

T H E E X A M I N E R

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FROM THE EXECUTIVE DIRECTOR



It is my distinct pleasure to be penning my first editorial for The Examiner to my professional nursing colleagues throughout the state of Louisiana. My first weeks in “The Pelican State” have been hectic, with relocating from Texas, buying a new home, transporting dogs and

husband, unpacking, and beginning my new role as Executive Director of the Louisiana State Board of Nursing (LSBN). Add to the mix the harried nature of the Christmas season – well, you get the picture. That I’ve been able to avoid gastroesophageal reflux disease (GERD) and other minor stress-related symptoms is testament to the warm welcome that I have received from the LSBN and the dedication of every member of the Board and staff in helping to make my transition to this position as tranquil as the surface of the mighty Mississippi. In that regard, I want to thank Dr. Demetrius Porche, President of the Board, as well as the other members of the Board of Nursing for their confidence in my abilities to lead this organization. Additionally, I want to recognize my predecessor, Barbara L. Morvant, for the 25 years of service and leadership that she provided to the citizens of Louisiana as Executive Director of the LSBN. It is no small task and somewhat daunting to follow in the footsteps of such an accomplished woman. Her service to the nursing profession cannot be measured simply by the individuals she interacted with through licensure, regulation, and approval of nursing programs. Every one of those singular interactions is multiplied exponentially by the lives touched by every registered nurse (RN) and advanced practice registered nurse (APRN) in their professional interactions with patients and clients throughout the state. On this, my first occasion to write as your new Executive Director, I honor Barbara and thank her for her service, on behalf of the 59,697 registered nurses in the state of Louisiana.

In the months and years ahead, I will have many opportunities to share my thoughts on the profession that has been mine for 39 years, the challenges facing us and the occasions we have for collaborating with

other health professionals to improve the health and well-being of all our citizens. At this moment, in this new position, and as we end 2013, what I want most to do here is to share all the reasons I am thankful to be a RN. As the daughter of a nurse, cousin of a nurse, and the mother of a nurse who chose the profession as a second career, I suppose one could say we now have a nursing legacy going in the Carter-Lyon household. As I regularly tell my family, my colleagues, and my students, I have never been bored with my profession and it has never failed to provide me with some of the most significant and poignant moments of my life. From micropremies to centenarians, I have cared for patients in every age group, both genders, multiple cultures, and various settings, both inpatient, and outpatient. I have taught undergraduates and graduate students and I have managed units and departments in hospitals.

All of those experiences have brought me here to what I view as the pinnacle of my career as your new Executive Director of the LSBN. As we end 2013 and begin 2014, I wish you the happiest of New Years and I offer you this final tribute in the mnemonic, REGISTERED NURSE:

- R:** Risk getting to know your patients; really involve yourself in the affective domain.
- E:** Energize your practice; have a PASSION for what you do.
- G:** Grow; never stop reading, studying, changing.
- I:** Involve yourself in policy or others will decide what is best for your profession.
- S:** Smile often, laugh loud and have a good time; endorphins are wonderful.
- T:** Transform bedside care through the use of best evidence. Never say “but we’ve always done it this way.”
- E:** Express your ideas; challenge others; collaborate.
- R:** React quickly and rationally to emergencies; don’t wait for others to act first.
- E:** Engage your critics; you can learn from all points of view.
- D:** Demand the best from yourself and your colleagues. The highest level of achievement never comes from accepting the status quo.





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- N:** Nurture all those around you including yourself. You can't take care of others unless you take care of yourself.
- U:** Understand that nothing worth doing is easy. Nursing will give you the best and worst days of your life. You'll learn something from each experience.
- R:** Respect all your co-workers from housekeeping through the top levels of administration. You may be the quarterback of patient care but you need all those linemen to help you move the ball across the goal line.
- S:** Synergy results when two or more individuals work together to achieve something better than what can be accomplished individually. The whole is always greater than the sum of its parts.
- E:** Empower those around you. As Yoda said, "Do or do not. There is no try."

National Council of State Boards of Nursing Institute of Regulatory Excellence

Cynthia York, RN, MSN, CGRN, Director of Practice and Credentialing, has been accepted to The Institute of Regulatory Excellence (IRE) Fellowship Program sponsored by the National Council of State Boards of Nursing. The IRE is a four-year professional development program designed for nursing regulators who desire to enhance their knowledge of and leadership in nursing regulation. The program requires the application of evidence-based concepts in decision-making and leadership. Cynthia was one of 10 regulators across the nation selected to participate in the IRE program, beginning January, 2014.

For the public trust,

Karen C. Lyon, PhD, RN, NEA

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

The Recovering Nurse Program has been around for 25 years and has been a part of the Louisiana State Board of Nursing (LSBN) since 1991. LSBN developed a Recovering Nurse Program to protect the consumers of health care in Louisiana while allowing an RN recovering from a substance use disorder and/or a medical, mental or physical condition to maintain licensure while being closely monitored by LSBN through a structured agreement or order.

For the last sixty-plus years, chemical dependency has been recognized as a disease. It is a primary, chronic, relapsing disease which, if left untreated, is fatal. The estimates of the prevalence of addiction among nurses ranges from eight to twenty percent for use and abuse combined (National Council of State Boards of Nursing, 2011). The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that ten to fifteen percent of the general population is addicted to drugs or alcohol (SAMHSA, 2008). If nurses have the same rates as the general population, approximately one in ten nurses has a problem with drugs or alcohol.

The Louisiana State Board of Nursing recognizes chemical dependency as a disease and believes that with monitoring and a structured program, the public safety can be assured while helping the nurse to get into Recovery. There is nothing in the program that is meant to be punitive. The program has parameters that the nurse must follow, but all components of the program are there because they work. And without a program such as the Recovering Nurse Program, the disease becomes more hidden. Nurses are hesitant to report their colleagues if the only alternative for them is to lose their license. The nurse is much more likely to just be fired and move on to the next setting and the impairment gets worse and more patients are endangered. The Recovering Nurse Program has saved the lives of patients and nurses.

If you are interested in learning more about the Recovering Nurse Program, visit the [LSBN website](#) or call the Board Office.

References

National Council of State Boards of Nursing, (2011) Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2008) National Household Survey on Drug Abuse: Detailed Tables. Rockville, MD





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APRN Corner

by Jennifer Alleman, APRN, FNP, BC
APRN Compliance Officer

Certification Exams That Are No Longer Being Offered

In case you didn't know, some certification examinations are "retiring" or will otherwise no longer be available for initial certification. A licensed APRN who holds certification in a role and population that is no longer available for certification by examination and said certification lapses is not eligible for licensure or recognition in that role and population focus in Louisiana. An APRN who was required to be certified at the time of initial licensure must maintain certification/recertification at all times in order to maintain licensure in Louisiana. An APRN whose certification examination is retired or otherwise becomes unavailable to be taken for recertification purposes must meet the national certifying body's ongoing requirements for recertification in order to continue to be licensed in that role and population focus.

Check with the certifying bodies regarding details of certification examinations that are "retiring" or will otherwise no longer be available for certification by examination. Retiring examinations include but are not limited to the following: Acute Care Nurse Practitioner (adult), Adult Acute Care Clinical Nurse Specialist, Adult Health Clinical Nurse Specialist, Adult Nurse Practitioner, Adult Psychiatric-Mental Health Clinical Nurse Specialist, Adult Psychiatric-Mental Health Nurse Practitioner, Child/Adolescent Psychiatric-Mental Health Clinical Nurse Specialist, Gerontological Clinical Nurse Specialist, Gerontological Nurse Practitioner, and Public/Community Health Clinical Nurse Specialist.

"Alternative" Therapies

Advanced practice registered nurses are expected to and must work within the parameters of their collaborative agreement which must include "alternative" therapies if they are prescribed. The collaborative agreement includes agreement by the collaborating physician to provide such therapies. Though organizations may offer "innovative" approaches to the management of health conditions, 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.

For example, anti-aging medicine is not a recognized

medical specialty in our state nor recognized by the American Boards of Nursing and Medical Specialties. Bioidentical hormone replacement therapy (including "hormone therapy pellets") is unsupported by evidenced based practice. Additionally, major professional medical organizations such as the American College of Obstetrics and Gynecology, the North American Menopause Society, the American Association of Clinical Endocrinologists, the Endocrine Society, and the U.S. Food and Drug Administration do not support prescribing or utilizing such therapies. These organizations indicate that there is no medical or scientific evidence supporting increased efficacy or safety regarding the utilization of bioidentical hormones.

Caution must be utilized by a prescriber when prescribing therapies where studies are conflicting and/or trials have shown little or no benefit. The prescriber must also obtain proper informed consent, document the provision of conventional therapies and appropriate testing, utilize approved and recognized diagnoses, provide careful clinical evaluation of risks and benefits, and thoroughly discuss therapies with each specific patient in addition to performing and documenting a complete history and physical examination.

Serving as a Preceptor to APRN Students

Preceptors are an integral part of the advanced practice registered nursing student's experience. A preceptor serves as a role model, resource person, and clinical teacher to enhance learning experiences. Before serving as a preceptor, first verify that the school is approved to have students participate in clinical experiences in our state. The list of approved schools is available through the Louisiana State Board of Nursing's website at <http://www.lsn.state.la.us/Portals/1/Documents/Forms/Schools.pdf>.

Preceptors should also understand national standards and criteria regarding the preceptorship experience (ie. <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf>). The criteria for nurse practitioner programs require that a preceptor must have at least one year of clinical experience. Clinical settings used must offer experiences that ensure the student will meet core curriculum guidelines and program goals. Additionally, the student should have the majority of clinical experiences with preceptors from the same population-focused area of practice.





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Alarm Fatigue & Patient Safety: Issues for Patient Care
by Rickie Callegan, MSN, RN
Director, Investigations

As technology advances, nurses are given the tools and equipment to monitor patients more effectively and thoroughly. According to the American Association of Critical-Care Nurses (AACN), the average number of alarms in the critical care setting has increased from 6 to 40 since 1983. Additionally, a different sound is attached to each alarm, increasing not only the complexity of identifying the alarms but also the sensory overload for both nurses and patients in clinical settings. This sensory overload is known as “alarm fatigue” (AACN, 2013).

Alarms used in the clinical setting are designed to improve patient care by alerting healthcare providers of possible patient problems. There are alarms on the bed, heart monitor, ventilator, and IV pump, as well as many other pieces of equipment that help the healthcare provider monitor and care for patients. The healthcare provider must be able to distinguish the sounds of these monitors attached to the patient. However, if the monitors and alarms are not used properly, patient safety can be compromised. Due to this overload, the staff can become desensitized to alarms resulting in delayed responses or missed alarms (AACN, 2013). If the staff disables or ignores alarms, patient safety could potentially be compromised.

AACN (2013) has summarized the following expected best nursing practices related to managing alarms:

- Provide proper skin preparation for ECG electrodes.
- Change ECG electrodes daily.
- Customize alarm parameters and levels on ECG monitors.
- Customize delay settings and threshold settings on oxygen saturation via pulse oximetry (SpO₂) monitors.
- Provide initial and ongoing education about devices with alarms.
- Establish interprofessional teams to address issues related to alarms, such as the development of policies and procedures.
- Monitor only those with clinical indications for monitoring.

In June 2013, The Joint Commission approved a National Patient Safety Goal on alarm safety in the clinical setting. This goal went into effect on January 1, 2014 and is designed to improve the safety of clinical alarm systems. Although a universal solution has yet to be identified, it is important for facilities to understand the impact of alarm fatigue and to develop a coordinated approach to clinical alarm system management (The Joint Commission, 2013).

For additional information about clinical alarm management as cited by AACN (2013), please visit the following sites:

- AACN Practice Alert™: Alarm Management (<http://www.aacn.org/practicealerts>)
- The Joint Commission Sentinel Event Alert Issue 50: Medical Alarm Device Safety in Hospitals. (http://www.jointcommission.org/sea_issue_50/)
- Healthcare Technology Foundation (<http://thehtf.org>)
- Advancing Safety in Medical Technology Healthcare Technology Safety Institute (<http://www.aami.org/htsi/>)

References

American Association of Critical-Care Nurses (2013, June 20). *American Association of Critical-Care Nurses outlines expected practices to manage patient alarms*. Retrieved from <http://www.aacn.org/wd/publishing/content/pressroom/pressreleases/2013/june-alarm-fatigue-practice-alert.pcms?menu>

The Joint Commission (2013, July). The Joint Commission announces 2014 national patient safety goal. *Joint Commission Perspectives*®, 33(7). Retrieved from http://www.jointcommission.org/assets/1/18/JCP0713_Announce_New_NSPG.pdf





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Tired Nurses: How Overtime and Fatigue May Contribute to Poor Clinical Care by Cynthia A. York, MSN, RN, CGRN Director, Practice and Credentialing

According to Bae (2013), nurses working overtime often find themselves experiencing fatigue and neurobehavioral deficits such as decreased reaction time and decreased ability to make crucial decisions, leading to an increase in needle sticks and medication errors. Geiger-Brown et al. (2011), pointed out that “the most recent studies found long work hours during nurses’ typical work schedule for the past 6 months on average were significantly related to patient mortality in the hospitals they worked” (p.60).

In 2011, The Joint Commission released a Sentinel Event Alert (SEA) that brought attention to the relationship between working extended hours and the occurrence of adverse events which may affect the safety and well-being of patients and/or the nurses caring for them. The SEA provided a list of behaviors associated with fatigue, including:

- lapses in attention and inability to stay focused
- compromised problem solving
- confusion
- irritability
- memory lapses
- impaired communication

The SEA also offered nine evidence based practice recommendations to decrease worker fatigue, including the involvement of staff in the creation of the work schedule, organizational risk assessment, and education regarding fatigue and safe patient care (Stimpfel, Sloane, & Aiken, 2012, p. 2506). To read the full SEA, please click [here](#).

POSITION STATEMENT ON OVERTIME FOR NURSING PERSONNEL

(Adopted by the Nursing Supply and Demand Commission, 2004*)

In consideration of safe patient care, it is recommended that health care organizations not promote or require nursing personnel to have direct care patient assignments in excess of 12 hours in a 24 hour period or 60 hours in a 7 day period.

This recommendation provides safeguards to promote patient safety and to protect nursing personnel.

It is reasonable to consider that nursing personnel in direct patient care environments may be needed to work overtime due to unforeseeable emergency circumstances such as:

- pre-scheduled on call time
- documented reasonable efforts to obtain staffing
- required overtime to complete a patient-care procedure in progress, where it would be detrimental to the patient if the employee left

It is incumbent upon health care facilities to adopt reasonable safeguards to prohibit overtime to protect nurses and to maintain appropriate patient care.**

*Position statement is dated, but falls in line with current, evidence-based findings.

**Represents position of Nursing Supply and Demand Commission (2004)





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Major Motions and Other Actions Taken at the October 9, 2013 Board Meeting

ADMINISTRATION

Accepted and Approved the FY 2013 Financial and compliance audit report.

EDUCATION

Approved the request of Frontier Nursing University to continue to offer Graduate clinical experiences in Louisiana for the following until December 14, 2015:

MSN, PMC, PMDNP:
Certified Nurse Midwife
Family Nurse Practitioner
Woman's Health Nurse Practitioner

Reapproved the request of Georgetown University to offer Graduate clinical experiences in Louisiana through December 14, 2015 for:

Certified Nurse Midwife/Woman's Health Nurse Practitioner (CNM/WHNP)

Reapproved the request of University of Alabama Birmingham to offer Graduate clinical experiences in Louisiana through December 14, 2015 for:

MSN and DNP:
Acute Adult/Gerontology Nurse Practitioner
Primary Care Adult/Gerontology Nurse Practitioner
Neonatal Nurse Practitioner

Reapproved the request of University of Louisiana Monroe as a Continuing Education provider through December 14, 2015.

Acknowledged the letter of intent from Northwestern State University to initiate a Post- Master's (APRN) DNP in Fall 2014.

Accepted the SACS report submitted by Nicholls State University.

Acted on the recommendation for revision to the Louisiana Nursing Education Articulation Model 2013 from the Nursing Supply and Demand Council.

Amended Motion:

Reconvene the Louisiana Nursing Education Task force to review and act on the recommendation of revisions submitted by the Nursing Supply and Demand Council

Reapproved the request of Graceland University to continue to offer Graduate clinical experiences in Louisiana through December 14, 2015 for:

Family Nurse Practitioner (MSN)

PRACTICE

Accepted and approved Guidelines for the Didactic Training and Establishment of Competency of Direct Service Workers (DSW) Performing Medication Administration and Non-Complex Tasks in Home and Community Based Settings.

Authorized the Executive Director of the Louisiana State Board of Nursing to execute the signature page of the Guidelines for the Didactic Training and Establishment of Competency of Direct Service Workers (DSW) Performing Medication Administration and Non-Complex Tasks in Home and Community Based Settings on behalf of the board.

CREDENTIALING

Accepted the Findings of Fact and Conclusions of Law and Board Order as presented by the Prosecuting Attorney with the following changes:

Change Conclusion of Law Number 5 to read:

That the evidence presented constitutes sufficient cause to affirm the denial of applicant's application for initial prescriptive authority: Specifically the applicant does not meet requirements of LAC 46:XLVII.4513 (D) (1) (d) i, LAC 46:XLVII.4513 (D) (1) (d) ii, and LAC 46:XLVII.4513 (D) (1) (d) iii





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Major Motions and Other Actions
Taken at the December 11, 2013 Board
Meeting

ADMINISTRATION

Approved the FY 2015 Annual Budget

Approved to increase the registration fees and accept proposed revisions to LAC 46:XLVII§3341.A.1- Fees for Registration and Licensure for rule making

Accepted the proposed revisions to LAC 46:XLVII§3341.B.1 - Fees for Returned Checks for rulemaking

Approved to uphold current policy not to release e-mail address and personal telephone numbers as part of data services and add the statement as advised by counsel

EDUCATION

Approved the request for Texas Wesleyan University to continue to offer Graduate clinical experiences in Louisiana for the following until December 11, 2015:

MSNA/CRNA

Approved the request for Maryville University to offer Graduate clinical experiences in Louisiana for the following until December 11, 2015:

Family Nurse Practitioner (FNP)

Furthermore, the Board deferred action of the following until demonstration of compliance with faculty qualification requirements:

Adult Gerontology Nurse Practitioner (AGNP)

Denied the request of Our Lady of the Lake College to finalize termination of the Associate of Science Degree in Nursing program until they submit evidence of compliance with LACXLVII.3531.

Approved the major curriculum changes at Louisiana State University Health Science Center to transition the following roles and population from MN to BSN-DNP:

MN to BSN-DNP:

Adult-Gerontology Clinical Nurse Specialist (AGCNS)
Neonatal Nurse Practitioner (NNP)
Primary Care Family Nurse Practitioner (FNP)

Non APRN/DNP:

Public Health Community Health Nurse (PH/CHN)
Executive Nurse Leader

And further, the Board acknowledged the major curriculum changes to the MSN Nurse Educator.

Approved the request of A New Day to offer RN Refresher Courses.

Approved the request of Vanderbilt University to include the following roles and populations to current approval to offer graduate APRN clinical in Louisiana until December 14, 2015:

Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
Adult Gerontology Acute Care Nurse Practitioner/
Family Nurse Practitioner (AGACNP/FNP)

Took action regarding noncompliance of Our Lady of Lake College of Nursing in relation to non-approved pre-licensure accelerated Baccalaureate Science in Nursing, leading to licensure:

The Board moved that Our Lady of the Lake College amend their annual report to reflect the existing track and submit paperwork to add the track as a major curriculum change.

Approved the request of University of Alabama Birmingham to include the following roles and populations to current approval to offer graduate APRN clinical in Louisiana until December 14, 2015:

Pediatric Acute Care Nurse Practitioner (PNP-AC)
Pediatric Acute Care Nurse Practitioner/Pediatric
Primary Care Nurse Practitioner (PNP-AC/PNP)





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Approved the revisions to the Louisiana Nursing Education Articulation Model 2014 and instructs staff to present to the Louisiana Board of Regents, Louisiana Nursing Supply and Demand Commission (NSDC) and Louisiana State Board of Practical Nurse Examiners (LSBPNE) for approval.

Further, the Board amended the approval to include deletion of the LPN to RN (Diploma section).

2014 State Holiday Schedule

Mardi Gras.....	March 4
Good Friday.....	April 18
Memorial Day.....	May 26
Independence Day.....	July 4
Labor Day.....	September 1
Veterans Day.....	November 11
Thanksgiving Day.....	November 27
Christmas Day.....	December 25

PRACTICE

Affirmed duty of Board staff to continue to uphold the standards of the Louisiana State Board of Nursing’s rules and regulations including those that pertain to educational standards affecting credentialing matters.

Directed Board staff to prepare a show cause order addressing matters related to the University of Alabama’s past approval to hold clinical in Louisiana.

CENTER FOR NURSING

Approved to amend the budget to allow for the additional funding of \$81,000 for the Development of Regional and Statewide Nursing Workforce Profiles for the Eight Regional Labor Market Areas in Louisiana.

Approved to amend the motion to allocate half of the funding of \$81,000 in 2014 and half in 2015.

Future Meeting Dates

BOARD MEETING DATES

- February 12, 2014
- April 9, 2014
- June 11, 2014
- August 13, 2014
- October 15, 2014
- December 10, 2014

Disciplinary Matters

LSBN took a total of 28 actions at the November 12, 2013 hearing panel. For a complete listing click the link below:
[November 12, 2013](#)

LSBN took a total of 24 actions at the December 10, 2013 hearing panel. For a complete listing click the link below:
[December 10, 2013](#)

