

**LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LOUISIANA 70810**

MINUTES OF THE DECEMBER 12, 2012 BOARD MEETING

Call to Order: The regular meeting of the Louisiana State Board of Nursing was called to order at 9:00 am by D. Porche, on Wednesday, December 12, 2012, at the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.

Roll Call: The following Board members were in attendance:
Demetrius Porche, DNS, APRN, Ph.D, FNP, President
Carlene MacMillan, MN, RN, Vice President
Patricia Prechter, Ed.D, MSN, RN, Alternate Officer
Lucie Agosta, Ph.D., APRN
Nancy Davis, MN, RN, NE-BC
Larry Haley, MSN, CRNA
Jolie Harris, MSN, RN
Patricia Johnson, MN, RN, CNA, DNP

The following Board members were not in attendance:
Sue Westbrook, DNS, RN
J Robert Bass, M.D., Ex-Officio Member
William LaCorte, M.D. Ex-Officio Member

The following staff members were in attendance:
Barbara Morvant, MN, RN, Executive Director
Cynthia T. Bienemy, PH.D, RN, Director of Nursing Workforce Center
Isonel Brown, MBA, Program Director, Administrative Services
Rickie Callegan, Director of Investigations
Patricia Dufrene, MSN, RN, Director of Education and Licensure
Joy Peterson, BSN, RN, Director of Hearings
Cynthia York, Director, Practice and Credentialing
Jennifer Alleman, APRN Compliance Director
E. Wade Shows, Board Attorney
Carrie Jones, Board Attorney
Suzanne C. Armand, Court Reporter
Marcia Carter, Administrative Assistant 5

Introduction: D. Porche established that a quorum of the Board was present.

Motion: by C. MacMillan, seconded, to reorder the agenda.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes;
L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

NURSE PRACTICE ISSUES

AGENDA ITEM 6.2

SCOPE OF PRACTICE – RNs TEACHING PAID CAREGIVERS IN THE HOME HEALTH SETTING

Ms. York stated staff received a practice petition from Ms. W. Daigle, wanting to know whether or not it was within the scope of practice for a registered nurse in a home health setting to instruct or teach a paid caregiver to manage a patient's healthcare needs.

Ms. MacMillan was recused from this agenda item

Petitioner is requesting that unlicensed paid caregivers be trained by registered nurses to carry out such nursing duties as injections of medications, breathing treatments, tube feedings, ostomy care and other procedures necessary to manage the patient's disease process.

The Nurse Practice Act states that "no person shall engage in the practice of nursing unless duly licensed to do so," and "whoever violates any provision of this Part shall, upon conviction, be fined not more than five thousand dollars or imprisoned, with or without hard labor, for not more than five years, or both"

The Nurse Practice Act also states the legislative intents, in part, is for the Board to protect the public health, safety and welfare by regulating nursing practice and "ensuring that any individual practicing or offering to practice nursing...shall be licensed before engaging in such practice.

The Nurse Practice Act does have exclusion to licensure for family and friends providing gratuitous care, but no exception for licensure for paid caregivers to deliver complex tasks to individuals in a home health setting.

Furthermore, there is no mechanism to ensure ongoing competency or to ensure accountability by the paid caregiver independently carrying out nursing interventions taught to them by a registered nurse.

Board staff was not able to locate any written documentation from any other Boards of Nursing, any home health nursing associations, evidence based practice research articles, national standards or guidelines for home health nurses to support the practice of registered nurses teaching paid caregivers to independently carry out these nursing functions.

Ms. Daigle reported that the original question was posed back in 2000. In researching, the question was submitted again. The words "delegate" was used. In home care they are not delegating, but just teaching caregivers, paid or non paid caregivers that may be caring for family members to allow them to stay in their homes. The majority of what they do in homecare is teach. Medicare does not differentiate between a paid caregiver versus a non paid caregiver.

Dr. Porche asked if the home health standards speak about teaching the patient, the family members or anyone, to which Ms. Daigle answered it was just general caregiver.

Ms. Daigle stated that most of their teaching consists of disease process recognition, maybe contacting the agency or the physician. They instruct on medication administration as well as nebulizer breathing treatments if it would be ongoing after they would be discharged from homecare. On occasion, wound care may be taught as well for the days the nurse does not see the patient. Insulin management teaching is also done.

Ms. Harris voiced concerns about the interpretation being that of delegation of nursing tasks versus supportive education in regards to a level of independence for the patient.

Dr. Porche also had concerns regarding accountability for the employee/employer.

Mr. Show stated that any gratuitous work by a family member or a friend is exempt from the Nurse Practice Act. There is also an exemption for incidental care by a 'domestic'. If it is 'incidental care' of a 'domestic', it is not problematic. However, would the Board determine the tasks as 'incidental care'?

There were some previous opinions, Ms. York reported, that may have been given that focus on delegation. Ms. York stated it is not a matter of delegation, but a matter of violation of the Nurse Practice Act, which makes a provision for gratuitous care by friends and family but no provision for paid care givers. Ms. York had safety concerns about accountability of this individual who is out performing nursing interventions and not being overseen.

Ms. Morvant stated the conflict is that unless there is a special provision then it is the practice of nursing. Direct Service Workers are authorized to be taught to administer certain medications and noncomplex task when statutory conditions. DHH has a system where the RN who trains is also accountable for the oversight of that caregiver in managing competency.

Mr. Shows stated "domestic worker" and "incidental care" needs to be defined by rule and regulation.

Discussion ensued

Motion: by L. Haley, seconded, to defer the opinion back for further review and exploration regarding issues discussed.

Ms. York asked Board for clarification

Mr. Haley stated this would be regarding authority, accountability and responsibility.

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-no; N. Davis-no; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 6.5

DELEGATION TO UNLICENSED PERSONNEL:

The purpose of this agenda item is to present and discuss with the Board members a recommendation from the APRN Task Force to consider providing APRN delegation of medication administration to unlicensed personnel, specifically medical assistants in an office setting.

The APRN Task Force recommended revisions to Chapter 45 regarding Advanced Practice Registered Nurses that would allow for unlicensed personnel, specifically certified medical assistants, to provide such services as medication administration with specific provisos. A draft of the revisions was presented December 14, 2011 with a motion that followed, which was adopted that included direction to Board staff and members to meet with key organizations for review including LSBN legal counsel and the LSBME.

Unlicensed personnel, including medical assistants, in Louisiana do not have a scope of practice nor regulatory agency. As such, current regulations of the Louisiana State Board of Nursing, past practice opinions, and delegation tools prohibit delegation of medication administration to unlicensed personnel (with exceptions to statutes affiliated with public schools and group homes) and up and coming direct service workers.

Staff recommends:

1. Request formal legal opinion from the Board's legal counsel regarding advanced practice registered nurses' delegation of medication administration to unlicensed personnel with consideration to the Louisiana State Board of Nursing and other current statutes, regulations, positions, and statements as well as consideration to the absence of a scope of practice or regulatory agency for unlicensed personnel in Louisiana. Request that the opinion provide guidance and delineate courses of action that would allow for such delegation; and
2. Direct Board staff to request a meeting with the Louisiana Board of Medical Examiners to discuss physician, physician assistant, and advanced practice registered nurses' delegation of medication administration to unlicensed personnel.

Motion: by L. Agosta, seconded, to proceed with the recommendations of staff

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes;
L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

The Board acknowledged Ms. Shirley King, who is retiring from the Board after 33 years of service to the State of Louisiana. Ms. Morvant thanked Ms. King for her years of service.

AGENDA ITEM 6.1

**SCOPE OF PRACTICE – INSTILLATION AND/OR REMOVAL OF
CHEMOTHERAPY AND BIOTHERAPY (VESICANT/NON-VESICANT) AGENTS
INTO/OUT OF THE BLADDER**

In 1990, the board issued a practice opinion that instillation of vesicant agents into the bladder was not within the scope of practice for a registered nurse. The original opinion is twenty-two years old and not in line with current standards of practice for trained chemotherapy registered nurses. Research indicates it is within the scope of practice for a trained chemotherapy registered nurse, with the necessary skills, knowledge, and abilities to administer chemotherapy and biological agents, including intravesical, and is supported by Oncology Nursing Society standards as well as the Mississippi and Maine State Boards of Nursing.

In 2006, the Louisiana Board of Nursing issued a practice opinion that hepatic arterial pump or hepatic arterial infusion of chemotherapy may be administered by a registered nurse for the purpose of treating metastatic cancer of the liver. This intervention by registered nurses is also supported by the Nevada State Board of Nursing and should be considered when rendering a decision in this matter. Trained chemotherapy registered nurses are currently allowed to administer medications that circulate in the body systemically and directly into the liver, a much larger organ than the bladder.

Board staff feels administration of chemotherapy and biological agents into the bladder falls under La. R.S. 37:913(14) (l) which states:

“Registered nursing” means the practice of the scope of nursing which is appropriate to individual's educational level, knowledge, skills, and abilities, including, in part:

(l) Performing additional acts which are recognized within standards of nursing practice and which are authorized by the board”

and recommends the board find in favor of the petitioner.

The requirement for chemotherapy certification is recommended by petitioner and supported by board staff; however, consideration should be given to the effect of this requirement on agencies such as physicians’ offices or other hospital facilities that chose to ensure appropriate training, skills and abilities of their registered nurses, but do not require certification.

An updated Agenda sheet was given out to Board members which removed the recommendation of certification. The staff’s recommendation is that the requirement for certification be determined by the employing institution.

Ms. Cazes commented that the procedure had been discussed multiple times in their institutional medical executive committee as this has been a practice in multiple areas. She further stated that they have studied the issue, and looked at all of the potential side effects if done by the nurses. Ms. Cazes felt it can be done safely if the nurses are prepared appropriately in their organization and know that it is only given by a chemo certified nurse. All members of their team are certified to do this. If done in the PACU and the operating room, their plan is to pull their oncology nurse to administer it.

Discussion ensued

The staff’s recommendation is as follows:

1. *That it is within the scope of practice for a certified chemotherapy registered nurse to instill and/or remove chemotherapy and biotherapy agents, vesicant and non-vesicant, into/out of the bladder/intravesical provided:*
 - a. *the registered nurse has the necessary skills, knowledge, abilities;*
 - b. *there is a physician order for the intervention;*
 - c. *there are current institutional policies and procedures that guide the practice;*
 - d. *the registered nurse maintains a current national certification in chemotherapy;*
 - e. *the registered nurse remains aware of and follows current established standards/guidelines and recommendations for practice.*
2. *That the prior nursing opinion NPOP 90.01 issued to Ms. Cathy Thomas Leggette, RN on January 24, 1990 which states: "instillation of vesicant agents into the bladder is not within the legal realm of the practice of a registered nurse" be removed from the Louisiana State Board of Nursing website.*

Motion: by P. Johnson/seconded, that the Board adopt staff's recommendation.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 6.3

REVISIONS TO CHAPTER 45 (DEFINITIONS AND ADMINISTRATIVE FUNCTIONS)

The APRN Task Force recommended revisions to Chapter 45 (regarding Advanced Practice Registered Nurses) that would alleviate some of the time and administrative burden to APRNs and physicians with regard to prescriptive authority. Collaborative practice agreements and applications would still be required for applications for initial prescriptive authority, the addition of controlled substances and for changes in employment (i.e. changes in physicians AND sites). The proposed revision continues to provide for notification of the Board of all changes in prescriptive authority. This revision would also provide an option for continued, seamless APRN practice and provision of care to Louisiana citizens in urgent and unexpected events such as disasters or the death or sudden loss for any reason of a collaborating physician.

There is no fee that the Board charges at this time to make these additions, so there would be no loss of revenue, but a gain in terms of time, paperwork, resources, energy and time of the staff.

Board staff recommends the following:

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

Currently, according to LAC 46: XLVII:3707.B.5 regarding changes in prescriptive authority "Prior to changes with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such changes and

submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action;”.

Proposed revision of LAC 46: XLVII: 4513.D.7:

7. Changes in prescriptive authority. The APRN shall notify the board in writing within 30 days of all changes regarding physicians and practice sites including deletion of any physicians with whom the APRN has discontinued the collaborative practice agreement. ~~Failure to notify the board may result in disciplinary action;~~
- a. ~~Prior to changes with the~~ adding new collaborating physician(s) and sites concurrently (i.e. new employment), to prescriptive authority privileges ~~or physicians or coverage physician, when applicable,~~ the APRN shall notify the board in writing requesting approval of such changes on forms provided by the Board and submit a new collaborative practice agreement.
 - b. Prior to the addition of physician(s) to a collaborative agreement at a site that has previously been approved by the Board, the APRN shall:
 - i. obtain a collaborative practice agreement which is signed by the additional physician(s). The collaborative practice agreement shall be identical in all aspects and content to the collaborative practice agreement which has been previously approved for collaborating physicians at this site;
 - ii. maintain the signed collaborative practice agreement on site at all times and provide a copy to Board staff at any time it is requested;
 - iii. Notify the Board in writing within 30 days of the addition of the physician(s) or dentist on a form provided by the Board;
 - iv. Provide any additional documents as requested by the Board
 - v. Cease practicing with a collaborating physician or dentist if notified by the Board to do so
 - c. ~~Failure to notify the board~~ abide by all provisions of this part may result in disciplinary action;

NOTE: Board staff recommended ‘additions’ to §4513.D.7 are noted as underscored, and deletions of current rule are shown with strike outs.

Motion: by L. Agosta, seconded, to approve staff’s recommendation for revisions.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 6.4

REVISIONS TO CHAPTER 45 (DEFINITIONS AND ADMINISTRATIVE FUNCTIONS)

Ms. Alleman reported that the APRN Task Force recommended revisions to Chapter 45 regarding Advanced Practice Registered Nurses that would allow for alignment with the

Consensus Model. The proposed revisions presented today are a partial reflection of these recommendations which include but are not limited to:

- revisions to definitions;
- clarification to the regulation as it pertains to the requirement for 500 hours of clinical practice immediately prior to applying for initial prescriptive authority which would include consideration of the clinical hours obtained in the graduate program;
- removal of the option for **initial** licensure by commensurate requirements (as advised by NCSBN)
- removal of the regulation regarding 1 Controlled Substance prescription per RX (not required by LBP)-recommended by staff
- clarification that initial DEA and LCDS licenses are needed prior to final approval to exercise controlled substance privileges
- clarification of clinical practice guidelines (as recommended by Task Force and wording provided by staff)
- addition of sections that provides for recall of a temporary permit in the event of allegations of violations of the NPA and subsequent rules and regulations (recommended by staff)
- a provision to manage gaps in education and licensure individually since refresher courses are not currently available for APRNs
- a provision for licensure by Endorsement to those CRNAs with unconditional certification
- clarification that failure to maintain current certification will result in inactivation of the APRN license with statements addressing consequences as to not practicing, not utilizing the title, and potential for disciplinary action if an APRN practices without such certification.
- Deletion of the option for temporary permit for APRNs with initial licensure.
- Some exceptions for a temporary permit if there is a gap in education and application for initial licensure of two years or greater.
- Eliminated the requirement for additional 500 hours of clinical practice prior to application for controlled substances
- Additional recommendation in alignment with the draft and the consensus model to revise current list of advanced national certifying organizations to remove the population foci, Home Health Nursing CNS, Community Health Nursing CNS and School Nurse Practitioner.
- Remove the oncology nurse certification corporation and add population foci acute care adult gero nurse practitioner and primary care adult gero nurse practitioner.
- Some potential proposed grandfathering language:

The Board recognizes any persons currently holding national certification and a license to practice as an APRN in this state as a Community Health Clinical Nurse Specialist or as an Advanced Oncology Nurse Practitioner is valid and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Or

The Board will continue to offer APRN licensure in the role of a clinical nurse specialist and population focus of public/community health through December

31, 2014. The Board recognizes any person currently holding national certification and a license to practice as an APRN in this state as a Community Health Clinical Nurse Specialist or as an Advanced Oncology Nurse Practitioner is valid and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act. Nothing in this section provides for licensure or renewal of APRNs licensed through commensurate requirements.

Discussion ensued

Ms. Morvant asked the Board to give staff direction as to which scenario they would like for specific language regarding the grandfathering clause before the rules are published.

Ms. Alleman stated the second proposed grandfathering language is just to continue to allow the opportunity for those who may be currently in a community health CNS program to still be eligible for licensure for another two or three years. Option one is to recognize what is current.

Discussion ensued regarding grandfathering language

Board staff recommends the following:

1. Adopt attached revisions to Chapter 45 as it regards sections 4501 - 4517.
2. Direct Board staff to proceed with further development of the draft of revisions to Chapter 45 (regarding Advanced Practice Registered Nurses) including scheduling meetings and dialogue with stakeholders
3. Revise the current list of “Advanced National Certifying Organizations” to:
 - a. Remove the population foci of Home Health Nursing CNS, Community Health Nursing CNS, and School Nurse Practitioner;
 - b. Remove the Oncology Nursing Certification Corporation (ONCC); and
 - c. Add the population foci acute care adult/gerontological nurse practitioner and primary care adult/gerontological nurse practitioner

Motion: by L. Agosta, seconded, to adopt staff’s recommendations, considering second grandfathering language to be written by legal counsel.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

EDUCATION/EXAMINATION ISSUES

AGENDA ITEM 4.1

SOUTHERN UNIVERSITY SHREVEPORT SITE VISIT REPORT

Ms. Dufrene stated that on September 18-20, 2012 LSBN performed a joint site visit at Southern University Shreveport Louisiana Associate of Science Nursing Program,

There were some issues that the NLNAC visitors did point out. Ms. Dufrene stated that the visitor recommendation to NLNAC was going to be a two year report prior to their next accreditation.

Staff recommends that the Board accept the Site Visit report on Southern University Shreveport Louisiana School of Nursing Associate of Science in Nursing Degree and continue Full approval status to be reviewed annually with annual reports. And further that the Board instruct SUSLA to provide LSBN with subsequent reports and correspondence with accrediting bodies.

Discussion ensued

Motion: by P. Prechter, seconded, to accept the Site Visit report on Southern University Shreveport Louisiana School of Nursing Associate of Science in Nursing Degree and continue Full approval status to be reviewed annually with annual reports. And further that the Board instruct SUSLA to provide LSBN with subsequent reports and correspondence with accrediting bodies.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.2

GRAMBLING STATE UNIVERSITY SITE VISIT REPORT

Ms. Dufrene reported that on March 13-15, 2012, Grambling State University BSN and MSN programs were reviewed by NLNAC. Due to conditional approval status of the BSN program, the Board instructed staff to arrange a separate visit. On October 4-5, 2012, LSBN staff visited Grambling State University.

Staff recommends that the Board accept the Site Visit report on Grambling State University School of Nursing Baccalaureate of Science in Nursing Degree and continue Conditional approval status to be reviewed annually with annual reports.

And that the Board accept the Site Visit report on Grambling State University School of Nursing Masters of Science in Nursing Degree and continue Full status to be reviewed annually with annual reports.

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

Motion: by P. Prechter, seconded, that the Board accept the Site Visit report on Grambling State University School of Nursing Baccalaureate of Science in Nursing Degree and continue Conditional approval status to be reviewed annually with annual reports.

And that the Board accept the Site Visit report on Grambling State University School of Nursing Masters of Science in Nursing Degree and continue Full status to be reviewed annually with annual reports.

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

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.3

LOUISIANA COLLEGE SITE VISIT REPORT

On October 17-19, 2012 LSBN performed a joint visit with CCNE.

Ms. Dufrene reported there were concerns of the students that the visitors shared with the Dean. Students felt there was miscommunication of what was posted as far as different costs, financial aid available as opposed to what they felt they heard when they actually enrolled in the program.

Discussion ensued

Dr. Sharp reported that they are working on some things related to marketing. A lot of their materials need to be updated and are working on marketing links that they are in the process of developing. Dr. Sharp commented that they were very pleased with the help Ms. Dufrene was able to give them when on site. They met all the standards of CCNE, but there were some elements within the standards that they are currently responding to in report updates.

Dr. Sharp stated that the St. Kitts report is being finished, and an outcome report will be submitted to Ms. Dufrene.

Staff recommends that the Board accepts the Site Visit report of Louisiana College School of Nursing Baccalaureate of Science in Nursing Degree and continues Full Approval status to be reviewed annually with annual reports; And further, that the Board instruct Louisiana College

Motion: by P. Prechter, seconded, that the Board accept the Site Visit report of Louisiana College School of Nursing Baccalaureate of Science in Nursing Degree and continue Full Approval status to be reviewed annually with annual reports; And further, that the Board instruct Louisiana College to provide LSBN with subsequent reports and correspondence with accrediting bodies.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.4

SOUTHERN ARKANSAS UNIVERSITY MAJOR CURRICULUM CHANGE

Ms. Dufrene reported that LSBN received a packet of applications for Clinicals from Southern Arkansas University (SAU) BSN students. Staff arranged conference call to discuss concerns that SAU BSN program had not been approved by the Board.

Historically, SAU has been approved and was recently reapproved for offering clinical experiences for Associate Degree students in Louisiana. In discussion with School Administrators, it was determined that the students would be participating in the same specialty of OB/Peds as the ASN students. The closest access to these experiences for these students is Louisiana. The institution has had a contract with Minden Medical Center for ADN students since 1995 and was approved in 2012 for use with BSN students. Additionally, they were under the same faculty. SAU administrators asked to submit items as a Major Curriculum Change-adding the BSN students to the approval.

The first group of BSN graduates had a 91% pass rate on NCLEX-RN examination. Last count, they have 110 students between their ASN and their BSN programs and 13% live in Louisiana and want to have clinical experiences in Louisiana.

On 10/8/12 LSBN staff received an addendum request, to the school's approval for clinical practice in Louisiana to include BSN student experiences. The materials submitted included Curriculum Pattern, Overview and Course Syllabi for NURS 4207- Nursing Care III Childbearing and Pediatrics.

Staff recommends that the Board accept the addendum request to the approval of Southern Arkansas University, Magnolia Associate Degree Program in Nursing to offer clinical experiences in Louisiana for OB/Peds to include Baccalaureate of Science in Nursing Program through July 13, 2013 at which time the ADN program is due for reapproval.

And further that the BSN program adhere to the same rules and regulations as ADN program:

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

Motion: by P. Prechter, seconded, that the Board accept the addendum request to the approval of Southern Arkansas University, Magnolia Associate Degree Program in Nursing to offer clinical experiences in Louisiana for

OB/Peds to include Baccalaureate of Science in Nursing Program through July 13, 2013 at which time the ADN program is due for reapproval.

And further that the BSN program adhere to the same rules and regulations as ADN program:

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

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.5

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER MAJOR CURRICULUM CHANGE – ADULT GERONTOLOGY CNS

Dr. Porche recused himself from this Agenda Item

On 10/10/12, LSBN received a proposal by LSUHSC for a major curriculum change involving the change of the Adult Health Nursing Clinical Nurse Specialist track to an Adult Gerontology Clinical Nurse Specialist track.

A comprehensive packet submitted included:

1. Documentation of approval by parent institution
2. Rational for proposed change
 - o In accordance with NCSBN APRN Model Rules, ANCC CNS Certification Exam Requirements, and National Association of CNS Professional Standards, and the Consensus Model, LSUHSC is revising the specialty track title of Adult Health CNS to Adult Gerontology CNS.
3. Mission Philosophy and Goals, Course Objectives and Course Outlines
 - o Mission, Philosophy and Goals as well as the Six Core Values remain unchanged. Course Syllabi are individually attached.
4. Comparison of current and proposed curriculum
 - o Credit hours unchanged- title of courses reflect Gerontology
5. Implementation Timetable

- Fall 2013- Nursing 6310 - Health Assessment
 - Spring 2014 - Nursing 6311 – Acute Care
 - Summer 2014 - Nursing 6312 - Outcome Assessment
 - Fall 2014 - Nursing 6313 - Chronic Care
6. Effect on Current Students
- Current students are part time students and have not reached support courses thus there is no anticipated effect on current students. These students will be on target to begin the courses as planned for implementation beginning Fall 2013.
7. Planned method for evaluating change
- Course evaluations
 - Program evaluations
 - Pass Rates
 - One year and five year graduate surveys
 - One year and five year employer surveys

Staff recommends that the Board approve the Major Curriculum change for LSUHSC to change specialty track title from Adult Clinical Nurse Specialist to Adult Gerontology Clinical Nurse Specialist.

Motion: by P. Prechter, seconded, that the Board approve the Major Curriculum change for LSUHSC to change specialty track title from Adult Clinical Nurse Specialist to Adult Gerontology Clinical Nurse Specialist.

Voice Vote: C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.6

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER MAJOR CURRICULUM CHANGE – BSN – DNP ANESTHESIA

Dr. Porche recused himself from this agenda item.

LSBN has previously approved the Post Master’s DNP certificate. LSUHS School of Nursing is requesting complete conversion approval to DNP.

A comprehensive packet submitted includes:

1. Documentation of approval by parent institution (Introduction and Appendix A, Appendix B)
 - Provided School of Nursing Approval by
 - School of Nursing
 - Institution
 - COA
2. Rational for proposed change (Introduction)

- In accordance with COA LSUHSC and converting their Anesthesia from MSN to DNP.
- 3. Mission Philosophy and Goals, Course Objectives and Course Outlines (Introduction) Mission, Philosophy and Goals as well as the Six Core Values remain unchanged.
 - Course Syllabi are individually attached. (Appendix D)
- 4. Comparison of current and proposed curriculum (Appendix E)
 - Evidence to show addition of DNP requirements over MSN
 - Increase by one semester
 - Increase 30 credits – (from 115 to 145)
- 5. Implementation Timetable (Appendix A and Appendix F))
 - Time line of Phase out
 - Phase in of courses planned from Summer 2013- Spring 2016 for cohort that will be admitted under new curriculum
 - Time line of initiation
 - Fall 2012- accept application
 - Summer 2012- 1st cohort enrolls
 - Spring 2015- Last MSN Graduating class
 - Spring 2016- first DNP graduating class
- 6. Effect on Current Students (introduction)
 - Replaces current MSN Anesthesia which will be phased out upon completion of current students (May 2015). Last admission class for these students is the Fall 2012 cohort.
 - The next cohort admitted May 2013 will be admitted under the new curriculum plan
 - Since the program requires full time study, students who are unsuccessful must re-apply and will be admitted under the BSN-DNP program if accepted. There will be individual evaluation to assure completion of all requirements and non duplication and/or substitution of courses. There may be a required bridge course for unsuccessful students to transition back into the SON and the new track.
 - Current students informed of changes and new policies
- 7. Planned method for evaluating change (Introduction)
 - Course evaluations
 - Program evaluations
 - Pass Rates
 - One year and 5 year graduate surveys
 - One year and 5 year employer surveys

Ms. Dufrene recommends that the Board approve the Major Curriculum change for LSUHSC to change Anesthesia Program to a BSN to DNP track.

Motion: by P. Prechter, seconded, that the Board approve the Major Curriculum change for LSUHSC to change Anesthesia Program to a BSN to DNP track.

Voice Vote: C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.7

UNIVERSITY OF CINCINNATI MAJOR CURRICULUM CHANGE AND REPORT TO LSBN

Dr. Porche recused himself from this agenda item

ON 2/15/12 the University of Cincinnati was granted conditional approval to offer Graduate clinical experiences in Louisiana for the following Specialties/Concentrations

- Adult Nurse Practitioner (ANP)
- Woman's Health Nurse Practitioner (WHNP)
- Psychiatric/Mental Health Nurse Practitioner
- Nurse Administration (non APRN)

On 5/14/12, University of Cincinnati submitted sufficient information (syllabus and faculty qualifications) thereby meeting requirements and updating status to full approval effective May 2012-May 2014.

In September, 2012, University of Cincinnati submitted clinical paperwork for non-approved tracks. Staff identified the following concerns:

- Labeling Psych Mental Health as PNP instead of PMHNP
- Submitted paperwork for Psych CNS- not approved track.
- Additionally schema submitted not matching courses requesting experiences for.
- Submitted paperwork for FNP experiences – not approved track
- Submitted paperwork for a CNS/Nurse Education- dual track not approved
- Submitted paperwork for Nurse Midwife- Not approved track

University of Cincinnati request approval of FNP, CNS/Nurse Educator, and Nurse Midwife, use of PNP not equivalent to PMHNP, and revised schema needing to be submitted for PMHNP

On 10/2/12, LSBN staff received proposal

- Curriculum schema and Syllabi for PMHNP concentration/track
- Major Curriculum Change for addition of Family Nurse Practitioner , Clinical Nurse Specialist/Nurse Educator and Nurse Midwife concentration/tracks
- Endorsement evidence of PMHNP faculty
- Student Placement packets
- Discontinuation of PMHCNS

Clinical Nurse Specialist/Nurse educator

- CNS is Adult Gerontology with dual Nurse Educator.
- 532 hours- 500 clinical and 32 teaching
- Schema reflects contain advanced pharmacology, advanced assessment and pathophysiology.
- Provided course descriptions which reflect credit hr, contact hr and learning outcomes

Family Nurse Practitioner

- 504 clinical hours
- Schema reflects advanced pharmacology, advanced assessment and advanced pathophysiology.
- Provided course descriptions which reflect credit hr, contact hr and learning outcomes

Nurse Midwife

- 784 clinical hours
- Schema reflects advanced pharmacology, advanced assessment and advanced pathophysiology
- Provided course descriptions which reflect credit hr, contact hr and learning outcomes
- Provided full course syllabi

Psychiatric Mental Health Nurse Practitioner

- 504 clinical hours
- Schema reflect advanced pharmacology, advanced assessment and advanced pathophysiology
- Provided course descriptions which reflect credit hr, contact hr and learning outcomes

Provided Course descriptions for all Core MSN courses

Ms. Dufrene recommended that Board approve the major curriculum change request by University of Cincinnati to add the specialty concentrations of:

- Clinical Nurse Specialist/ Nurse Educator
- Family Nurse Practitioner
- Nurse Midwife

Motion:

by P. Prechter, seconded, that the Board approves the major curriculum change request by University of Cincinnati to add the specialty concentrations of:

- Clinical Nurse Specialist/ Nurse Educator
- Family Nurse Practitioner
- Nurse Midwife

And that the Board acknowledges and accepts the revision of the Psychiatric Mental Health Nurse Practitioner Track to eliminate the CNS dual specialty;

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

1. Securing endorsement of Psychiatric Mental Health Nurse Practitioner faculty and submitting Faculty Qualification

Form for approval prior to enrollment of subsequent students into track.

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

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 4.8

LACANE REQUEST FOR TASK FORCE CREATION FOR THE PURPOSE OF EXAMINING/REVISING STATEWIDE NURSING EDUCATION ARTICULATION MODEL FOR LOUISIANA (2005)

Ms. Dufrene received a request from Dr. Poirrier to defer the item.

AGENDA ITEM 4.9

ANNOUNCEMENTS

1. **Louisiana Delta Community College Consolidation with Northeast Technical College**

On October 22, 2012 LSBN staff received notification of the consolidation of Louisiana Delta Community College and the Northeast Technical College as of July 1, 2012. This in turn caused an administrative hierarchy change. The RN program was previously administered by Vice Chancellor of Academic and Student Affairs and the Division of Nursing. The RN program will be administered by the Program Director of Registered Nursing.

2. **Louisiana Delta Community College Administrative Change**

On October 22, 2012 LSBN was notified that Marcus Gaut has taken the position as Program Director for Registered Nursing.

3. **LSUHSC COA Site Visit**

On October 23-25, 2012 LSUHSC invited LSBN staff to attend COA site visit.

4. **NLCEX Review**

On October 29, 2012- LSBN Staff and Board Members participated in NCLEX Review

5. **Nicholls State University RN- BSN Online Program**

On November 13, 2012 - LSBN staff received notification from Nicholls State University announcing initiation of an RN-BSN online program starting Spring 2013

6. **Our Lady of the Lake College Closing of Metairie campus**

LSBN received a letter on November 8, 2012, announcing that the Metairie campus of Our Lady of the Lake College will close December 2012 after the final accelerated ASN cohort completes the program. All accelerated ASN students out of progression will relocate to the Baton Rouge campus to join the traditional ASN program.

7. Louisiana Delta Community College Curriculum Changes

On November 16, 2012; LSBN was notified of curriculum changes in the generic ASN and LPN-RN ASN programs at Louisiana Delta Community College. The changes involve development of prerequisite Health Science Courses for all Health Science majors and do not constitute a major curriculum change.

CENTER FOR NURSING

AGENDA ITEM 7.1

REQUEST FROM LSU ON BEHALF OF THE HEALTH WORKS COMMISSION (HWC) STUDY ON ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS

Dr. Bienemy reported on the Health Works Commission Study on Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) – The Louisiana Health Works Commission (a legislative mandated commission established to address healthcare workforce issues in Louisiana) has contracted with the Louisiana State University Division of Economic Development to conduct a demand study on APRNs and PAs in Louisiana. This study is intended to compliment a study that was funded by the Health Works Commission in 2011 regarding the supply and demand of primary care physicians in Louisiana. The Health Works Commission invited representatives from the Louisiana Action Coalition, the Louisiana State Board of Nursing, the Louisiana Center for Nursing, the Nursing Supply and Demand Council, and the Louisiana State Board of Medical Examiners Physician Assistant's Advisory Committee to give input into the design of the study. Although input was given by these entities, the final survey items were determined by the Primary Investigator and his research team.

A mailing list with physical addresses, APRN category, specialty, and work settings for APRNs was shared with LSU by LSBN for the Health Work Commissions study

An email blast was sent to licensed APRNs in Louisiana from LCN encouraging them to complete the Health Works Commission Professional Survey for APRNs and PAs.

LSU has the following additional request for LSBN:

Allow LSBN to send out mail merged personalized emails to APRNs in Louisiana with a link to the Health Works Commission APRN-PA Professional Survey which can be found on LSU's website

Share Business phone numbers for APRNs with the Primary Investigator (Dr. Stephen Barnes – LSU) for follow-up phone calls

Dr. Bienemy commented that the Center for Nursing did send out an email blast to all licensed APRNs in the state encouraging them to complete the survey. It is up to the Board to make a decision if they want to support this further.

Lengthy discussion ensued regarding sharing information and how the data will be used.

Motion: by C. MacMillan, seconded, that the Board send out another email containing the link to the survey.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

Discussion ensued regarding guidelines for release of information

Motion: by C. MacMillan, seconded, to direct Board staff to review current practices in release of information from LSBN and also to propose a policy.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 7.2

LOUISIANA CENTER FOR NURSING UPDATE

The Louisiana Nursing Supply and Demand Forecasting Model for Louisiana

On November 27 the group from the Center for Health Affairs with the NEONI that developed the forecasting model came to the LSBN and had a meeting at the Board. Some of the Board members were able to be present and other stakeholders. There was a very good turnout for the meeting. It was a good overview of the forecasting model and gave a demonstration on how the model could be used, discussed various scenarios which could be incorporated into the dynamic model and are in the process of actually doing the work, trying to gather all the data. They will be working with other state agencies to make sure that they have the best data available to go into the forecasting model.

The Health Works Commission did contribute to a major portion of funding of this project at a cost of \$88,700.

Louisiana Action Coalition (LAC) – Future of Nursing Campaign for Action

The Louisiana Action Coalition submitted a proposal for the RWJF SIP Grant on August 24, 2012 and received notice on October 22, 2012 that the LAC proposal was selected as one of the finalists. This last week they were looking at the budget and they had one concern in terms of the cell phone. This was corrected. A letter was received from the reviewer saying that the LAC are still considered a finalist, giving a timetable that would be involved and who the people would be that LAC will be working with. Awards will be announced in mid-January

2013 and funding will begin February 1, 2013. One of the major initiatives related with that funding is hiring someone that can work full time on this initiative. If awarded to LAC, the funds received from the RWJF SIP Grant would serve as the matching funds for the Rapides Foundation Challenge Grant.

One of the recommendations deals with nurses as leaders and they have developed a DVD which was distributed to Board members.

NATIONAL COUNCIL STATE BOARDS OF NURSING

AGENDA ITEM 8.1

The National Council of State Boards of Nursing (NCSBN) announced the launch of Nursys e-Notify, the national nurse licensure notification system that automatically delivers licensure and publicly available discipline data directly to employers as the data is entered into the Nursys database by U.S. boards of nursing (BONs).

Information regarding e-Notify has been put out on the LSBN web site and the most recent Examiner, There is a link at the website regarding this service.

AGENDA ITEM 8.2 NCLEX PASS RATES JULY – SEPTEMBER 2012

NCSBN announced that the NCLEX pass rate information is now available at the NCSBN website. For July-September 2012, the NCLEX-RN pass rate for first-time, U.S.-educated candidates were 88.78% and for all candidates was 80.66%.

UNFINISHED BUSINESS

RULEMAKING – PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) INSERTION AND REMOVAL (AMENDING LAC 46:XLVII.3707 TO REVISE B.5)

Proposed revisions were submitted to the Legislative Auditor on November 20, 2012 and if approved will be submitted to the Louisiana Register on December 10, 2012 for publication in the December 20, 2012 issue.

REPORT OF THE PRESIDENT

Dr. Porche reported that he represented the LSBN at the Health Works Commission meeting

Dr. Porche reported that he, Ms. Morvant, Executive Director and Jennifer Alleman, APRN Compliance Officer met last Friday with representatives of the Louisiana Association of Nurse Anesthetists (LANA) to discuss some of the issues around prescriptive authority for Certified Registered Nurse Anesthetists (CRNA) and in defining scope of practice and ancillary services. Present were Dr. Marjorie Everson, Tracy Young, Ms. Newman, Dr. Porche, Ms. Morvant and Ms. Alleman. Dr. Porche reported there was very good dialog. The LSBN will need to work with the LANA Board of Directors regarding scope of practice for nurse anesthetists in alignment with the consensus model in moving forward with revisions to Chapter 45

REPORT OF THE VICE-PRESIDENT

The LSBN was provided 1st Quarter financial information, July 1, 2012- October 21, 2012. Ms. MacMillan noted that most revenues are generated through renewals and LSBN is just beginning the renewal period.

Motion: by C. MacMillan, seconded, to accept the Vice-President's Financial Report

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

REPORT OF THE EXECUTIVE DIRECTOR

Ms. Morvant reported that currently 20,085 nurses have renewed their RN or APRN license for 2013. Reminders will be sent out to those who have not renewed.

The LSBN is in the process of two joint rulemaking activities. One is with the Department of Health and Hospitals (DHH) for the Direct Service Worker training and oversight by RNs for those caregivers giving medications and non-complex tasks in the homes.

At the last board meeting, Ms. Morvant reported that the rules that the LSBN had approved were about to expire if not adopted by DHH. The Board directed Mr. Shows and Ms. Morvant to meet with DHH and try to resolve any outstanding issues to be able to go forward. They did meet with representatives of the department and their legal counsel and left with a commitment that those rules will be published in the December Louisiana Register.

The Board is in the process of rulemaking with the Board of Elementary and Secondary Education (BESE) for diabetes management in the school system. BESE approved the exact wording on the proposed rules as LSBN. These jointly approved rules are slated to be published in the December issue of the Louisiana Register.

Ms. Morvant reported that LSBN is now fully staffed in the Investigations Department. There are a total of six investigators to handle caseload. I. Brown serves as Administrative Program Director who is over accounting and human resource services. The HR Analysis C position remains unfilled pending the outcome of a Civil Service appeal which is scheduled for January.

Ms. Morvant shared with LSBN members that as part of the board orientation/development members are funded to attend NCSBN meetings. Ms. Morvant referred members to upcoming meetings including the IRE conference, January 15-16 meeting in New Orleans, the March Mid-Year meeting and the NCSBN Delegate Assembly in August. Members were requested to notify her of their interest in attending.

ADMINISTRATIVE ISSUES

AGENDA ITEM 2.5

LEADERSHIP SUCCESSION UPDATE

Dr. Porche indicated that the contract specifications for the search firm selected has been on-going. Dr. Porche provided members opportunity to review project specifications and provide him feedback. Members present were generally agreeable with project specifications. LSBN is awaiting the signed contracts from the firm.

AGENDA ITEM 2.1

EXECUTIVE DIRECTOR'S AUTHORITY TO SIGN CONTRACTS ON BEHALF OF LSBN

Ms. Morvant reported that the Board decided that they would review and update the Executive Director's authority to sign contracts every three years.

Motion: by P. Johnson, seconded, to approve the following policy statement: Louisiana State Board of Nursing members give authority to Louisiana State Board of Nursing's Executive Director to sign contracts on behalf of the Board and to assign a designee as the Executive Director so chooses.

Voice Vote: D. Porche-yes; C. MacMillan-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; L. Haley-yes; J. Harris-yes; P. Johnson-yes

Motion Carried.

AGENDA ITEM 2.2

Proposed Budget Fiscal Year 2013-2014

Ms. Morvant presented the FY2013-2014 proposed budget. The budget as adopted by the LSBN must be submitted to the Legislative Auditor by January 1, 2013. She recommended adoption with a direction to staff to return with a five year projection based on projected use of reserved funds to meet expenditures.

Ms. Brown stated that in preparing the FY2014 annual budget, management took into account LSBN historical experiences, as well as trends reflected in the 2011 LSBN annual report and LSBN strategic initiatives.

LSBN key assumptions for revenue and expenditures are as follows:

The revenue projections assume an overall conservative 4% increase, with a significant increase in Exam Fee due to actual data reported in the LSBN FY2012 audit report. RN and APRN

renewal projections were adjusted to align with trend line licensure increases reflected in the 2011 LSBN annual report.

Expenditure projections represent an overall 1% expenditure decrease. Expenditure projections also reflect the impact of known and proposed spending for personnel needs related to succession planning, strategic planning and information technology.

- Personnel expenditures include a 4% merit increase for all eligible employees.
- Professional services (contracts) reflect a 10% general decrease, but contain a decrease in attorney fees, an increase in consulting services to support our operational streamlining initiative, and a discontinuation of the LSU Computer Contract.
- Operating Services reflects an overall 12% decrease primarily affected by the elimination of the one-time increase allowed for staff computer purchases.
- Facility Management reflects an overall 44% decrease primarily affected by a decrease in equipment purchases associated with disaster recovery.

Overall FY2014 budget reflects 13% decrease in expenditures over revenues when compared to FY2013.

Discussion ensued

Dr. Porche commented that staff's salary ranges for their positions should be reviewed to assure LSBN remains competitive.

Motion: by P. Johnson, seconded, to approve the Proposed Budget for Fiscal Year 2013-2014 as presented

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

AGENDA ITEM 2.4

STRATEGIC PLANNING UPDATE

The LSBN accepted the strategic map at its October 2012 meeting. Staff have been engaged in the generation of implementation plans to meet priority goals and seeking consulting services to assist Board and staff in refining the implementation plan and project management.

The Executive Director assigned herself and directors working individually and in teams to develop tracks of work for each of the major objectives that the Board identified in the map as the priorities. Work is ongoing. Board members were provided with the initial work product from the directors. One of the major objectives was streamlining the LSBN processes. Ms. Morvant reported that staff is seeking some consultation or a consulting team to work with staff on the reengineering of processes. She asked I. Brown to share the initial discussions with LSU.

After contacting the universities, Ms. Brown reported that LSU has through their MBA program a Management Consulting Group. These students work as consultants. They propose to do an

analysis of the eight areas identified and then look at Board's technology. One of the Board's goals is to become "paper light." Recommendations will be made for overall improvement.

Discussion ensued

Motion: by P. Prechter, seconded, that the Board defer consideration of Item 4.8 until further meeting.

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

Dr. Porche stated that because the Minutes of the October 9, 2012 Board meeting were not posted, the Board will have to adopt these Minutes at the next Board meeting. (It is noted for the record that there was a technical problem with the electronic link to the draft minute document).

(Break)

Motion: by P. Prechter, seconded, to go into Executive Session to take up Agenda Item 2.3 and receive the Report on Litigation.

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

(Executive Session)

Motion: by C. MacMillan, seconded, to go into Open Session

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

ELECTION OF OFFICERS

Motion: by N. Davis, seconded to nominate D. Porche as President, C. MacMillan as Vice-President, and P. Prechter as Alternate Officer for 2013

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

Ms. Morvant thanked Dr. Porche for concluding his first four year term.

Mr. L. Haley concluded his four year term and will be seeking reappointment.. Mr. Morvant thanked Mr. Haley for his service to the LSBN.

ADJOURNMENT:

Motion: by N. Davis, seconded, to adjourn the meeting

Voice Vote: D. Porche-yes; P. Prechter-yes; L. Agosta-yes; N. Davis-yes; J. Harris-yes; S. Westbrook-yes

Motion Carried

The meeting adjourned at 1:54 p.m.



**DEMETRIUS PORCHE, PRESIDENT
LOUISIANA STATE BOARD OF NURSING**