

# T H E E X A M I N E R

a Louisiana State Board of Nursing production

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## FROM THE EXECUTIVE DIRECTOR



As a new year dawns, I look back over my first year heading the Louisiana State Board of Nursing with a deep sense of gratitude to all the wonderful nurses, agencies, legislators, lobbyists, consultants and other members of the public who have provided counsel and guidance to me this year. Head-

ing that list are the members of the LSBN Board, led this year by Dr. Demetrius Porche, President. Dr. Porche was joined by Vice President Jolie Harris, Alternate Officer, Dr. Patricia Prechter, and members Dr. Lucy Agosta, Dr. Laura Bonanno, Tim Cotita, Nancy Davis, Dr. Patricia Johnson, Dr. Sue Westbrook and ex officio members Dr. Juzar Ali and Dr. William LaCorte. These volunteer leaders have provided countless hours to lead the agency in its goals to promote regulatory excellence, assure efficient and timely responses to nursing issues affecting patient safety, enhancing the image and visibility of the Board and overseeing the evolution of RN and APRN practice as a profession.

Facilitating the mission, vision, goals and objectives of the LSBN are the incredible staff that works tirelessly to interpret the Nurse Practice Act and the related Rules and Regulations which inform the law. These men and women are led by an Executive Team that defines professionalism. I am eternally grateful to each of my department heads for their role in moving me along the learning curve of regulatory affairs: newly appointed Jennifer Alleman, MSN, APRN, FNP, Director of Advanced Practice; Cynthia Bienemy, PhD, RN, Director of the Louisiana Center for Nursing; Isonel Brown, MBA, Director of Administration; Rickie Callegan, MSN, RN, Director of Investigations; Patricia Dufrene, MSN, RN, Director of Education; Barbara McGill, MSN, RN, Director of Recovering Nurse Program/Monitoring; and Cynthia York, MSN, RN, CGRN, Director of Practice & Credentialing. I am also pleased to welcome Ms. Karen Haith to LSBN as our new General Counsel. Karen is a graduate of Harvard Law School and brings a wealth of experience as an administrative law judge for several Texas and Louisiana agencies. We are pleased to have her heading up our in-house legal department.

The year 2014 was especially productive for the LSBN in the area of rule-making. In compliance with the Louisiana

Administrative Procedures Act, we were able to promulgate new rules related to Title 46, Subpart 2: Registered Nurses, §3341 Fees for Registration and Licensure to allow for limited fee increases and §3328 Temporary Permits Rules and Regulations and §4513 Authorized Practice to allow for temporary prescriptive authority for APRNs during a formal, declared disaster. We have also met several times with the Executive Director and Board members from the Louisiana State Board of Medical Examiners (LSBME) to work on issues of physician/APRN collaboration and other challenges that face physicians and nurses in the state. Most recently, Dr. Dawson, LSBME Board President, has invited us to participate in two joint statements with their agency. The first will be on describing and defining successful collaboration between APRNs and physicians. The second will be on opiate and amphetamine usage and prescribing practices in Louisiana.

The Louisiana Center for Nursing has been a force to be reckoned with this year. Dr. Cynthia Bienemy, Director of the Center for Nursing, has traveled throughout the state and nation to share the Nursing Workforce Forecasting Model. Additionally, her department launched Louisiana's second statewide Nurse Employer Survey in September 2014. The expected publication date for the report on the Nurse Employer Survey is June 2015. The Center also represents LSBN as co-lead for the Louisiana Action Coalition (LAC) along with AARP LA. The LAC leadership team, working with SSA Consultants, has spent the last quarter of 2014 organizing *The Future of Healthcare in Louisiana Summit*, which will be held on January 21, 2015 at the Crown Plaza Executive Center in Baton Rouge. The *Summit* is being funded by the Robert Wood Johnson Foundation and The Rapides Foundation and will bring together policy and practice leaders from throughout Louisiana representing nursing, medicine, business, and government to discuss best practices for meeting the healthcare challenges facing our state.

In December, I celebrated my 40th anniversary as a registered nurse and my 1st anniversary as LSBN Executive Director. My profession is my passion and I can confirm that I have never been bored and it has brought me the greatest and most heart wrenching moments of my life. I have had the privilege of being a part of teams that





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have seen patients not just survive but thrive and leave the healthcare system with their health restored. I have also had the same privilege, though heartbreaking, of being there when my patients died. Each of the myriad experiences I have had in nursing have shaped my professional life and made me not only the nurse I am today but the woman I am. In my position as Executive Director of LSBN, I may not lay hands on my patients directly, but I believe we influence the way nursing care is delivered in this state with every regulatory, disciplinary, practice and educational decision that we make on a day-to-day basis. I thank each of you for welcoming me to Louisiana with open arms and for LSBN's success during 2014. May 2015 bring all of us new discoveries and wonderful inspirations.

In Service to Nursing,

Karen C. Lyon, PhD, APRN, ACNS, NEA<sub>BC</sub>  
Executive Director

### Announcements

The Louisiana State Board of Nursing elected officers for 2015 at its board meeting held on December 10, 2014. Nancy Davis, RN, MA, MN was elected as President of the LSBN. Ms. Davis has over 41 years of nursing experience which includes a background as a nurse executive and a clinical background in behavioral health and substance abuse treatment. Laura Bonanno, DNP, CRNA will serve as Vice-President. Dr. Bonanno is a Certified Registered Nurse Anesthetist; she is also the Program Director of the LSUHSC School of Nursing Nurse Anesthesia Program. Patricia Prechter, RN, MSN, EdD will serve as the Alternate Officer. Dr. Prechter is the Dean of the College of Nursing and Allied Health at of Our Lady of Holy Cross College.



Nancy Davis



Laura Bonanno



Patricia Prechter

LSBN is pleased to announce that Jennifer Alleman, FNP-BC has been promoted to the Director of Advanced Practice. Ms. Alleman's primary responsibilities are leading and directing the newly created Advanced Practice Department

which addresses credentialing and practice issues as well as investigations of complaints directly involving APRNs. Ms. Alleman previously served as LSBN APRN Compliance Officer. She also provided services as an FNP in primary and urgent care settings in Louisiana, California and New Mexico. Ms. Alleman graduated with her Bachelor's degree from Southeastern Louisiana University in Hammond, and she graduated from Northwestern State University in Shreveport with her Master's in Nursing. Please join me in congratulating Jennifer Alleman on her promotion.



The Louisiana State Board of Nursing is pleased to announce the recent appointment of Attorney Karen Abernathy Haith as General Counsel. Prior to joining LSBN, Ms. Haith served as an Advanced Administrative Law Judge and Manager with Louisiana Workforce Commission Appeals Tribunal where she conducted administrative hearings and supervised ten other Administrative Law Judges in appeal hearings. She also participated in researching and drafting legislation. Previous state service includes Administrative Law Judge with the Division of Administrative Law, Assistant Public Defender, Lafayette Parish and Staff Attorney to the Honorable Edward D. Rubin, 15th JDC, Lafayette Parish. Ms. Haith also practiced in Texas where she served as an Assistant Attorney General in Consumer Protection, as well as In-House Counsel for Columbia Gas Transmission in Litigation, Contracts and Regulatory matters. Ms. Haith earned her Doctor of Jurisprudence degree from Harvard Law School and Bachelor of Arts degree in English from Brown University. Please join me in welcoming Karen Haith, J.D., to our staff.



Cindi York, RN, MSN, CGRN has been appointed to the Membership Committee of the National Association of State Controlled Substances Authorities. NASCSA's primary purpose is to provide a continuing mechanism through which state and federal agencies, the pharmaceutical industry and other interested parties can work to increase the effectiveness and efficiency of state and national efforts to prevent and control drug diversion and abuse. NASCSA members support and endorse laws, rules, and regulations to ensure that controlled substances are accessible to those persons who have a legitimate medical need.





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

## Prescribing Zolpidem: Labeling and Recommendations

Please be reminded that the FDA issued a news release and safety announcements in 2013 regarding the prescribing of the controlled substance zolpidem (Ambien®, Edular®, Zolpimist®, Ambien CR®). The FDA required a change in labeling due to evidence that identified the risk of next-morning impairment. Label changes delineated new dosing regimens including lower initial dosing of immediate release formulations for women (5mg). The *Warnings and Precautions* section of the label also includes a warning that patients taking the extended release formulations should not drive or participate in other activities that require full alertness the day after taking the sleep aid (<http://www.fda.gov/drugs/drugsafety/ucm352085.htm>). APRNs in Louisiana are expected to practice in a competent, safe manner at all times including the utilization and prescribing of therapies that are based on current standards of care and evidenced-based practices.

## Contrave®

This agency has received several inquiries regarding a new product being promoted for the treatment of obese patients and overweight patients with certain co-morbidities. The following is offered solely to clarify the authority of APRNs to prescribe the substance and is not intended to promote, support, advertise, approve, encourage, or otherwise advocate the prescribing of the substance. An APRN with prescriptive authority may prescribe medications that have an FDA approved indication for weight management (i.e. management of obesity) that are **not** controlled substances. Contrave® is not categorized as a controlled substance at this time, therefore APRNs are not prohibited by current rules from prescribing this agent provided such prescribing is within current standards, guidelines, and the parameters of the collaborative practice agreement.

## APRN Specialty Practices & Titles

APRNs are licensed within a specific role and population focus that is consistent with their education and certification. Chapter 45 of the current rules of the Louisiana State Board of Nursing that regard APRNs, includes a section (§4503) regarding "Titles". If APRNs elect to include a specific population in their title, they must ensure that the credentials and titles utilized are appropriate, authorized, and accurately reflect *the role and population focus within which they are licensed*. Though APRNs may have additional informal or non-nursing related education, experience, and expertise in sub-specialty practices, they are not authorized to use titles or otherwise hold themselves out to the public as an APRN who is a "specialist" in an area of practice beyond their licensure and certification (i.e. cardiology nurse practitioner, surgical nurse practitioner, transplant clinical nurse specialist, etc.). APRNs who hold additional national certification as a RN or as an APRN from a certifying agency accredited by the National Commission for Certifying Agencies (NCCA) or the Accreditation Board for Specialty Nursing Certification (ABSNC) may also utilize the credentials authorized by the certifying agency. If so, they must also utilize a title that reflects the role and population focus within which they are licensed.





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

The Recovering Nurse Program (RNP) is twenty eight and one-half years young. Over those years, the program has evolved, has become stronger, and has had many successes including significant progress in 2014. One of the changes associated with the RNP program has been the elimination of specific treatment facilities from our recognized provider list. Some of our constituents have voiced negative opinions in regards to the removal of previously approved programs. That is understandable, treatment is expensive. Programs are only removed from the approved LSBN list if they do not meet our rigorous standards for treatment options and patient care outcomes. The American Society of Addiction Medicine recommends that healthcare professionals and others in safety sensitive occupations have residential treatment with a group of their peers. Why would that matter? Nurses are no different than any other person that becomes addicted physically to the drug(s) they have been consuming. But most nurses use in isolation. Nurses hide their using and most have a lot of guilt and shame over using. They are reluctant to share their feelings with others who may be quick to condemn their using, especially if they were stealing drugs from the hospital. Therefore, treatment with other healthcare professionals allows them to share and learn from others who have been in the same predicament. Penelope Zeigler, MD, Medical Director for the Virginia Health Practitioners Monitoring Program, has found that nurses generally have poorer outcomes, more relapses, and disciplinary actions against their licenses because of fewer available resources for treatment (2012).

Treatment is the backbone of recovery. Without good treatment, it is too easy to return to old habits. We need really good, experienced counselors to work with our nurses. Nurses in RNP are smart and may have been practicing manipulation for a long time. To have a young, inexperienced counselor providing treatment to our nurses is not fair to the nurse or the counselor. All addicts, at times, are dishonest, and many have learned manipulative behaviors to hide their using, so we really need someone who is educated and experienced in treating addicts.

Of course the RNP is not just about treatment. That is the first step, and a very important one, but getting good treatment does not guarantee that a person will remain sober. The recovery process is an ongoing one and one that requires participation. Recovery is not a spectator sport. It is a personal journey. The RNP gives a nurse help with the tools that are needed to remain in recovery. We do require participants have a sponsor and that they attend Alcoholics Anonymous or NarcAnon meetings. What the nurse does with those opportunities is up to him/her. We have facilitated groups all over the state led by professional experienced counselors to help nurses deal with problems that they encounter early in recovery. These groups are made up of nurses that are on the same journey. Also monitoring the nurse with drug screens is a good deterrent to using. The National Institute on Drug Abuse (NIDA) states: "The odds of remaining abstinent rise if the patient has been abstinent for one to three years. As with other chronic diseases, addiction requires an ongoing and active disease management strategy" (2008).

There are many ways to determine relapse rates. Using a simple formula for 2014, the RNP had a relapse rate of active participants of less than 4%. Or to put in positive terms a recovery rate of higher than 96%. We averaged about 326 participants and of those, 11 nurses suffered a relapse. Really phenomenal when the NIDA estimated that 40-60% of treated addicts relapse (NIDA, 2008). So congratulations to all the nurses in the RNP who are working their program, doing the hard work needed to remain sober, and to all the healthcare providers who are helping them along the way.

References:

- Zeigler, P. Treating Substance Use Disorder in Healthcare Professionals, online module. 2012
- National Institute on Drug Abuse, Addiction Science: From Molecules to Managed Care, July, 2008. Page 8.





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Patient Record Information and the LSBN Investigative Process  
by Rickie Callegan, MSN, RN  
Director, Investigations

One of the tasks of the Louisiana State Board of Nursing (the Board), is the oversight of registered nurses (RNs) and students enrolled in Louisiana's RN and advanced practice registered nurse (APRN) programs. It is the Board's responsibility to ensure public protection through its process for licensure of RNs and APRNs, and the enforcement of laws that govern nursing practice. Completing thorough timely investigations is a method by which the Board meets this task. The Investigations Department has established guidelines for completing all investigations within 18 months. Just as the criminal system relies on the lay public for assistance in solving crimes, the Board relies on health care facilities and other professionals to provide needed information and documentation when investigating complaints against RNs and APRNs. The Board's investigative staff has the duty of obtaining various documents, eyewitness statements, patient records and interviewing witnesses. Frequently the staff is challenged with obtaining the necessary patient record documentation to prove or disprove a violation of the Nurse Practice Act in a timely manner when facility staff mistakenly fear violating the Health Insurance Portability and Accountability Act of 1996, HIPAA.

Two mechanisms allow the Board to obtain and maintain protected health information. The Board has the authority to subpoena health records and HIPAA has provisions that authorize the Board to obtain and maintain protected health information.

The Board is granted authority to issue subpoenas by virtue of the Nurse Practice Act, La. R.S. 37:911, et seq., the Board of Nursing's Rules and Regulations set forth in Louisiana's Administrative Code at Title 46, Part XLVII, and Louisiana's Administrative Procedure Act, La. R.S. 49:950. According to La. R.S.37:922 C., a nurse who is working with a physician or health care institution shall not refuse to respond to a lawfully issued subpoena of the Board for any medical information, testimony, records, data, reports or other documents or information relative to patient care. According to the aforementioned law, the identity of any patient identified in or by such records or information shall be maintained in confidence by the Board and shall be deemed a privilege of confidentiality existing in favor of any such patient. The Board attempts to preserve confidentiality of patient identity at all times. For the purpose of maintaining such confidentiality, the Board redacts or obscures patient identifiers. Therefore, the Board requests that agencies responding to the subpoena not redact patient identifiers prior to sending patient health information to the Board. Redacting patient information prior to submitting to the Board creates two issues. First, redacting the records prior to submitting them to the Board makes it more difficult for the staff to disseminate information and maintain order of the patient information and records. Secondly, redacting the records could bring into question the evidence. Furthermore, La. R.S. 13:3715.I(J) authorizes the Board access to medical records containing patient identifying information, and no notice or affidavit is necessary. Board staff should receive documents within the time frame noted on the subpoena. An extension may be granted by contacting the appropriate investigator and agreeing to an extension; however, a refusal to comply with the Board's subpoena may be punishable in a court of law.

HIPAA allows the Board staff to have and maintain protected health information. Specifically, § 164.512 describes the uses and disclosures for which an authorization or opportunity to agree or object is not necessary. The law states, a covered entity may use or disclose protected health information without the written authorization of the individual, as described in § 164.508, or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.





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**(d) Standard: Uses and disclosures for health oversight activities—**

**(1) Permitted disclosures.** A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i)** The health care system;
- (ii)** Government benefits programs for which health information is relevant to beneficiary eligibility;
- (iii)** Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- (iv)** Entities are subject to civil rights laws for which health information is necessary for determining compliance.

The authority to issue subpoenas and HIPAA laws provide the Board its ability to obtain and maintain patient record information in confidence while conducting investigations of potential violations of the laws and rules that govern RNs, APRNs, and student nurses practicing or attending school in the state. Facilities and agencies can assist the Board by reporting potential violations and ensuring the Board receives the needed and requested information and documentation in a timely fashion. Types of documents and information needed by the Board for various types of complaints may be located on the LSBN website under, File a Complaint (<http://www.lsbn.state.la.us/>).

Accountability in Nursing Practice  
by Cindi York, MSN, RN, CGRN  
Director, Nursing Practice and Credentialing

As a Registered Nurse (RN) you are legally responsible and accountable for your actions (or inactions) and answer to self, patient, agency, profession and society for the effectiveness and quality of nursing care rendered. Because nursing practice is dynamic, it is not possible for the Board to list all interventions that a RN may or may not perform. Therefore, it is imperative that RNs only perform nursing tasks consistent with their educational preparation, experience and demonstrated competency.

Some of the questions you should ask yourself when determining whether or not an assignment is within your scope of practice as a RN are:

- 1) Do I possess the specialized nursing knowledge, skills and abilities needed to provide the required care?
- 2) Was I taught the skill in my basic nursing program? If not, have I since completed a comprehensive training program including clinical experiences?
- 3) Has my competency to perform the nursing task been established and is it being maintained on an ongoing basis and documented by my employer?
- 4) Does my employing agency have a policy/procedure in place regarding performance of the skill?
- 5) Does my employing agency require certification or other specialized training?
- 6) Have I considered safety and effectiveness of the intervention?
- 7) Are there any state or federal statutes that may prohibit me from performing the intervention?
- 8) Does evidence based practice research support the nursing intervention?

There are several tools to assist you when trying to determine your scope of practice. The Nurse Practice Act, Rules/Regulations, Delegation Tree and Scope of Practice Guidelines are available at <http://www.lsbn.state.la.us/NursingPractice/ScopeofPractice.aspx>.





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Additionally, you may seek clarification of the effect of the rules and regulations by submitting a Petition for Declaratory Statement/Advisory Opinion from the Board. Declaratory statements are generally rendered in situations which relate to general situations, while advisory opinions are very specific and may not be applicable to all nursing situations. Neither a declaratory statement nor an advisory opinion has the binding force of law, but they represent the board's expert opinion relative to the matter in question.

Should you require additional assistance from the board, you may:

- 1) Submit a written request to be taken under advisement by board staff. You may submit your request by mail or via email at [practice@lsbn.state.la.us](mailto:practice@lsbn.state.la.us). All requests should include the following information:
  - a. Your name, address, email address, telephone number;
  - b. Specific reference to the statutes or rules and regulations;
  - c. Reference to any previous nurse practice opinions rendered by the board;
  - d. Reference to any existing literature specific to the nursing practice in question;
  - e. Reference to policy/procedure at your employing institution;

**-OR-**

- 2) Submit a formal petition and present your request directly to the LSBN board members. The Petition for Declaratory Statement or Advisory Opinion on Nursing Practice and accompanying instructions may be located on the LSBN website which is located at <http://www.lsbn.state.la.us/NursingPractice/ScopeofPractice.aspx>.

## Major Motions and Other Actions Taken at the August 27, 2014 Board Meeting

### EDUCATION

**Approved** the request of Troy University for approval to offer graduate clinical experiences in Louisiana until October 12, 2016 for the following roles/populations:

Family Nurse Practitioner (FNP) - Post Master's Bachelor of Science In Nursing to Doctor of Nursing Practice, and Master of Science in Nursing to Doctor of Nursing Practice (BSN-DNP, MSN-DNP)

**Deferred** action and request that University of Alabama Birmingham provide clarification of hours and level of study for graduate clinical experiences in the role of Adult/Gerontology Primary Care with Women's Health Nurse Practitioner dual certification.

**Deferred** Dillard University's Unplanned Substantive Change Report until more information is received.

**Accepted** Grambling State University's Planned Substantive Change Report as a Major Curriculum Change to the Graduate Education Program.

**Accepted** the pilot study of Notification and Identification of Impact of Nursing Programs document.

**Accepted** the Southern Association of College and Schools Commission on Colleges (SACSCOC) report presented by Louisiana College and request a Show Cause Order at the October 2014 Board Meeting with college administration and that immediately a full disclosure be listed on the website fully accessible to the reader.

**Accepted** the faculty report from Our Lady of Holy Cross College.

**Requests** a Show Cause (SC) Order on Fletcher Technical Community College as to why approval status should not be suspended until the program demonstrates attainment of nursing accreditation. The SC hearing is set for the October 2014 Board meeting.

### CREDENTIALING

**Adopted** the proposed changes to Section 3327.A.9, *Licensure by Endorsement Rules and Regulations, Requirements for Licensure by Endorsement, to remove the words "or a third party vendor."*





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And to change the words “school records” to “official school transcripts.”

**ADMINISTRATIVE**

**Accepted and Approved** of the Louisiana Compliance Questionnaire Adoption of LSBN Board Resolution

The Board does not make an **exception** to “Remedies” and “Indemnity” sections of the Confidentiality Agreement for contract with Celia Cangelosi, Attorney at Law

**Accepted and Approved** of LSBN Board Resolution contract, pending signed contract with Celia Cangelosi, and for the acceptance and approval of LSBN Board Resolution with Shows, Cali & Walsh

**NURSE PRACTICE ISSUES**

**Accepted** the Board staff recommendations as presented without the option for National Certification.

**Approved and Adopted two declaratory separate statements:**

- a. the revised Declaratory Statement for Registered Nurse First Assistants including the revised title “Declaratory Statement for Registered Nurses First Assisting in Surgery” and
- b. a new declaratory statement titled “Declaratory Statement for Advanced Practice Registered Nurses First Assisting in Surgery”;

and

**Approved** that the previous Declaratory Statement for Registered Nurse First Assistants currently on LSBN’s website and last affirmed in 2003 be superseded by the proposed Declaratory Statement and be removed from the LSBN’s website.

Major Motions and Other Actions  
Taken at the October 15, 2014 Board Meeting

**UNFINISHED BUSINESS**

**Appointed** a task force to begin serious discussion regarding adoption of the NCSBN Nurse Compact Licensure

**Defined** “actively engaged” in nursing for individuals retired from paid nursing positions to include: LSBN service; participation on LSNA or other professional nursing organization committees; volunteer nursing activities at health fairs, schools, senior centers, or other community agencies; nursing consulting activities, either paid or volunteer; and other related activities as defined at the Board’s discretion.

**ADMINISTRATIVE**

**Accepted** the FY 2014 Financial and Compliance Audit Report

**EDUCATION**

**Approved** the request of the University of South Alabama to add the following role and population to the current approval effective until September 14, 2015:

- MSN, DNP, PMC:
- Adult Gerontology Clinical Nurse Specialist (AGCNS)

And further, that the Board acknowledge the minor curriculum change of renumbering and titling of DNP Project Planning and Residency

**Deferred** acceptance of the Accreditation Commission for Nursing and Education report submitted by Dillard University related to conditional status with LSBN resulting from noncompliance with LAC46XLVII.3523.B. until the evaluation process with ACEN is complete

**Deferred** action of the request of Our Lady of the Lake College for closure of the Associate Degree Nursing Program until receipt, review and action on the program annual report and the 2014 NCLEX scores

**Deferred** action and that the University of Alabama Birmingham’s request for major curriculum change related to the dual Woman’s Health NP/Adult Gerontology Primary Care NP Program. The board has asked for clarification of gerontology content within the 900 clinical hours

**Accepted** the NCLEX pass rate report for the first through third quarters of 2014.

**Accepted** the report from Louisiana College demonstrating process and structure changes to correct non-compliance with LAC46XLVII.3517.I.





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**Accepted** the report from Southeastern Louisiana University's School of Nursing demonstrating process and structure changes to correct non-compliance with LAC46XLVII.3517.I.

**Accepted** the report from Southern University Baton Rouge's School of Nursing demonstrating process and structure changes to correct non-compliance with LAC46XLVII.3517.I.

**EXECUTIVE**

**Approved** CMA OCDD Medication Administration course guidelines as revised

**Approved** piloting the self-assessment tool with a select group of providers and support coordinators for six months.

**Approved** the August 2014 Vice President Financial Report

**Accepted** the Report of the Executive Director for the August 27, 2014 and October 15, 2014 meetings.

**Show Cause Hearing - Grambling Order**

**Accepted** the Findings of Fact as presented by the Prosecuting Attorney

**Accepted** the Conclusions of Law as presented by the Prosecuting Attorney

Adopted the following Board Order:

That Grambling State School of Nursing shall not admit any students into the nursing sequence until the Board has determined that all standards have been met. However, students currently enrolled in the Grambling State University Nursing Education Program may continue to progress.

That Grambling State University provide the Board with updates, NCLEX scores, and/or reports of accreditation visits at any time that they have such scores to determine if an 80% standard has been reached on the NCLEX exam.

Findings of Fact be **Amended** to read that Mr. Winston DeCuir, Jr., attorney, was present as counsel for Grambling.

**Show Cause Hearing - Louisiana College**

**Accepted** the Conclusions of Law as presented by the Prosecuting Attorney with the deletion of Number 3 and Number 4.

Board adopt the following Board Order:

That Louisiana College, School of Nursing's full approval is continued and that they will report to the Board their SACSCOC's report within 30 days of receipt of the report.

**Show Cause Hearing - Fletcher Technical Community College**

Fletcher Community College, School of Nursing submit the ACEN report prior to the June 2015 hearing.

Further, that Fletcher Technical Community College, School of Nursing is required to clearly communicate with prospective students and students currently enrolled in Fletcher Technical Community College, School of Nursing that the School of Nursing is not currently accredited by ACEN or any other accrediting body and the implications thereof.

Further, that the Show Cause Order is recessed until Fletcher Technical Community College School of Nursing can produce the ACEN report

Disciplinary Matters

LSBN took a total of 43 actions at the October 14, 2014 hearing panel. For a complete listing click the link below: [October 14, 2014](#)

LSBN took a total of 48 actions at the November 18, 2014 hearing panel. For a complete listing click the link below: [November 18, 2014](#)

LSBN took a total of 37 actions at the December 9, 2014 hearing panel. For a complete listing click the link below: [December 9, 2014](#)





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### 2015 State Holiday Schedule

Mardi Gras.....	February 17
Good Friday.....	April 3
Memorial Day.....	May 25
Independence Day Observed.....	July 3
Labor Day.....	September 7
Veterans Day.....	November 11
Thanksgiving Day.....	November 26
Christmas Day.....	December 25

### Future Board Meeting Dates

- February 19, 2015
- April 9, 2015
- June 11, 2015
- August 13, 2015
- October 15, 2015
- December 10, 2015

