological surgical procedures, caesarian section, hysterectomy.

*Invasive procedures where the hands and fingertips of the worker **are visible and outside the patient's body at all times**, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered **not** to be exposure-prone. These may include: taking blood (venipuncture), setting up and maintaining IV lines or central lines (provided any skin tunneling procedure used for the latter is performed in a non-exposure-prone manner), minor surface suturing, incision of abscesses, routine vaginal or rectal examinations, and simple endoscopic procedures..."*

In summary, **most nursing procedures are not considered exposure prone**. Therefore, registered nurses, registered nurse applicants, and nursing students enrolled in clinical nursing courses who perform invasive procedures not identified as exposure-prone, and who are or become infected with HIV, HCV or HBV, shall practice **standard precautions** as defined in Section 4003 and are not required to report one's status to the Board. It is the responsibility of each nurse to be familiar with, and follow, all current rules and regulations of the Louisiana State Board of Nursing. Rules are available at the Board website www.lsbn.state.la.us.

Please be aware that causes for disciplinary action according to L.A.C.46:XLVII.3405.A includes:

k. failure to act, or negligently or willfully committing any act that adversely affects the physical or psychosocial welfare of the patient, including but not limited to, failing to practice in accordance with the Federal Centers for Disease Control recommendations for preventing transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV);

*o. failing to report to the board one's status when **one performs or participates in exposure-prone procedures** and is known to be a carrier of the hepatitis B virus or human immunodeficiency virus, in accordance with LAC 46:XLVII.4005;*

If you have any question regarding this matter, you may contact the Louisiana State Board of Nursing Monitoring Department at (225)755-7546 or monitoring@lsbn.state.la.us.





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Predicting Nursing Workforce Supply and Demand
by Cynthia Bienemy, PhD, RN
Director, Louisiana Center for Nursing

How many times have we heard that nurses represent the largest segment of health care providers in the United States? What does that mean in terms of our present health care system? The health care system, as we have known it in the past, will no longer exist. It is predicted that there will be over 30 million people added to the insurance rosters as a result of the passage of the Affordable Care Act (2010). Nursing has an opportunity like never before to help shape how health care is delivered in the U.S. The Institute of Medicine Report on the Future of Nursing *Leading Change, Advancing Health* (October 2010) has given nursing a blueprint for the future with the ultimate goal being that of improving the health care system and the health outcomes of the citizens that we care for on a daily basis. How many registered nurses (RNs) and advanced practice registered nurses (APRNs) will we need to meet this goal? We cannot simply wait until the demand exceeds the supply, to address this question. It is important to be proactive and plan for the future in order to effectively meet the health care needs of the citizens of Louisiana. Thus, the ability to predict future nursing workforce supply and demand will be important to policy makers, employers of nurses, health care providers, health care consumers, and other interested stakeholders.

The Louisiana State Board of Nursing (LSBN) has been extremely successful in collecting very important demographic data on all RNs and APRNs licensed to practice in Louisiana through the annual licensure renewal process. LSBN also collects nursing education capacity data from Undergraduate and Graduate Nursing Programs that prepare RNs and APRNs, respectively. Through the collaboration between the Louisiana Center for Nursing (LCN), which is a division of LSBN, and the Nursing Supply and Demand Council (NSDC), Louisiana's first Nursing Workforce Demand Study was completed in 2011. The information gained with the licensure data, the education capacity data, and the demand data, although very important, only allows for the identification of trends in the nursing workforce, depending on when the data was collected and the report was disseminated. In summary, our current data sources, in and of themselves, do not allow for the prediction of future nursing workforce needs. The ability to predict future nursing workforce supply and demand would allow policy makers, regulators, employers, and educators to strategically plan for an adequate supply of well prepared nurses that would be available to provide quality care to the citizens of Louisiana.

On September 17, 2012, the Louisiana Health Works Commission (LHWC) voted favorably to fund a proposal submitted by LSBN/LCN to conduct a Nursing Workforce Forecasting Study. A major outcome of this study will be an interactive, user friendly, policy tool for estimating the supply and demand for nurses in Louisiana under a variety of assumptions regarding demographic and economic factors. The Center for Health Affairs, the leading advocate for the Northeast Ohio hospitals and originator of the Northeast Ohio Nursing Initiative (NEONI) Forecast Model, with their team of expert consultants, will develop the Nursing Workforce Forecasting Model for Louisiana. The forecasting model will provide a more precise way of assisting policymakers, nurse leaders, and nurse educators in their efforts to plan and prepare for the future nursing workforce needs through 2020. LCN will serve as the state project lead and the point of communication to the project team. LCN will also serve as a point of contact to its own stakeholders, coordinate stakeholder meetings and training, and assist in locating and securing access to needed local and state data sources.

A Forecasting Design Meeting was held at LSBN on November 27, 2012. The purpose of the meeting was to give the NEONI team, which includes Lisa Anderson, MSN, RN, Vice President, The Center for Health Affairs, Cleveland, OH; Craig L. Moore, Ph.D., Economic Consultant, Southwick, MA; and Patricia J. Cirillo, Ph.D., President and Statistician, Cypress Research Group, Cleveland, OH, an opportunity to share information related to the development and utilization of the NEONI Forecasting Model with Louisiana stakeholders. The Forecasting Design Meeting also gave Louisiana stakeholders the opportunity to give input into what they would like Louisiana's Nursing Workforce Forecasting Model to include as well as insight into the unique aspects of





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Louisiana's health care system and the changes that are occurring statewide. Representatives from the Louisiana Hospital Association (LHA), LHWC, NSDC, the Louisiana State Board of Practical Nurse Examiners (LSBPNE), LSBN, LCN, the Louisiana State Nurses Association (LSNA), the Louisiana Nursing Home Association (LNHA), the Louisiana Organization of Nurse Executives (LONE), the Board of Regents, and the Louisiana Council of Administrators of Nursing Education (LaCANE), were in attendance at the Forecasting Design Meeting.

LCN, LSBN, LSBPNE, and LHA are working closely with the NEONI team to ensure that the most accurate information about Louisiana's nursing workforce is used to develop the forecasting model. The target date for completion of Louisiana's Nursing Workforce Forecasting Model is June 30, 2013.

Major Motions and Other Actions Taken at the December 12, 2012 Board Meeting

ADMINISTRATIVE ACTIONS:

Approved the following policy statement: Louisiana State Board of Nursing (LSBN) members give authority to LSBN's Executive Director to sign contracts on behalf of the Board and to assign a designee as the Executive Director so chooses.

Approved 2013/2014 Annual Budget

PRACTICE ACTIONS:

Adopted the opinion in response to a request by Dr. Anna Cazes, DNS, RN, Vice-President of Patient Care Services and Chief Nursing Officer, Baton Rouge General Medical Center, that it is within the scope of practice for a registered nurse to instill and/or remove chemotherapy and biotherapy agents, vesicant and non-vesicant, into/out of the bladder/ intravesical provided:

- (a) the registered nurse has the necessary skills, knowledge, abilities;
- (b) there is a physician order for the intervention;
- (c) there are current institutional policies and procedures that guide the practice;
- (d) the registered nurse remains aware of and follows current established standards/guidelines and recommendations for practice.

Instructed board staff to remove the prior opinion Npop90.01 from the LSBN website which stated that "instillation of vesicant agents into the bladder is not within the legal realm of the practice of a registered nurse."

Deferred action or opinion request 6.2, regarding whether or not it is within the scope of practice of a registered nurse, in

the home health setting, to instruct/teach a paid caregiver to manage a patient's healthcare needs.

Approved request for revision of LAC 46:XLVII:4513.D.7 in accordance with the Administrative Procedure Act, LA. R.S. 49:951-968 for initiation of rule making providing for the revision to the current requirements regarding notifying the Board of changes in prescriptive authority.

Approved proposed revisions for rules in Chapter 45 sections 4501-4517 in accordance with the Administrative Procedure Act, LA. R.S. 49:951-968 for initiation of rule making and revise the current list of approved Advanced National Certifying Organizations and population foci.

Approved request for formal legal opinion from the Board's legal counsel regarding advanced practice registered nurses' delegation of medication administration to unlicensed personnel.

EDUCATION ACTIONS:

Accepted the Site Visit Report on Southern University Shreveport Louisiana School (SUSLA) of Nursing Associate of Science in Nursing Degree and continued Full approval status to be reviewed annually with annual reports; And, further instructed SUSLA to provide LSBN with subsequent reports and correspondence with accrediting bodies.

Accepted the Site Visit report on Grambling State University School of Nursing Baccalaureate of Science in Nursing Degree and continued Conditional approval status to be reviewed annually with annual reports.

The Board accepted the Site Visit report on Grambling State University School of Nursing Masters of Science in Nursing Degree and continued Full status to be reviewed annually with annual reports;

And further, the Board instructed Grambling State University to provide LSBN with subsequent reports and correspondence with accrediting bodies.





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Accepted the Site Visit report of Louisiana College School of Nursing Baccalaureate of Science in Nursing Degree and continued Full approval status to be reviewed annually with annual reports; And further, the Board instructed Louisiana College to provide LSBN with subsequent reports and correspondence with accrediting bodies.

Accepted the addendum request to the approval of Southern Arkansas University, Magnolia Associate Degree Program in Nursing to offer clinical experiences in Louisiana for OB/Peds to include the Baccalaureate of Science in Nursing Program through July 13, 2013 at which time the ADN program is due for reapproval; And, further that the BSN program adhere to the same rules and regulations as the ADN program:

1. Faculty Qualification forms must be submitted and approved prior to clinical experiences
2. For each clinical site in Louisiana a Clinical Site Survey form must be submitted to LSBN for approval and remain on file at the School of Nursing
3. Student applications and Criminal Background Check packets are due at LSBN no later than sixty days prior to enrollment in the clinical course utilizing Louisiana Clinical Site.
4. School of Nursing must adhere to standards maintaining an 80% or higher NCLEX pass rate (as rate for each January to December calendar year)

Approved the Major Curriculum change for Louisiana State University Health Sciences Center to change specialty track title from Adult Clinical Nurse Specialist to Adult Gerontology Clinical Nurse Specialist.

Approved the Major Curriculum change for Louisiana State University Health Sciences Center to change the Anesthesia Program to a BSN to DNP track.

Approved the major curriculum change request by the University of Cincinnati to add the specialties of:
Clinical Nurse Specialist / Nurse Educator
Family Nurse Practitioner
Nurse Midwife;

And, the Board acknowledged and accepted the revision of the Psychiatric Mental Health Nurse Practitioner Track to eliminate the CNS dual specialty;

And, instructed that approval of program shall be effective through Spring 2014 contingent upon:

- 1) Securing endorsement of Psychiatric Mental Health Nurse Practitioner faculty and submitting Faculty Qualification Form for approval prior to enrollment of

subsequent students into track.

- 2) Continued adherence to and submission of required documentation regarding faculty qualifications, preceptor qualifications, clinical site appropriateness and approval, and student criteria as outlined in LAC46: XVII.4509.

CENTER OF NURSING ACTIONS:

Approved the Request from the Health Works Commission, LSU Department of Economics to:

Allow LSBN to send out mail merged e-mails to APRNs in Louisiana with a link to the Health Works Commission Survey on LSU's website.

2013 State Holiday Schedule

Mardi Gras.....	February 12
Good Friday.....	March 29
Memorial Day.....	May 27
Independence Day.....	July 4
Labor Day.....	September 2
Veterans Day.....	November 11
Thanksgiving Day.....	November 28
Christmas Day.....	December 25

Future Meeting Dates

BOARD MEETING DATES

- February 20, 2013
- April 17, 2013
- June 12, 2013
- August 14, 2013
- October 9, 2013
- December 11, 2013

