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

FROM THE EXECUTIVE DIRECTOR

The beginning of a new year is always a wonderful opportunity to look at where we've been with nursing regulation in Louisiana over the last 12 months and to look forward to the opportunities presenting themselves to advance the profession in 2016. To begin the year, I can't say thank you loudly or often enough to the group of dedicated nursing professionals who make up the Board of the Louisiana State Board of Nursing. The officers, President Nancy Davis, Vice President Dr. Laura Bonanno and Alternate Officer Dr. Patricia Prechter are joined by Board members Dr. Lucy Agosta, Tim Cotita, Dr. Jolie Harris, Teresita McNabb, Dr. Demetrius Porche, and Dr. Sue Westbrook as well as ex officio MD officers Dr. Juzar Ali and Dr. Marelle Yongue. These volunteer leaders have provided strategic leadership to enhance the agency's pursuit of regulatory excellence and to assure comprehensive 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.

Supporting the mission, vision, goals and objectives of the Board are dedicated staff members who work 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 direct the various departments at LSBN including: Dr. Cynthia Bienemy, PhD, RN, Director of the Louisiana Center for Nursing; Isonel Brown, MBA, Director of Operations; Rickie Callegan, MSN, RN, Director of Investigations; Patricia Dufrene, MSN, RN, Director of Education & Licensure; Wanda Woods Matthews, MPA, Director of Hearings; Barbara McGill, MSN, RN, Director of Recovering Nurse Program & Monitoring; Jennifer Alleman Wright, MSN, APRN, FNP, Director of Advanced Practice; and Cynthia York, MSN, RN, CGRN, Director of Practice & Credentialing. Collectively, the Executive Team has over 200 years of experience in nursing practice, nursing education, nursing administration, regulatory affairs, and operations. Their expertise is both broad and deep.

In August 2015, the Board and Executive Team participated in a Strategic Planning Retreat to identify priorities for action for 2016 – 2019. Facilitated by SSA Consultants, the group spent two days framing priorities for Board action over the next three years. The top three priorities identified in the order of importance with their metrics include:

1. **The scope of practice for APRNs will be expanded to match their education, training, and competency level.**
   - **a. LSBN develops and adopts a new Scope of Practice Position Statement;**
   - **b. Collaborative Practice Agreement (CPAs) will be eliminated;**
   - **c. Direction and supervision language for CRNAs will be eliminated**
     - **i. Provide information to and influence stakeholders who draft legislation to achieve b and c;**
   - **d. Influence statutory and rule changes as necessary to promote full scope of practice.**

2. **Build a successful coalition of support for the nurse licensure compact and the APRN compact.**
   - **a. Work toward amendment of previous attorney general's opinion regarding constitution ality of the nurse licensure compact;**
   - **b. Influence collaboration among external constituents including LSNA, LACANE, LANA, LANP, LHA, LSBPNE, hospitals and healthcare organizations, insurance companies, AARP and others for support of nurse licensure compact status for Louisiana.**
   - **c. Revision of LRS and LAC to recognize multi-state licensure compact.**

3. **The LSBN will be recognized as**
   - **a. a leader in the evolutionary progress of healthcare and the advancement of nursing practice;**
   - **b. the expert organization protecting the Louisiana public by ensuring our professionals are well-educated, law-abiding, safe, and trustworthy;**
   - **c. the leading promoter of the nursing profession; and**
   - **d. a provider of service excellence to all licensees across all LSBN functions.**

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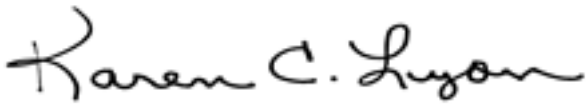
i. **Licensure and discipline processes revised to reflect just culture;**
ii. **Increased LSBN public presence through presentations, publications, community service and legislative appointments;**
iii. **Promotion of RN/APRN education and competency through collaboration with professional associations;**
iv. **Customer service excellence measurably improved for LSBN applicants and licensees across all LSBN functions;**
v. **Board meetings redesigned to facilitate goal achievement; and**
vi. **Technology leveraged to expand communication reach and engagement.**

As Executive Director, I have been charged by the Board to lead the staff in the challenges reflected above. These aren't easy goals and they will require significant guidance and assistance from our licensees and the public. We look forward to expanding our collaboration with our healthcare colleagues as well as any individual or organization willing to assist with our mission to safeguard the life and health of the citizens of Louisiana.

The Louisiana Center for Nursing has done important work this year leading the efforts to advance the Institute of Medicine's Future of Nursing Campaign through the Louisiana Action Coalition (LAC). The LAC Nurse Leader Institute was held November 9th – 13th at the Louisiana Hospital Association Conference Center. Thirty emerging leaders registered for the Nurse Leader Institute, which focused on nurses developing long-lasting, effective leadership skills. The Institute is accredited for 33 hours of continuing education and will be repeated in spring 2016. Additionally, the LAC Diversity Workgroup is in the process of developing a summary report on the Nursing Workforce Diversity Think Tank held in August 2015 using information from the presentations, and the three breakout sessions on diversity and nursing education, practice, and leadership. The information from the summary report will be used to finalize LAC's Diversity Action Plan.

As I begin my 42nd year in professional nursing and my 3rd as LSBN's Executive Director, no challenge seems too great. In the words of Oliver Wendell Holmes ***"Greatness is not in where we stand, but in what direction we are moving. We must sail, sometimes with the wind and sometimes against it – but sail we must, and not drift. Nor lay at anchor."*** At LSBN, with your support and assistance, we will continue to accomplish great things in regulation, education, and practice.

In Service to Nursing,



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

LSBN Tribute to Billie Tuohy, RN

Billie Tuohy, RN, recently retired after a 66-year nursing career. Billie was born and raised in Provencal, Louisiana in Natchitoches Parish. She entered nursing school at the end of WWII, with the intention of helping children injured by the atomic bomb through the J3 Organization. However, following graduation from Charity Nursing School in New Orleans, Louisiana in 1949, she chose an alternate career path.

Ms. Tuohy has cared for very diverse types of patients including veterans at the VA hospital and children at a developmental center. In 1985, Billie began working in home health care, the field from which she retired in December. She acknowledges many changes in the nursing field, most notably the increased amount of paperwork and the transition to electronic records and computerized charting. As her greatest accomplishment, she mentions being awarded a "Great 100" recognition.

Billie's plans for retirement are simple: staying healthy and anticipating what the future brings. She states, "I always did what I thought was best at the time." Her advice to other nurses is to "take advantage of every opportunity you can to learn something new and helpful." Although she is leaving the profession, she has insured that her legacy will continue through her son and granddaughter, both nurses. LSBN salutes Ms. Tuohy on her dedication to her profession and thanks her for her service to the people of Louisiana.

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LSBN Department Spotlight

In this edition of ***The Examiner***, we are introducing the team members of the ***Credentialing and Practice Department***. The department can be contacted at 225-755-7500.

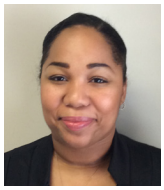
Cynthia York, MSN, RN, CGRN has been with LSBN since April, 2010. She initially served as a Compliance Officer for Investigations, and now serves as Director for the RN Credentialing and Practice Department. Cynthia oversees annual RN licensure renewals, licensure by endorsement and reinstatement, and continuing education audits. She also assists with interpretation of the Nurse Practice Act and LSBN rules/regulations, including the development of nursing practice opinions and declaratory statements. Cynthia is actively involved with local, state and national organizations. She is a past-president of the Baton Rouge District Nurses Association, currently serves on the LSNA finance committee, and was recently appointed as the LSNA consultant to the Louisiana Association of Student Nurses. Cynthia served four years on the NCSBN finance committee and is currently serving a two year term on the awards committee. Additionally, she is a member of the Louisiana Board of Pharmacy, Prescription Monitoring Program Advisory Council and National Association of Controlled Substances Authority membership committee. Cynthia is also an active member of Sigma Theta Tau and the Society of Gastroenterology Nurses and Associates. Her nursing career includes practice in the perioperative and radiology areas as well as various management positions. Cynthia graduated with a BSN from Southeastern Louisiana University (SLU) and a MSN from Loyola University – New Orleans. She is currently enrolled in SLU's DNP program and participates in the NCSBN Institute of Regulatory Excellence Fellowship program.

Brenda Kelt joined LSBN in December, 2001, after twenty-two years of business and managerial experience in a variety of private sector positions. Her professional background includes working as a bookkeeper at a small law firm and purchasing manager for an international hotel chain, the latter of which included procurement installations of new hotels in fourteen cities, spanning eleven different countries. During her initial tenure at the LSBN, Brenda served in the endorsement and investigations division. Following Hurricane Katrina and the subsequent move of the board office from New Orleans to Baton Rouge, she functioned in multiple support roles to ensure Louisiana nurses continued to receive assistance despite hardships endured statewide. Her eclectic background and skill set has benefited LSBN greatly over the years. Currently, Brenda functions as a Licensing Analyst II and is responsible for a wide variety of functions in the RN Credentialing and Practice section of the board office. Additionally, she serves as assistant to the Director.

Kevin Brumley has been with LSBN since September, 2007, serving as a Licensing Analyst II for the RN Credentialing and Practice Department. Kevin processes licensure reinstatements, name changes, credential verifications and criminal background checks. Additionally, Kevin is responsible for processing all permit applications for the clinical component of RN refresher courses as well as military licensure fee refund requests. He has been instrumental in developing processes that have resulted in improved efficiency and decreased agency expense relative to licensure. Kevin graduated from LSU with a Bachelor's degree in General Studies.

Stacey Jones is a dedicated employee that has been with LSBN since August, 2012. Serving as a Licensing Analyst II for the Credentialing and Practice Department, Stacey is highly efficient and knowledgeable in all areas of the credentialing and licensing processes. She is instrumental in developing and revising licensure policies for RNs in Louisiana, particularly those relative to nurses receiving licensure via endorsement. Stacey is considered an expert in the area of licensing foreign educated nurses, has participated on various committees, and assisted with the development of NCSBN foreign educated nurses licensure guidelines. She possesses, utilizes, and communicates her knowledge relative to the Nurse Practice Act and the Administrative Rules and Processes of the Board to assist applicants and licensees on a daily basis. She graduated with a Bachelor of Science degree in business management from Southeastern Louisiana University in Hammond.

Brittany Williams is the newest addition to the RN Credentialing and Practice Department. She comes to LSBN with several years of experience in verification processing for Title IV eligibility, and an extensive professional background as a Financial Aid Administrator. She is a responsible and dedicated professional who will be delegated the tasks of processing licensure by endorsement, including the issuance of temporary RN permits. Brittany graduated from Rutgers, The State University of New Jersey with a bachelor's degree in Sociology, and looks forward to assisting LSBN in providing superb service to the public.



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

Discharging Patients from your Practice or Closing a Practice

Termination of a patient-provider relationship has ethical and legal implications especially if it is involuntary. APRNs must consider such implications to reduce the risks of claims such as negligence and abandonment when discharging patients from their practices or closing a practice. The topic of abandonment has been previously explored by the Louisiana State Board of Nursing in the April, 2013 issue of the Examiner (see http://www.lsbn.state.la.us/Portals/1/Documents/Examiners/ExaminerNo22013.pdf). The following is offered as a general guide for APRNs in giving careful consideration to the discharge or dismissal of patients from a practice.

There are many reasons that providers consider discharging patients from a practice. For example, the office may be permanently closing or patients may:

- require specialty services not offered by the provider;
- be uncooperative or non-compliant with treatment, follow-up visits, or office policies;
- elect not to pay medical bills in a timely manner; or
- be disruptive, abusive, or violent.

Patients cannot be discharged for discriminatory reasons. Patients should also not be discharged amid an immediate need for care such as during a medical crisis or otherwise acute, especially life threatening, event.

In ending the patient-provider relationship, proper notification must be given in writing (typically via certified and regular mail delivery) to the patient and/or other responsible parties. The letter must formally notify the patient that by a certain date (i.e. 30 days from the date of the letter) the provider will no longer provide care. When selecting the specific date for termination of care, allow sufficient time for the patient to engage another provider and provide interim care including the provision of necessary refills as appropriate. There should be a clear recommendation to seek a new provider for continuing care of the patient's conditions and an offer to send medical records to the new provider. Copies of medical records cannot be withheld based on previous nonpayment of medical bills. At the provider's discretion, the letter may include:

- the reason for termination of the relationship;
- a referral to or name of another provider;
- a referral to a state organization or the patient's insurance company for a list of names of additional providers;
- a medical release to facilitate forwarding of medical records; or
- an agreement to treat only a specific condition for a period of time.

Of course professional discretion must be utilized in each circumstance. Immediate termination may be acceptable and law enforcement may need to be engaged if violence has been a factor in the termination of the patient-provider relationship. Providers may decline providing refills during the interim timeframe if within their judgment such is not appropriate or necessary for the patient's welfare and safety.

Providers such as APRNs should have a standardized, consistent process for dismissing patients that is an approved policy and practice of their organizations. Attorneys and risk management personnel should be consulted in development of such a policy. Check individual state laws which may have requirements regarding notice to patients. Verify the requirements of insurance carrier contracts as well as malpractice insurance carriers' policies when developing the process for discharge of patients. Part of the process should be to notify appointment schedulers to decline scheduling terminated patients. APRNs should then follow the policy and document all steps of the process.

This article is not to be construed as providing formal legal advice. Compliance with any of the recommendations does not provide immunity from liability and in no way guarantees the fulfillment of provider obligations as may be required by any local, state

or federal laws, regulations or other requirements. Readers are advised to consult a qualified attorney or other professional regarding the information and issues discussed herein, and for advice pertaining to specific circumstances.

Resources:
Buppert, C. (2008). How to fire a patient. Legal limits. Journal for Nurse Practitioners, 4(2), 97-99.
Eastek, S. (2007). Termination: ethical and legal implications. Journal for Nurse Practitioners, 3(6), 379-383.
Medical Insurance Exchange of California. (2007). How to discharge a patient from your medical practice. Retrieved from: http://www.miec.com/portals/0/managingyourpractice/myp2.pdf
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Salz, T. (2012). Carefully discharge difficult patients. Medical Economics, 89(13), 38-40.
Smith, J. A. (2005). Terminating the provider-patient relationship. Nurse Practitioner, 30(5), 58-60.

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

SAVE THE DATE!

On July 22, 2016, LSBN will be celebrating 30 years of the Recovering Nurse Program (RNP). The celebration will be in Baton Rouge and will include several renowned speakers. All LSBN RNP graduates will be receiving an invitation to attend the celebration and some of the graduates will share their stories. On the afternoon of July 21, 2016, LSBN will be offering a program for nurse administrators, nurse managers, charge nurses, and human resource specialists. The program "Fit to Perform Safely" will provide an overview on the tools needed when working with nurses who are chemically dependent.

I have been asked in the past "Why should we have a Recovering Nurse Program?" "Why doesn't the Board just take away the license of those nurses who are chemically dependent?" Chemical dependency is a disease. It is a progressive, chronic, fatal if left untreated, debilitating disease. According to the National Institutes of Mental Health, chemical dependency strikes about 10% of the population at some time in their adult life. And as with many other diseases, it is treatable. Nurses have more access to mood altering addictive substances than the general population. Drug abuse can be considered an occupational hazard. Almost 50 percent of the nurses in the RNP have been addicted to opiates. There is a lot of disturbing news right now about opiate prescriptions in the United States, particularly in Louisiana.

The Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention on October 16, 2015, included a study of prescribing practices in eight states. Louisiana ranked number one in prescribing opiates. Other disturbing news from this same publication indicates that drug overdose is the leading cause of injury death in the United States. The death rate from drug overdose in the United States more than doubled between 1999 and 2013. The increase in drug overdoses is attributable primarily to the misuse and abuse of prescription medications, especially opioid analgesics, sedatives, and stimulants.

Many people do not understand how easily a person can become addicted to opiates. The American Society of Addiction indicates that in the U.S. there is an epidemic of opioid abuse. In 2013 the National Survey on Drug Use and Health estimated that 1.9 million Americans live with opioid pain reliever addiction and 517,000 are addicted to heroin. According to the CDC, 46 Americans die every day from opioid prescription drug overdoses (CDC Vital Signs, July, 2014).

What these statistics do not tell us is the suffering that addicts go through while living addicted to drugs and what harm a person who is under the influence of drugs can wreak on the lives of others. A person who is taking mood-altering substances, even if they are prescribed, may be cognitively impaired. The American College of Environmental Medicine recommends that 90 percent of any mood altering substance should be out of a person's system prior to going to work if employed in safety sensitive positions. Nursing is definitely a safety sensitive profession. The Recovering Nurse Program assists in protecting the public and helping the nurse. Many of the graduates from RNP will attest to the fact that without the program, they do not know where they might be today. The program is built on principles that have been shown to work.

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Investigation Process: What You Need to Know

by Rickie Callegan, MSN, RN
Director, Investigations Department

The fundamental mission of the Louisiana State Board of Nursing (the Board) is to safeguard the life and health of the citizens of Louisiana, by ensuring persons practicing as registered nurses (RNs), advanced practice registered nurses (APRNs) and student nurses (SNs) are competent and safe. In order to fulfill its mission, the Board acts within the state's governmental structure to establish and publish standards of nursing practice. When the Board receives information that a RN, APRN or SN has failed to practice nursing in accordance with set standards, it has the responsibility to consider whether or not disciplinary action is warranted.

The Investigations section of the Board is staffed with Compliance Officers (licensed RNs), Compliance Investigators and Licensing Analysts. Members of the Investigations team have significant combined knowledge and expertise in the areas of clinical nursing practice, law enforcement, and Louisiana legislation. Each Compliance Officer and Compliance Investigator has received training relative to the Board's investigatory process and has completed the National Certified Investigator Training program offered by the Council on Licensure, Enforcement and Regulation.

Receipt of Complaint

All written complaints received by the Board are forwarded to the Investigations Department for processing. Each complaint is thoroughly reviewed to ensure sufficient information relative to the nurse's identity has been provided, to determine whether or not the reported allegations(s), if proven, would constitute a violation of the Nurse Practice Act (NPA), and to establish whether or not the Board has jurisdiction. Pursuant to Louisiana law, communications/documents received from an informant/complainant are not revealed to any person unless such communications/documents will be offered as evidence at a formal hearing. Complaints that do not warrant a formal investigation may close following review and approval by the Director of Investigations and the Board General Counsel.

The Board anticipates that individual institutions have corrective action plans to remediate employees when marginal incidents occur during nursing practice; therefore, it is not necessary to report minor incidents to the board. For the purposes intended herein, a minor incident is defined as: conduct that does not indicate the nursing practice poses a risk of injury or harm to the patient or to another person. Minor incidents need not be reported to the Board if all of the following factors are present:

1. Potential risk of harm to patient is very low;
2. The incident is a one-time event with no pattern of poor practice;
3. The nurse exhibits a conscientious approach to and accountability for his/her practice, by reporting the incident, cooperating with the employer's investigation, documenting appropriately, etc.; and
4. The nurse appears to have the knowledge and skills to practice safely.

The number of complaints, investigations, and board actions continue to rise every year. Investigations departmental statistical information may be viewed within the board's Annual Report at http://www.lsbn.state.la.us/About/AnnualReports.aspx.

Assignment of Investigation

Complaints received that are not within the jurisdiction of the Board are forwarded to the agency with the appropriate regulatory authority. For example, if the Board mistakenly receives a complaint regarding a Licensed Practical Nurse, this information is forwarded to the Louisiana State Board of Practical Nurse Examiners. All complaints submitted to the Board that require formal investigation are assigned a priority level of one, two, three or four. The purpose of the ranking system is to establish which cases require urgent attention, based on the potential impact and risk to the public. Case priority may change as additional information is received during the course of the investigation.

Priority One Cases

Priority one cases may include alleged acts that pose imminent and substantial danger to the public health, safety, and welfare of citizens, including "bad intent" behavior per National Council of State Boards of Nursing (NCSBN) Regulatory Decision Pathway. Examples of priority one cases include, but are not limited to: death; gross clinical incompetence in uncontrolled situations; physical or sexual abuse of patients; current criminal arrests, charges, or convictions of "violent crimes" (La. R.S. 14:2(13); violations under 3331 A; violations of board orders and Recovering Nurse Program (RNP) agreements; multiple violations with narcotics involved and not in RNP; and behavior changes or impairment while involved in direct patient care settings.

Priority Two Cases

Priority two cases may be acts that result in substantial harm or there is a high risk of substantial harm to patients. This status may also be used for alleged willful or intentional violations and for repeat offenders or reckless behavior per the Regulatory Decision Pathway. Examples of priority two complaints include, but are not limited to: patient harm or potential harm related to drug diversion, abuse, or mishandling of drugs; gross clinical incompetence in controlled situations; incompetent nursing practice in uncontrolled situations; nurse imposters; falsification of vital information on patient care records (information that may alter the medical care of the patient); positive random drug screen; and/or narcotic documentation discrepancies with no other issues.

Priority Three Cases

Priority three complaints include acts that pose a moderate risk for substantial harm to patients or at risk behavior per the Regulatory Decision Pathway. Examples of priority three complaints include but are not limited to: incompetent nursing practice in controlled situations; verbal abuse of patients; pre-employment positive drug screens; illegal drug use or possession and/or arrest for same; or falsification of patient care records.

Priority Four Cases

Priority four complaints include those acts that pose a low risk for harm to patients, including human error behavior as outlined in the NCSBN Regulatory Decision Pathway. Examples may include but are not limited to: practicing nursing with a delinquent or inactive license, falsification of records other than patient care records, or soliciting patients in the home health setting.

The Investigation

Investigative cases may stem from criminal matters, drug diversion, or nursing practice issues. Generally, cases involving nursing practice issues are assigned to a Compliance Officer, while non-nursing cases are investigated by an assigned Compliance Investigator. Each Compliance Officer/Compliance Investigator's role is to collect and report facts in a fair and impartial manner. During an investigation process, evidence may be obtained through interviewing witnesses, collecting relative documents, and conducting site visits. The Board provides "due process" to those being investigated (Respondent), including communication of allegations of NPA violations through a "Demand Letter". Generally, a Demand Letter outlines the specific allegations and potential violations of the NPA, if the allegations are proven. The Demand Letter allows the Respondent the ability to respond and defend himself/herself. Should the Respondent fail to respond or cooperate with the Board's investigation, an additional allegation of "failure to cooperate" will be added. **Failure to respond will not deter Board staff from continuing the investigation.**

Additionally, "due process" provides each Respondent with the right to obtain an attorney, a fair and impartial resolution process, and the right to an appeal. If a Respondent wishes to review the documents obtained as evidence, he/she may come to the Board office (by appointment), to review the evidence obtained, as these documents will not be copied or made available prior to the conclusion of the investigation and the issuance of formal charges.

Once the investigator completes the investigation, a Case Review Report is completed outlining if there is a violation of the NPA, all allegations identified in the Demand Letter, findings related to the allegations, witnesses, and evidence related to each allegation. Also, the Case Review Report may include a recommendation made by the assigned Compliance Officer/Compliance Investigator. Lastly, the Case Review Report and all evidence collected are submitted to the Director of the Investigations Department.

Closure: With and Without Action

If the case does not require action, it is signed off by two Board staff and the Director of Investigations makes recommendations as to how the investigation will be closed. However, cases requiring possible action are reviewed and signed off by a minimum of two Directors. The Directors and/or the Executive Director determine the appropriate sanction(s) to be taken, if any. In determining sanctions, the staff and Board members shall consider aggravating or mitigating circumstances in addition to any other factors. The list of aggravating and mitigating circumstances is not to be considered an exclusive list of circumstances. The disciplinary authority is open to considering other circumstances as they arise.

Aggravating Circumstances

Aggravating circumstances may result in the Board issuing sanctions between the minimum and maximum sanctions. Aggravating circumstances may justify enhancement of a penalty beyond the maximum guidelines. Aggravating circumstances include, but are not limited to, the following: history of previous violations of the practice act or the rules of the Board, evidence of previous discipline actions by other regulatory Boards in other jurisdictions, evidence of current or prior criminal charges or convictions, degree of danger to public health, welfare and safety, scope or magnitude of violations, knowing, willful or reckless conduct, financial benefit accrued by the respondent, evidence of lack of truthfulness or trustworthiness or failure to adhere to previous sanctions.

Mitigating Circumstances

Mitigating or extenuating circumstances may justify lessening of the sanctions below the minimum guidelines. License suspensions may be stayed with stipulated probations in some extenuating circumstances. Mitigating circumstances include but are not limited to: minor nature of the violation and lack of danger to the public health, safety and welfare, lack of previous disciplinary action, steps taken by the licensee to insure the nonoccurrence of similar violations in the future, cooperation and voluntary disclosure of information by licensee, professional standing and recommendations from employers and others, loss of control, sickness, or suffering from mental or physical condition that has potential for rehabilitation, under orders of supervising personnel or superior or isolated incident.

Once the case has been thoroughly reviewed and the decision made as to the necessary sanctions to be taken, the case is transferred to the Hearings Department for resolution through a Consent Order, Agreement or board hearing. Board Staff or legal counsel is authorized to offer the individual the choice of a Consent Order in lieu of an administrative hearing. The Consent Order requires formal ratification consent of a quorum of the Board. The Hearings Department negotiates the resolution of the cases and if they cannot resolve the case then it is scheduled for a Board Hearing.

To file a complaint, please complete the Complaint Form located here http://www.lsbn.state.la.us/Portals/1/Documents/disciplinary/ComplaintForm.pdf.

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Drug Diversion in the Health Care Facility

by Cynthia A. York, MSN, RN, CGRN
Director, RN Practice and Credentialing Department

In 2010, close to four billion retail prescriptions for controlled substances (CS) were filled. The most prescribed narcotic was hydrocodone with acetaminophen at 131.2 million times, followed by oxycodone at 31.9 million times. The majority of the prescriptions were manufactured and prescribed for legitimate patients; however, a fraction was diverted for illegal purposes (Berge, 2012). Prescription drug diversion is defined as "the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use" (Rigg, et al., 2012, p. 144).

Health care facilities such as hospitals and outpatient surgery centers only administer a small portion of the nation's overall drug supply, but the nature of these types of facilities provides ample opportunity for drug diversion. Typically diverted to support a health care worker's addiction, the most pocketed CS in health care facilities are opioids. The CS diverter may steal narcotics that are in "unopened vials; vials or syringes that have been tampered with, resulting in either substituted or diluted dosages being administered to the patient; or residual drug left in a syringe or vial after only a fraction of the drug that had been signed out was actually administered to the patient" (Berge, 2010, p. 675). Outlined below are some of the findings from a 2010/2011 Mayo Clinic report (the vignettes were slightly altered to ensure confidentiality):

> A procedural sedation nurse assigned to administer opioids and sedatives to patients during colonoscopy was found to have a secret pocket sewn inside her uniform top, into which she dropped syringes of the potent opioid fentanyl and substituted them with syringes containing saline solution. During the colonoscopy, the nurse would inject saline solution, rather than the prescribed fentanyl, into the patients and divert the prescribed fentanyl for her own use.
>
> A radiology technician who was positive for hepatitis C diverted unused fentanyl syringes intended for administration to patients in the radiology area. It is believed that the technician would remove the needle from a syringe, replace it with a smaller gauge needle for self-injection, and then reattach the original needle to the syringe. The technician would then refill the syringe with saline solution and return it to the patient care area. In so doing, the technician infected 5 patients with hepatitis C virus.
>
> Sharps waste containers (used to collect previously used syringes, needles, and vials) filled with uncapped needles and used syringes were on multiple occasions found hidden in hospital areas where they did not belong. Many containers had clearly been broken into, and nearby were plastic bags filled with unprotected used needles protruding from them. Video surveillance ultimately led to discovery of an employee who was stealing waste by transferring the contents of used sharps containers into the bags and taking them home in a search for discarded CS. Video surveillance also revealed this employee attempting to retrieve narcotics from an intact sharps container by sticking her hand blindly into the container, resulting in her hand being cut and bleeding from contact with needles and glass (Berge, 2012, p. 676).

Narcotic diversion in health care facilities may result in harm to health care patrons, employees, and employers. Patients are subject to receiving substandard care if their health care provider is impaired by CS while at work. Furthermore, the patient may be left in agonizing pain when the nurse diverts the narcotics intended for his/her patient. Employees are at risk for mechanical injury and blood borne infections should they encounter uncapped contaminated needles and/or broken medication bottles, left behind by the impaired co-worker. Additionally, nurses may be easily manipulated by drug seekers when they are asked to witness the diverter's narcotic wastage when he/she did not actually observe same. While this type of behavior may represent the normal culture in some hospital units, the unsuspecting nurse is actually aiding in the diversion activity and may be found in violation of institutional policies/procedures. Health care workers, who steal narcotics from their employers, subject the organization to civil liability, expensive investigations and negative publicity (Berge, 2012).

Although drug diversion has been estimated to be a 25 billion dollar a year business, researchers have had difficulty gaining empirical data mostly due to the diversity of those involved with the illegal activity. Creation of institutional Medication Diversion Prevention Committees (MDPC), designed to detect and prevent CS diversion by health care workers, may be beneficial in curbing the problem. Said committees typically consist of a multidisciplinary team including "the Director of Pharmacy, a member of the Department of Safety and Security, and a physician chair of the MDPC. Other departments represented include human resources, legal, nursing, and administration" (Berge, 2012, p. 679). Under the direction of the MDPC, a Drug Diversion Response Team (DDRT) is appointed and activated when suspected diversion activity is occurring. The DDRT is responsible for reviewing evidence collected when someone suspected of drug diversion is being investigated, as well as conducting interviews with the individual, witnesses, and unit managers. Should the investigatory findings confirm CS diversion has occurred, the health care worker should immediately be removed from the patient care area and reported to both law enforcement and their respective regulatory agencies.

Additional resources on the prevention of CS diversion:

http://www.ama-assn.org/ama/pub/advocacy/topics/combating-prescription-drug-abuse-diversion.page
http://www.dea.gov/index.shtml
https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/MedicaidIntegrityProgram/Downloads/drugdiversion.pdf
http://www.lsbn.state.la.us/Discipline,Complaints,MonitoringRNP/RecoveringNurseProgram.aspx

References:

Berge, K., Dillon, K., & Sikkink, K., et al (2012). Diversion of drugs within health care facilities, a multiple-victim crime: Patterns of diversion, scope, consequences, detection, and prevention. *Mayo Clinic Proceedings*, 87(7), 674-682.
Rigg, K., Kurtz, S. & Surratt, H. (2012). Patterns of prescription medication diversion among drug dealers. *Drugs, 19*(2), 1-15.

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

Major Motions and Other Actions Taken at the August 13, 2015 Board Meeting

EDUCATION

Accepted the Consent Agenda Items

1.1 LSBN Staff Program Status Reports
- 1.1.1 NCLEX Report - Quarter 2
- 1.1.2 Accreditation Reports

1.2 Education Announcements

Approved the Termination Plan presented by Grambling

Approved the revisions of the Education Rules identified as Chapter 35 Undergraduate and Graduate Nursing Education Degree Programs.

Accepted Dillard University's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing education program.

Accepted McNeese State University's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing education program.

Accepted Southern University Baton Rouge's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing Education Program.

Accepted Southern University Shreveport's report and action plan regarding conditional approval status of the Associate of Science in Nursing Education Program.

Accepted the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) correspondence concerning the accreditation of Louisiana College.

Delayed admission of the Fall 2015 Level I cohort until SLCC demonstrates compliance with LAC 46:XLVII:3515.A. Faculty Body.

NURSE PRACTICE ISSUES

Approved the request to revise LAC 46: XLVII:4513.D.11.c in accordance with the Administrative Procedure Act, LA. R.S. 49:951-968 providing for revision to the current requirements for prescriptive authority as an APRN.

CREDENTIALING

Amended and select option 1.b: "Renumber and recode Section 4507 to create the following : "c. any deviation from Clause 1.b shall be submitted to the Board for review and approval."

Accepted the recommended changes to the self-assessment tool with the modification of the definition of self-guided administration of medication such that the second paragraph is deleted.

Approved integration of definitions as modified in Number 1 from the self-assessment tool into the document entitled: Guidelines for the Didactic Training and Establishment of Competency: Direct Service Workers Performing Medication Administration and Non-Complex Tasks in Home and Community-based Settings, approved by the LSBN and the DHH in October, 2013.

Approved (amended motion) integration of definitions from the self-assessment tool as modified in Number 1 above into the document entitled: Guidelines for the Didactic Training and Establishment of Competency: Direct Service Workers Performing Authorized Complex Tasks and Non-Complex Tasks in Home and Community-based Settings, approved by the LSBN and the DHH in October 2013.

Approved conversion to the self-assessment tool as modified in Number 1 above from pilot status to permanent status so that implementation statewide by DHH may commence.

Approved the DHH On-Line Medication Training Curriculum for Workers in Self-Direction Programs presented herein.

OPERATIONS

Motion failed to approve the Office of Debt Recovery's Agency Participation Agreement.

RECOVERY NURSE PROGRAM

Approved the costs associated with obtaining Kevin McCauley, MD as the keynote speaker for the RNP 30th Anniversary celebration.

SHOW CAUSE ORDER

Accepted the signed Consent Order with Fletcher Community College.

COMPLIANCE

Accepted the guidelines for staff to follow regarding disciplinary actions for APRNs

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

Major Motions and Other Actions Taken at the October 15, 2015 Board Meeting

EDUCATION

Accepted the Consent Agenda Motions

1. LSBN Staff Program Status Report
   NCLEX Report – Quarter 2
   Accreditation Reports
2. Southern University at Shreveport – ACEN Action Report
3. Education Announcements
4. Fletcher Technical Community College – Accreditation Visit Update
5. Tulane Medical Center – Continuing Education Renewal
6. Louisiana Center for Nursing Updates

Accepted Dillard University's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing education program.

Accepted McNeese State University's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing education program.

Accepted Southern University Baton Rouge's report and action plan regarding conditional approval status of the Baccalaureate of Science in Nursing education program.

Accepted Southern University Shreveport's report and action plan regarding conditional approval status of the Associate of Science in Nursing education program.

Accepted the letter of intent from Sowela Technical Community College, approve Step I and approve request to begin Step II for initiation of an Associate of Science Degree in Nursing education program.

Allowed Panola College to teach out the curriculum with the remaining students that are in the 72 hour curriculum.

Denied the request of Panola College for major curriculum change to 60 credit hour program.

Denied the request for re-approval for Panola College's Associate Degree in Nursing program to offer clinical experiences in Louisiana.

Re-approved the request of Georgetown University to offer graduate clinical experiences in Louisiana until December 14, 2017 for the following roles/populations:

Family Nurse Practitioner (MSN-FNP)
Adult Gerontology Acute Care Nurse Practitioner (MSN- AGACNP)
Certified Nurse Midwife/Women's Health Nurse Practitioner Dual (MSN/CNM/WHNP)
Women's Health Nurse Practitioner Dual (MSN-WHNP)

Re-approved the request of the University of South Alabama (USA) to offer graduate clinical experiences in Louisiana until October 15, 2017 for the following roles/populations:

RN-MSN, MSN, PGC, BSN-DNP, PM DNP, DNP

Family Nurse Practitioner (FNP)
Adult Gerontology Primary Care Nurse Practitioner (AGNP)
Adult Gerontology Acute Care Nurse Practitioner (AGACNP)
Pediatric Primary Care Nurse Practitioner (PNP)
Pediatric Acute Care Nurse Practitioner (PNP-AC)
Woman's Health Nurse Practitioner (WHNP)
Neonatal Nurse Practitioner (NNP)
Family Mental Health Nurse Practitioner (FMHNP)
Family Nurse Practitioner/Adult Gerontology Acute Care Nurse Practitioner Dual (FNP/AGACNP)
CNS
MSN – Adult Health Clinical Nurse Specialist (ACNS)
PMC – Adult Gerontology Clinical Nurse Specialist (AGCNS)
DNP – Adult Gerontology Clinical Nurse Specialist (AGCNS-DNP)

Re-approved the request of Vanderbilt University's School of Nursing to offer graduate clinical experiences in Louisiana until December 14, 2017 for the following MSN and PMC roles/populations:

Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP)
Family Nurse Practitioner (FNP)
Neonatal Nurse Practitioner (NNP)
Nurse Midwifery (CNM)
Nurse Midwifery/Family Nurse Practitioner Dual (CNM/FNP)
Pediatric Nurse Practitioner – Acute Care
Pediatric Nurse Practitioner – Primary Care
Family Nurse Practitioner/Adult Gerontology Acute Care Nurse Practitioner Dual (FNP/AGACNP)

Approved the request of Alcorn State University to continue offering graduate clinical experiences in Louisiana for the following role and population through October 15, 2017:

Family Nurse Practitioner (MSN/PMC)

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NURSE PRACTICE ISSUES

Approved the proposed revisions to the Declaratory Statement on the Registered Nurse Transporting Critically Ill Neonates as presented herein.

EXECUTIVE OFFICE

To investigate and recreate an LSBN Lapel Pin

Approved the LSBN Data Sharing Agreement

OPERATIONS

Accepted and approved the FY 2015 Financial and Compliance Audit Report

OTHER BUSINESS

Approved Dr. Lyon to dismiss the case of Jeremy Joseph Green.

Announcements

National Council of State Boards of Nursing Standards Development Committee

Barbara H. McGill, MSN, RN, Director of the Recovering Nurse Program, has been appointed to serve on the National Council of State Boards of Nursing (NCSBN) Standards Development Committee.

The Standards Development Committee is charged with developing national standards focusing on the protection of the public through evidence based standards and after the appropriate process, submitting them for American National Standards Institute (ANSI) certification.

NCSBN was granted accreditation as a Standards Development Organization (SDO) by ANSI. NCSBN has joined an elite group of organizations recognized for contributions in ensuring that products, programs, services and systems are safe and perform as expected. Specifically for NCSBN, this designation is for the purpose of developing and promoting increased recognition and voluntary adoption of standards of excellence in the regulation of nursing practice and competency assessment throughout the U.S. and its territories.

Disciplinary Matters

LSBN took a total of 52 actions at the October 14, 2015 hearing panel. For a complete listing click the link below:
October 14, 2015

LSBN took a total of 48 actions at the November 17-18, 2015 hearing panel. For a complete listing click the link below:
November 17-18, 2015

LSBN took a total of 23 actions at the December 3, 2015 hearing panel. For a complete listing click the link below:
December 3, 2015

2016 State Holiday Schedule

Mardi Gras	February 9
Good Friday	March 25
Memorial Day	May 30
Independence Day Observed	July 4
Labor Day	September 5
General Election Day	November 8
Veterans Day	November 11
Thanksgiving Day	November 24
Christmas Day	December 26

Future Board Meeting Dates

February 18, 2016
April 14, 2016
June 16, 2016
August 11, 2016
October 13, 2016
December 15, 2016