

T H E E X A M I N E R

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The Mission of the Louisiana State Board of Nursing is to safeguard the life and health of the citizens of Louisiana by assuring persons practicing as Registered Nurses and Advanced Practice Registered Nurses are competent and safe.

FROM THE EXECUTIVE DIRECTOR



The National Council of State Boards of Nursing (NCSBN) recently met in Chicago for the 2015 Annual Meeting. The theme of this year's meeting was **A United Mission** and it was represented by the imagery of a kaleidoscope. Shirley Brekken, President, emphasized the unity shared by all the member boards

- Launch of NCSBN Hive, a new collaboration site for knowledge networks, committees, and special groups intended to increase participation and communication among member boards; and
- Development of simulation guidelines based on the award-winning national simulation study results.

Dr. David Benton, formerly CEO of Nursing Regulation in Scotland and currently CEO of the International Council of Nurses, succeeds Ms. Apple as NCSBN CEO on October 1, 2015.

Dr. Doris Gunderson, Medical Director of the Colorado Physician Health Program, spoke at the Annual Meeting on Colorado's experience with legalization of marijuana and it was a compelling story indeed particularly related to the challenges of regulating the practice of prescribing marijuana. Colorado passed an amendment to their constitution in November 2000 allowing for the legalization of marijuana for medicinal purposes and the Colorado Department of Public Health and Environment was tasked with implementing and administering the registry program. It was anticipated that the primary use would be for cachexia, severe pain, cancer, glaucoma, seizures or HIV/AIDS. However, in 2009, when the Obama administration indicated that medical marijuana prosecution would have a low priority for the justice department, applications for its use increased 300% in 4 months. By July 2011, 127,816 Colorado citizens were in possession of medical marijuana cards. Marijuana dispensaries sprouted like weeds, with more marijuana dispensaries in Denver than Starbucks and liquor stores combined. As of April 2014, the majority of cards were being issued for youthful males with severe pain and Colorado determined that there was either a sudden epidemic of chronic pain in this population or there was exploitation by recreational users and financial opportunists. As a result, Senate Bill 109 was passed in 2010 that tightened up requirements for defining a bona fide physician-patient relationship, mandating an unrestricted medical and DEA license, defined physician conflict of interest such that physicians could not be employed by marijuana dispensaries, and required independent examination by two physicians for patients under 21 years of age applying for marijuana use cards.

of the NCSBN. Some of the highlights of the year included:

- Establishment of the NCLEX-RN examination as the national licensure examination for RNs in Canada;
- Convening of only the 2nd special, called meeting of the Delegate Assembly in the organization's history for adoption of the enhanced Nurse Licensure Compact and Advanced Practice Nurse Compact; both Compacts were passed;
- Recognition by the American National Standards Institute of NCSBN as a standards developer; approval by the Board of Standards Review that NCSBN's criminal background check (CBC) standard was approved as an American national standard; and
- Roll out of the Optimal Regulatory Board System (ORBS), a web-based licensure and case management system, in West Virginia and Idaho; Louisiana is the 3rd state to implement the system and our go-live date is October 1, 2015 for the licensure renewal segment of the system.

At this same meeting, we were able to honor and say goodbye to NCSBN CEO, Kathy Apple, who is retiring after 14 years leading the organization. Some of her reflections in regards to her tenure included:

- Recognition of the NCLEX examination as a psychometrically sound and legally defensible competency assessment for both PN and RN practice;
- Growth of participation in NURSYS, the national licensure database, has increased from ten member boards sporadically submitting data in 2001 to all jurisdictions submitting disciplinary data in 2015, 54 jurisdictions submitting RN and PN licensure data for over 4.5 million licensed nurses, 48 jurisdictions participating in licensure verification for endorsement, 21 jurisdictions are contributing workforce data, and 12 jurisdictions are now contributing APRN licensure data;





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Other problems that Colorado has encountered include a legal cutoff of 5 ng/ml for establishment of driving under the influence and yet marijuana can result in cognitive deficits at the level of 3 ng/ml. Additionally, it can take up to 3-5 months for marijuana to clear urine, thus someone actually might have abstained from the use of marijuana for months and still their urine results would be positive. Marijuana is also known to be neurotoxic to the still developing adolescent brain and primes the brain for addiction. In 2015, because of the increased potency of marijuana, it is likely a gateway drug.

In conclusion, Dr. Gunderson addressed the impact that legalization of marijuana has had on public health in Colorado:

- Traffic fatalities involving marijuana have increased 100% between 2007 and 2012;
- Colorado ranks 3rd in the nation for adult use, 42% higher than the national average;
- In 2013, 48% of adult arrestees in Denver tested positive for marijuana;
- From 2011 to 2013, marijuana-related ER visits increased by 57%; and
- From 2011 to 2013, hospitalizations related to marijuana increased by 82%.

Colorado's experiences are certainly a cautionary tale for any state contemplating the legalization of marijuana for medicinal use. The law of unintended consequences often comes to bear on even the best intentioned plans. The expected financial windfall from tax revenues has not materialized, boundary states around Colorado are suing the state for their increased costs related to the uptick in criminal activities related to marijuana use, and public health is being adversely affected. Louisiana needs to carefully evaluate other states' experiences in this realm as we consider any future approval of marijuana, medicinally or otherwise.

In Service to Nursing,

Karen C. Lyon, PhD, APRN, ACNS, NEA_{BC}
Executive Director

Announcements

LSBN Executive Director Selected as a Great 100 Nurse

Karen C. Lyon, PhD, APRN, ACNS, NEA_{BC}, LSBN Executive Director, was selected as a Great 100 Nurse for 2015. These exemplary nurses are selected based on their concern for humanity, their contributions to the profession of Nursing, and their mentoring of others. It is a great honor in the life of the Nurse. The award celebration will be held on Wednesday, October 14, 2015 at the Ponchartrain Center in Kenner, Louisiana.

LSBN Board Member Selected as American Association of Nurse Practitioners (AANP) Fellow

Lucie Agosta, PhD, ANP, FNP, LSBN Board Member, was inducted into the 2015 Fellows of the American Association of Nurse Practitioners (FAANP)! The FAANP selected 70 nurse practitioner leaders from across the United States. They were honored Thursday, June 11, 2015 at the AANP National Conference at the Hilton Riverside New Orleans Hotel in New Orleans, Louisiana. AANP established the FAANP program in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through clinical practice, research, education, or policy. Dr. Agosta has served as a LSBN Board Member for the last six years and has held various positions during her tenure on the Board.

Appointments to National Council of State Boards of Nursing (NCSBN) Committees for FY 2016

Karen Lyon, PhD, APRN, ACNS, NEA_{BC}, LSBN Executive Director, has been appointed to the NCSBN Finance Committee. The FY2016 charge to the committee is to advise the Board on the overall direction and control of the finances of the organization; review and recommend a budget to the Board; monitor income, expenditures, and program activities against projections, and present quarterly financial statements to the Board. The committee also oversees the financial reporting process, the system of internal accounting and financial controls, the performance and independence of the auditors, and the annual independent audit of NCSBN financial statements and recommends to the Board the appointment of a firm to serve as auditors.





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Appointments to National Council of State Boards of Nursing (NCSBN) Committees for FY 2016 (continued)

Cynthia Bienemy, PhD, RN, Director of the Louisiana Center for Nursing, was selected to serve on the NCSBN Institute of Regulatory Excellence (IRE) Committee. It is a two year appointment which begins immediately following the August 2015 Annual Meeting. The FY2016 charge for the IRE committee will be to select the 2016 IRE fellows, approve project proposals and reports, and implement strategies for engagement of inducted fellows in the NCSBN activities.

Patricia Dufrene, MSN, RN, Director of Education and Licensure, is continuing on the Leadership Succession Committee (LSC) at the NCSBN. Patricia was elected in 2014 for a two year term representing Area 3. The LSC is charged with: recommending strategies for the ongoing sustainability and advancement of the organization through leadership succession planning and presenting a slate of candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the LSC.

Cynthia York, MSN, RN, CGRN, Director of RN Practice/Credentialing has been appointed by the National Council of State Boards of Nursing (NCSBN), Board of Directors as a member of the Awards Committee. Ms. York's appointment is for a two-year term and she, along with other members of the committee, will be responsible for selecting NCSBN award recipients.

LSBN Department Spotlight

In this edition of *The Examiner*, we are introducing the team members of the **APRN Department**.

Jennifer Alleman has been with LSBN since October, 2011. She initially served as the APRN Compliance Officer and now serves as the Director of Advanced Practice. She provides services addressing credentialing and practice issues as well as consultation regarding education, disciplinary actions, and investigations of complaints directly involving APRNs. Ms. Alleman is actively involved with local and national organizations dedicated to initiatives for the Future of Nursing Campaign and organizations dedicated to regulatory excellence. Ms. Alleman's background as an FNP includes experience in primary and urgent care settings in



Louisiana, California and New Mexico. She graduated with her Bachelor's degree from Southeastern Louisiana University in Hammond. She graduated from Northwestern State University in Shreveport with her Master's in Nursing and is currently enrolled in and a student representative for the DNP program at Loyola University New Orleans.

Laura Guillory is a dedicated employee that has been with LSBN since February, 2007 and currently serves as a Licensing Analyst 2 for the APRN Department. She is highly efficient and knowledgeable in all areas of the credentialing and licensing processes. Mrs. Guillory is instrumental in developing and revising procedures and policies for APRNs in Louisiana as this profession grows. She possesses, utilizes, and communicates her knowledge relative to the Nurse Practice Act and the Administrative Rules and Processes of the Board to assist applicants and licensees on a daily basis. She graduated with her Bachelor's in Science degree in business management from Southeastern Louisiana University in Hammond. Her vast experience and expertise are an asset to the agency as she assists in all aspects of APRN practice in a fast paced department.



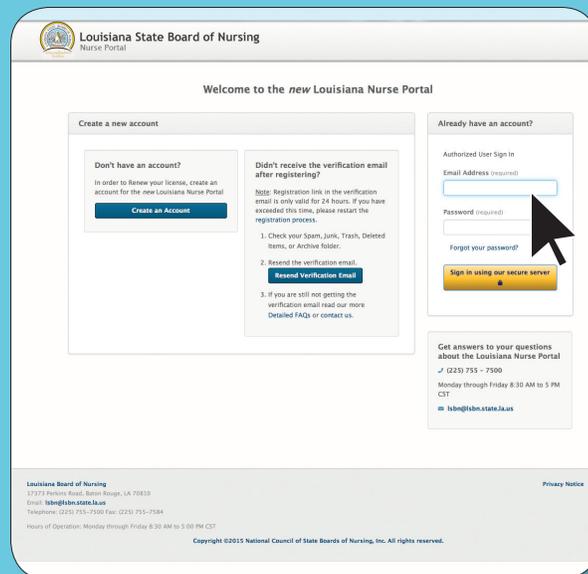
Monique Calmes has recently joined the APRN department as an APRN Compliance Officer/Credentialing Manager. She comes to LSBN with extensive experience as a RN and FNP. She is a highly responsible professional that will determine eligibility for licensure and credentialing, manage practice inquiries, provide professional consultation with other departments, and collaborate with other organizations to promote regulatory excellence. Mrs. Calmes' background as an FNP includes managing all aspects of patient care in primary care settings including rural health clinics where she also provided supervision, management, and leadership to ancillary staff. She graduated with her Bachelor's degree from Southeastern Louisiana University in Hammond in 1993, and she graduated from Southern University in Baton Rouge with her Master's in Nursing. One of her goals is to serve the LSBN by assisting in communication with APRNs to facilitate the safety as well as growth of our profession. Ms. Calmes is a very welcome asset to our team!





LOUISIANA STATE BOARD OF NURSING 2016 RN/APRN License Renewal Information

LSBN NURSE PORTAL ONLINE Renewal



Introducing LSBN's New Nurse Portal

- ✦ **NEW** Account Needed for Access
- ✦ **NEW** Questions
Some of the questions have changed, so read carefully before you select an answer.
- ✦ **NEW** Application Process*
* Advanced Practice Registered Nurses need to complete two separate applications and two credit card transactions.
- ✦ **NEW** Document Upload Feature
Option to upload if documents are requested.

Renewal is just a few clicks away! Go to www.lsbm.state.la.us

- CLICK** My services
- STEP 1** Create a **NEW** Account
Create a new account. Search for your name or license number. You'll need the last 4 digits of your Social Security number and a personal email address. Your old username and password are no longer valid.
- STEP 2** **Verify Email** within 24 hours
Once you have verified your email, you will be ready to RENEW your license.
- STEP 3** **Renew** your license
- STEP 4** **Pay** online

www.lsbm.state.la.us

**RENEWAL DEADLINE IS MIDNIGHT (CST) DECEMBER 31, 2015
LATE RENEWAL ENDS MIDNIGHT (CST) JANUARY 31, 2016**



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APRN Corner
by Jennifer Alleman, APRN, FNP, BC
Director, Advanced Practice

Orders for Durable Medical Equipment (DME)

In April of this year, Congress approved legislation that removed barriers which previously prevented APRNs from providing the required certifying face-to-face visit and ordering of durable medical equipment (DME) for Medicare recipients. This amendment to the Social Security Act now allows APRNs to provide such services and also reformed reimbursement for these services. For further information, review the Medicare Access and the Children's Health Insurance Program (CHIP) Reauthorization Act of 2015, H.R. 2. Keep in mind that APRNs in Louisiana must have prescriptive authority authorized by the Louisiana State Board of Nursing (LSBN) to provide orders of any kind including those for DME and other services.

Collaborating Physicians

APRNs are expected to select collaborating physicians who provide patient care in a practice comparable in scope, specialty or expertise to that of the APRN. The collaborating physician should be actively engaged in the provision of patient care within the state of Louisiana. Physicians who are retired or are otherwise not providing patient care services on a consistent basis cannot serve as a collaborating physician. This does not exclude locum tenens physicians who may serve as a collaborating physician while they are providing care in Louisiana. Per LA R.S.46:XLVII: 4513.D.1.vi.c.i, the collaborating physician must "be available by telephone or direct telecommunication for consultation, assistance with medical emergencies, or patient referral at all times that the APRN is exercising prescriptive authority". Any "back up" or secondary physician must also be approved. Back-up physicians are not required but must meet all provisions, stipulations, and requirements of the primary collaborating physician including receiving approval by LSBN.





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RNP Corner
by Barbara McGill, MSN, RN
Director, RNP/Monitoring

When Did The Recovering Nurse Program Become an UH-OH?

I was at a summit this summer which was an effort to bring together Campus Recovery Programs, Professional Monitoring Programs, and Drug Courts. One of my colleagues who is involved in a Recovery High School Program mentioned that some of our programs, which are meant to help people, have become an "UH-OH." As in UH-OH, now you are caught and you must enter into the Recovering Nurse Program. How sad it is that the Recovering Nurse Program (RNP) may be viewed by some in this way.

Once again I say that the RNP was started by nurses to help nurses who have the disease of addiction. Yes, there are many requirements in the RNP. Some are time-consuming, some are costly, and some cause us to share with others, things we sometimes would rather keep to ourselves. But the RNP was set up to help nurses get into recovery while maintaining their license and their livelihood. Is there anyone, besides me, who remembers having their colleagues dragged off the unit in handcuffs for stealing narcotics? Is there anyone who remembers when the license of the nurse who was found to be chemically dependent was suspended and the nurse was pretty much on his/her own to get the license back? And don't forget that the person who is addicted to drugs or alcohol is much more likely to commit suicide than the general population.

Suicide is the 10th leading cause of death in the U.S. Depression and other mood disorders are the number one risk factor for suicide, but alcohol and drug abuse, even without depression, are a close second. In fact, research has shown that the strongest predictor of suicide is alcoholism, not a psychiatric diagnosis. People with substance use disorders are about six times more likely to commit suicide than the general population (Maloney, Degenhardt & Darke, 2007).

The RNP is not an "UH-OH." It is a gift. Recovery offers the nurse precious gifts: a sober life, the ability to maintain one's license, forging new sober relationships, and increased self-esteem. These are just a few of the many gifts that are available to nurses in recovery. Upon exiting, nurses routinely say "the RNP saved my life," and other less dramatic accolades. My hope would be that nurses recognize the RNP as a gift and not as an "UH-OH."

Please be sure to join RNP in celebrating 30 years in 2016. We hope to publish stories from some of the graduates. If you wish to share your story (anonymously), send an e-mail to mcgillb@lsbn.state.la.us.

References:

Maloney E, Degenhardt L, Darke S, et al. Suicidal behavior and associated risk factors among opioid-dependent individuals: a case-control study. *Addiction*. 2007;102:1933-1941.





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Value of Implementing Just Culture
by Cynthia York, MSN, RN, CGRN
Director, RN Practice/Credentialing Department

Frequently, the initial response to a healthcare professional's error is to quickly establish blame and seek disciplinary action. Consequently, fear of punishment may result in under-reporting of errors and cause only incidents of serious patient harm or death to be examined, ignoring or only minimally addressing other errors. Employing organizational just culture fosters an environment wherein errors may be freely reported without fear of reprisal, resulting in an increased awareness of system processes and opportunities for improved patient care (Burhans, Chastain and George, 2012).

So what does just culture look like?

- A just culture is a learning culture in which there is a thirst for knowledge and a need to understand both individual and organizational risk. Those involved in a learning culture learn from their mistakes and share this learning in such a way as to support performance improvement and encourage safe choices;
- A just culture is an open and fair culture. Reporting of errors is transparent. The erring professional feels safe reporting errors so others have the opportunity to learn from them. Near misses are reported to provide a learning opportunity so that future risk and error may be reduced;
- In a just culture, managers and employees collaboratively work to design systems that anticipate human error, capture errors before they reach the patient or employee, and allow for recovery when errors reach the patient (King, 2010, p. 285).

Lazarus (2011) reported that just culture is most effectively employed when organizational leaders recognize, and subsequently persuade staff, to believe that "it's about the process, not the people" (p. 223). Development of an open and honest framework for reporting errors is critical, and further, should:

- create an open learning environment;
- console and coach professionals who make an error and discipline reckless behavior, but most importantly, know the difference;
- limit the use of warnings and punitive actions to where they will benefit and improve safety and not look for blame, but hold individuals accountable for their choices;
- strive to understand why humans cause errors;
- strive to understand why humans drift and participate in at-risk behaviors;
- learn to see commonalities and prioritize risk and interventions;
- work with staff members to design systems that will reduce error and drift, because staff members tend to cut corners as a result of competing demands such as turnover time, broken systems, and misinformation; and
- learn how to capture meaningful data related to patient safety and measure the outcomes (King, 2010, p. 285-286).





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Emerging as a critical concept in patient safety, the overarching goal of just culture is to emphasize the health professionals' ethical responsibility to report potential safety risks, without the worry of disciplinary action (Dauterive, 2013). By maintaining the focus on defects in system design rather than the individual, the health care team is more likely to self-report, resulting in greater opportunities for corrective action and decreased errors in the future.

Additional resources:

<http://nursingworld.org/psjustculture>

<http://www.americannursetoday.com/assets/0/434/436/440/10226/10228/10240/10290/1ef5f7a9-9ffa-41aa-9c40-2b81d1308ae9.pdf>

http://flightsafety.org/files/just_culture.pdf

https://c.ymcdn.com/sites/www.oregonrn.org/resource/resmgr/imported/ONA_2011ActionReport_JustCulture.pdf

References:

Burhans, Chastain & George (2012). Just culture and nursing regulation: Learning to improve patient safety. *Journal of Nursing Regulation*, 2(4), 43-49.

Dauterive, F. & Schubert, A. (2013). Bioethics in practice: A quarterly column about medical ethics. *The Ochsner Journal*, 13(3), 293-294.

King, C. (2010). To err is human, to drift is normalization of deviance. *Journal of the Association of Operating Room Nurses*, 91(2), 284-286.

Lazarus, I. (2011). On the road to find out...transparency and just culture offer significant return on investment. *Journal of Healthcare Management*, 56(4), 223-227.





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Undergraduate and Graduate Nursing Education Degree Programs Leading to Licensure:
Louisiana Board Approval
by Patricia Dufrene, MSN, RN
Director of Education and Licensure

In accordance with La Revised Statutes 17:1808, an out-of-state institution of higher learning may not offer courses/clinical experiences in Louisiana unless registered with the Louisiana Board of Regents.

Further, La Revised Statutes 37:918 authorized the Louisiana State Board of Nursing (LSBN) to approve nursing programs preparing graduates to seek licensure as a Registered Nurse (RN) or an Advanced Practice Registered Nurse (APRN).

- If a school intends to initiate a RN program in Louisiana, the school must seek approval for the program from the LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting (LAC 46XLVII.3533).
- If a school intends to initiate an APRN program in Louisiana, the school must seek approval for the program from the LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting (LAC 46XLVII.4509).
- If a school intends to enroll students in a program to become a RN and engage in clinical experiences in Louisiana, the school must seek approval for those clinical courses from the LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting (LAC 46XLVII.3536).
- If a school intends to enroll registered nurses in a program to become an APRN and engage in clinical experiences in Louisiana, the school must seek approval for those roles and populations from the LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting (LAC 46XLVII.4509.R).

In addition to other requirements, the programs must provide current Board of Nursing (BON) approval from the state where administrative control is located, Louisiana Board of Regents license, Regional accreditation, National Nursing accreditation, compliance with faculty and preceptor qualifications and clinical affiliation clearance.

Approval

Requirements and Importance

Approval is a status indicating the program has met the legal standards established by the Board.

The LSBN approves pre-licensure nursing educational programs which meet their educational standards and assure protection of the public through evaluation and enforcement of those standards. The Board has legal authority over the programs and statutory authority to close programs that are not meeting the standards (LSBN).

- Eligibility to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) requires graduation from a Board approved School of Nursing (NCSBN, 2012).
- Eligibility for Licensure in Louisiana by Examination or Endorsement requires completion of a nursing education program approved by the BON.
- Louisiana Nursing Education Articulation Plan (2005, Revised 2014) requires transferred courses and prior degree used for articulation to be from an approved nursing education program.





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Types of Approval in Louisiana

1. Initial Approval

Initial Approval is a term used to refer to approval granted to a new program.

Initial approval is granted to a new program which upon application by the parent institution and after survey and board evaluation, is determined by the Board to be eligible to admit students to the nursing educational program.

There are three steps a program must do to achieve initial approval. The program must present a letter of intent and feasibility study at a regular scheduled Board meeting. If sanctioned, the program is granted permission to develop the program. Approvals of the Board, followed by a LSBN staff site visit are required prior to approval. Initial approval authorizes the program to advertise and admit students.

2. Full Approval

Full Approval is a term used to refer to approval granted to programs meeting all standards and requirements of the Board.

After members of the first class of graduates receive the results of the licensure examination, an on-site survey shall be conducted to evaluate the program's compliance with standards. Following the Board's review of the on-site survey report, the Board may continue initial approval or grant full approval of the nursing program.

Initial approval shall not be continued for more than two consecutive one-year periods following the nursing program's eligibility to apply for full approval.

3. Conditional Approval

A nursing education program shall be placed on conditional approval when the Board has determined that it fails to meet one or more of the established standards.

A program shall not be issued conditional approval by the Board for more than three consecutive years. After three consecutive years on conditional approval, a program shall not admit any students into the nursing sequence until the board has determined that all standards have been met.

Accreditation

Accreditation is an external review process which assesses the quality, continuous quality improvement and program effectiveness (Eaton, 2014). Many Boards of Nursing, including the LSBN require accreditation to sit for the NCLEX-RN. Eaton (2012) identifies four primary roles of accreditation as: 1) assuring quality by identifying a program meets at least minimum standards; 2) requiring access to state and federal funds; 3) providing confidence to employers of applicant credentials; and 4) promoting smooth transfer of programs and courses among colleges and universities.

- Eligibility to offer a RN or APRN education program or clinical nursing experiences in Louisiana requires accreditation (LSBN).
- Louisiana Nursing Education Articulation Plan 2005, Revised 2014, requires transferred courses and prior degree used for articulation to be from a regionally accredited institution and a nationally accredited nursing education program.

Four types of accrediting organizations include Regional, National faith-related, National career-related, and Programmatic (Eaton, 2012). Since not all accreditors are the same, assuring the accreditation is recognized by the Council for Higher Education Accreditation (CHEA) and the United States Department of Education (USDE), LSBN requires programs to hold Regional and National Nursing (Programmatic) Accreditation for nursing education program approval and licensure by examination.





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Regional Accreditation

Advantages of Regional accreditation according to CHEA (2010) include:

1. Accredits public and private, mainly non-profit, two and four year degree-granting institutions.
2. Provides for assurance that school meets national standards by allowing regional bodies to focus on a particular region of the United States.
3. Assess quality and continuous quality improvement and program effectiveness of academically oriented programs in colleges and universities of the assigned region of the US.
4. Regional Accreditors have the ability to work with specific Boards of Nursing to meet the educational needs of a particular jurisdiction.
5. Validates quality of academically oriented programs in colleges and universities of the assigned region of the US.
6. Programs with regional accreditation are eligible for federal grants.
7. Eligible for financial aid.
8. Provides for articulation and matriculation of credits.
9. Required for acceptance to most graduate nursing programs.
10. All are recognized by both USDE and CHEA.

National Programmatic (Nursing) Accreditation

There are three (3) national agencies that accredit nursing programs.

- Accrediting Commission for Education in Nursing (ACEN)
- Commission on Collegiate Nursing Education (CCNE)
- Commission for Nursing Education Accreditation (CNEA)

Advantages of National nursing accreditation according to ACEN (2013) and CCNE (2013) include:

1. Identifies the program as meeting or exceeding national standards and criteria for nursing educational quality.
2. Identifies programs that have been evaluated and periodically re-evaluated by a qualified, independent group of respected and competent peers who have found it to be meeting appropriate postsecondary and higher educational purposes in a satisfactory manner.
3. Tied closely to BON and state agency licensing rules and regulations.
4. Nursing Program accreditation services to hold the programs accountable to the community of interest.
5. Allow for the evaluation of the successes of a nursing program to achieve its mission, goals and expected outcomes.
6. Provides for continued improvement and thus professional practice.
7. Assures professional development opportunity and validation for faculty.
8. Is a gateway to licensure, certification, and eligibility for entitlement programs.
9. Promotes professional and educational mobility of program graduates.
10. Promotes academic excellence in accredited programs.
11. Enables student eligibility for funding support from federal and state agencies, and foundations for those programs that do not have regional or national accreditation. (Example - Diploma Programs)

Failure to secure appropriate program approval:

- Schools of nursing allowing clinical experiences in Louisiana without approval will be required to cease and desist until approval is requested and granted.
- If you are a student enrolled in a program to become an RN or you are a RN enrolled in a program to become an APRN and engaged in clinical experiences or a clinical facility engaged in contracts with out-of-state programs, you need to verify that the program is approved. A current list of approved programs can be found at <http://www.lsbn.state.la.us/Documents/Forms/Schools.pdf>





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- Individual students may be engaging in the unlawful practice of registered nursing or advanced practice registered nursing if engaging in clinical experiences in Louisiana while in a program not approved by the LSBN to do so.
- Students and RNs enrolling in clinical courses in Louisiana from a school that has not gone through the appropriate approval process by the LSBN could be subject to disciplinary action for violation of LAC 46:XVII.3405.
- Graduates from an out-of-state school not approved for meeting the standards by the LSBN are subject to ineligibility from credentialing and licensure in Louisiana.

Additional resources:

RN Students

<http://www.lsbm.state.la.us/FAQS/EducationandExaminationFAQ.aspx>

APRN students

<http://www.lsbm.state.la.us/FAQS/GraduateLevelProgramsWithLouisianaClinicFAQ.aspx>

Schools of Nursing (Links to Rules and Regulations and Proposal Requirements)

<http://www.lsbm.state.la.us/Education/SchoolsofNursing.aspx>

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The Mission of the Louisiana State Board of Nursing is to safeguard the life and health of the citizens of Louisiana by assuring persons practicing as Registered Nurses and Advanced Practice Registered Nurses are competent and safe.

Louisiana's Advanced Practice Registered Nurse Workforce According to Role
by Cynthia Bienemy, PhD, RN
Director of the Louisiana Center for Nursing

In a time in our country and state when the demand for healthcare is expected to increase tremendously due to aging baby boomers, an increase in the number of insured persons seeking healthcare as a result of the implementation of the Affordable Care Act, changing demographics of our population, and the growing need for healthcare providers that are able to administer culturally competent, patient centered, high quality, cost-effective care to those that will be living longer with chronic, more complex health conditions, it is imperative that we take a closer look at the supply of advanced practice registered nurses (APRNs) that live and work in Louisiana. APRNs are licensed registered nurses educated at a masters or post masters/doctoral level in a specific role and patient population. They are prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications (NCSBN, 2015; Budden, Zhong, Moulton, & Cimiotti, 2013). There are four types of APRNs: nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs), and certified nurse midwives (CNMs).

There is a growing concern around the country and in Louisiana about the growing demand for healthcare services. Workforce projections indicate looming primary care provider shortages, especially in rural areas. Many experts in the area of health, healthcare, and the provision of healthcare have identified APRNs as key players in addressing the current gap that exist in the provision of primary healthcare. Information on the distribution of the APRN workforce supply is needed to help workforce planners and policymakers address current and anticipated shortages effectively (Skillman, Kaplan, Fordyce, McMenemy, & Doescher, 2012). An understanding of the supply of APRNs according to their role is essential when addressing the specific healthcare needs of the citizens of Louisiana. Each type of APRN plays a vital, yet specific role, in the provision of healthcare.

The Louisiana Center for Nursing recently completed a study which was funded by the Louisiana Action Coalition State Implementation Program Grant on the supply of APRNs in Louisiana according to their role. This report describes the demographics, educational preparation, clinical specialties, practice settings, and geographic regions where APRNs practice, as well as informs stakeholders about the gaps that exist between the population served and the demographics of the APRN population according to role in terms of racial/ethnic and gender representation at both the regional and state level.

Highlights from the report:

- The majority of the APRNs working and residing in Louisiana are NPs (66%), followed by CRNAs (30%), CNSs (3%), and CNMs (1%).
- The average age for NPs in Louisiana is 45 years, CRNAs 47 years, CNSs 59 years, and CNMs 50 years.
- Almost half (48.8%) of the CNS workforce is 60 plus years of age.
- The vast majority of all types of APRNs are female, except for CRNAs. Almost half (48.5%) of CRNAs are male.
- Minorities represent approximately 19 percent of NPs, 8 percent of CRNAs, 28 percent of CNSs, and 0 percent of CNMs.
- Approximately 6 percent of NPs have doctorates, 2 percent of CRNAs, 22 percent of CNSs, and 3 percent of CNMs.
- The vast majority of all types of APRNs provide direct patient care: 99.5 percent of CRNAs, 99.0 percent of NPs, 90.3 percent of CNMs, and 79.4 percent of CNSs.
- There was a 181 percent increase in the number of licensed NPs, employed and residing in Louisiana between 2004 and 2014.
- Approximately 66 percent of NPs reported Family as their primary clinical population.





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- The four most popular clinical specialties/populations reported by CNSs were Adult Health (22.8%), Medical/Surgical (19.7%), Adult Psychiatric/Mental Health (18.9%), and Maternal/Child (12.6%).
- In 2014, the clinical settings where the largest percentage of NPs practiced were outpatient clinics (20.3%); physician's offices (19.7%); and hospitals (17.6%).
- The majority of CRNAs (85.7%) practice in hospitals followed by 9.6 percent that work in outpatient clinics.
- The most popular clinical settings for CNSs in 2014 were hospitals (35.4%), schools of nursing (19.7%), and outpatient clinics (11.8%).
- The majority of CNMs (53.1%) work in hospitals, followed by Women's Health Clinics (15.6%).

The report in its entirety, along with the APRN infographic can be accessed at the following link: <http://cn.lsbn.state.la.us/NursingWorkforce.aspx>

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Major Motions and Other Actions
Taken at the June 11, 2015 Board Meeting

EDUCATION

Approved the proposed student rules LAC46XLVII.3324

Accepted the Consent Agenda Motions

The Consent Agenda Motions are as follows:

1. LSBN Staff Program Status Reports:
NCLEX Report - Quarter 1
Accreditation Reports
2. School of Nursing Conditional Status Reports:

Dillard University Status Report
McNeese State University Status Report
Southern University Baton Rouge Status Report
Southern University Shreveport Status Report
3. Accreditation Reports and Actions:

Dillard University – ACEN Board of Commissioners (BOC) correspondence regarding action on Substantive Change

Louisiana Delta Community College – ACEN BON Action on Monitoring Report
4. Dillard University – Continuing Educational Renewal
5. Regional Medical Center of Acadiana – Continuing Education Renewal
6. Education Announcements

Approved the major curriculum changes at Our Lady of the Lake College effective fall 2015

Approved the request of Simmons College to offer graduate clinical experiences in Louisiana for the following role/population through June 11, 2017

Family Nurse Practitioner (MSN/FNP)

Tabled the request of Alcorn State University to continue offering graduate clinical experiences in Louisiana for Family Nurse Practitioner until receipt of the report from IHL

Denied the request for re-approval of Pearl River Community College’s (PRCC) Associate of Science in Nursing program to offer clinical experiences in Louisiana for non-compliance with LAC46XLVII.3523.B

Denied the request for re-approval of Southern Arkansas University’s Bachelor of Science in Nursing program to offer clinical experiences in Louisiana for non-compliance with LAC46XLVII.3513

Approved the request to extend the current approval to offer clinical experiences in Louisiana under the 72 hour curriculum until the October 2015 Board meeting. And further, the Board instructed Panola Community College to present the revised 60 hour curriculum as amended in Texas at the October 2015 Board Meeting

Accepted the Findings of Fact in the Grambling Show Cause Hearing as submitted by the Prosecuting Attorney with the following change:

Add Number 19: “It was determined that 80% NCLEX pass rate could be achieved in calendar year 2015 with the current student population through testimony by Dr. Clawson from Northwestern University.”

Accepted the conclusions of Law in the Grambling Show Cause Hearing as submitted by the Prosecuting Attorney with the following change:

Number 3 to read: “And 1st quarter of 2015.”

Accepted the Board Order in the Grambling Show Cause Hearing as written with the addition to put on the school website that they must notify students and other accrediting agencies of this action within five (5) working days

Recessed the hearing in the Fletcher Community College Show Cause Hearing until the August 2015 Board meeting so that the Board and Fletcher would have time to come to an agreement on a Consent Order.

ADMINISTRATIVE

Accepted and approved the Louisiana Compliance Questionnaire

Accepted and approved the LSBN Board Resolution in relation to the Legislative Auditors.

Approved the Board resolution to amend the contract for legal services for Shows, Cali & Walsh





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Disciplinary Matters

LSBN took a total of 59 actions at the July 15, 2015 hearing panel. For a complete listing click the link below:

[July 15, 2015](#)

LSBN took a total of 60 actions at the September 9, 2015 hearing panel. For a complete listing click the link below:

[September 9, 2015](#)

2015 State Holiday Schedule

Veterans Day.....	November 11
Thanksgiving Day.....	November 26
Christmas Day.....	December 25

Future Board Meeting Dates

October 15, 2015
December 4, 2015

