

T H E E X A M I N E R

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In This Issue

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From the Executive Director.....	1-2
LSBN Department Spotlight.....	3-4
New Employee Highlight.....	4
RNP Corner.....	5-6
APRN Corner.....	7
Tackling Prescription Opioid and Heroin Abuse and Addiction in Louisiana.....	8-9
NCLEX-RN®: Implications of Pass Rates for Louisiana and the Nursing Education Program	10-12
Disciplinary Matters.....	12
LSBN Construction.....	12
2017 State Holiday Schedule.....	12
Future Board Meeting Dates.....	12
Major Motions and Other Actions Taken at the October 13, 2016 Board Meeting.....	13



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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



LSBN Board President, Dr. Laura Bonanno, and I recently attended the National Council of State Boards of Nursing (NCSBN) Midyear Meeting in Salt Lake City, Utah. We had the opportunity to meet and network with Executive Officers and Board Presidents from throughout the United States, Canada, Guam, Northern Mariana Islands, and Singapore.

Following is a summary of the initiatives that are being addressed by NCSBN members:

- **New Membership Model** – At the 2015 Delegate Assembly, the Board of Directors were charged to explore development of a procedure and criteria for eligibility for full membership by a non-State or U.S. territory nursing regulatory body. After significant research into similar regulatory organizations and discussions with our Canadian colleagues, the Board approved two additional categories of membership (Affiliate and Emeritus) to the three current levels of membership (Member Board, Pre-licensure Exam Member Board, and Associate Member). Additionally, the rights and responsibilities that would be open to certain of the categories would include committee participation, voting at Delegate Assembly, consultation, access to support funds, technology use, election to the Board of Directors, and need for grandfathering. The sub-committee considering these changes before they are advanced to the Delegate Assembly continues to gather feedback from all NCSBN members related to this proposal.
- **Simulation Guidelines for Model Rules** – Dr. Maryann Alexander, Chief Officer for Nursing Regulation at NCSBN, and her team have been working on Simulation Guidelines, which will be incorporated into Model Rules. These include definitions of simulation and debriefing, use of simulation not to exceed 50% of a pre-licensure program's clinical hours, support for simulation activities within a nursing program's organizational structure, appropriate faculty preparation for the use of simulation, linking simulation to programmatic outcomes and evaluation of all simulation experiences.
- **Next Generation NCLEX (NGN)** – Dr. Phil Dickison, Chief Officer for Examinations at NCSBN, has been heading the review of the NCLEX examination since 2012. A review of peer reviewed manuscripts at that time

indicated the following:

- 50% of novice nurses were involved in errors of nursing;
- 65% of the errors were attributable to poor clinical decision making skills; and
- Only 20% of employers are satisfied with clinical decision making skills of novice nurses.

In 2015, a Strategic Practice Analysis Pilot Study was initiated to allow for direct observation of nursing activities at a variety of practice settings across the U.S. Focus groups were convened to include novice and experienced nurses in various observational settings. The data from this pilot study was then linked to determine strength of correlations between entry-level nurse tasks and nurse skills. With this information, an evaluation of the current NCLEX item bank was initiated to determine what domains of judgment could be reliably measured and whether the current items adequately measure clinical judgment skills. NCSBN research, literature review and pilot studies developed a comprehensive clinical judgment assessment model published in the *Journal of Applied Testing Technology* in 2016. New item prototypes have been identified including enhanced hot spots, enhanced multiple responses, extended drag and drop, Cloze items, constructed responses, rich media scenarios and dynamic exhibits. The first set of NGN prototypes will be included on the July 2017 NCLEX exam as part of a Special Research Section (SRS). This SRS will then be included on the NCLEX in October 2017, January 2018 and April 2018. Data from this research item analysis will be used to determine which items accurately measure clinical judgment and nursing competence.

LSBN is also working on a number of other regulatory issues. Included among these are looking at Section 3331 of the Louisiana Administrative Code regarding delay or denial of licensure by exam, endorsement, reinstatement or right to practice as a student nurse. This section lists the absolute prohibitions to licensure, 5-year prohibitions to licensure and delays for pending criminal or disciplinary action or other activity of concern to the Board.

The Buprenorphine Task Force, headed by APRN Director Dr. Jennifer Wright, is developing a declaratory statement for Advanced Practice Registered Nurses (APRNs) prescribing buprenor-





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phine for the office-based treatment of their patients with substance use disorders. Section 303 of the Comprehensive Addiction and Recovery Act (CARA) addresses office-based substance use disorder treatment of opioid use disorders with buprenorphine. APRNs may prescribe buprenorphine containing products for the office-based treatment of opioid use disorders under specific provisos as provided for in 21 USC 823 until October 1, 2021. APRNs authorized to prescribe controlled substances for the treatment of substance use disorders are responsible for understanding and complying with associated federal and state regulatory agencies including but not limited to the United States Department of Health and Human Services (USDHHS), the Drug Enforcement Agency (DEA), the Louisiana Board of Pharmacy (LBP), the Louisiana Department of Health (LDH), and the Louisiana State Board of Nursing (LSBN).

Cynthia York, Director of RN Practice and Credentialing, has been serving as LSBNs representative on the Louisiana Commission on Preventing Opioid Abuse. In response to the opioid epidemic in Louisiana, Representative LeBas and Senators Mills and Thompson, in the 2016 Regular Legislative Session, introduced House Concurrent Resolution No. 113 to establish the Louisiana Commission on Preventing Opioid Abuse (“Commission”). The charge of the Commission was to “study and make recommendations regarding both short-term and long-term measures that can be taken to tackle prescription opioid and heroin abuse and addiction in Louisiana.” The members of the committee included a diverse group of policy makers, administrators, treatment providers, and other stakeholders who understand opioid dependency, Medication Assisted Treatments (MAT), and the needs of both consumers and practitioners. This committee recommends that the Legislature review possible legislation, administrative rules, and policy changes as listed below:

1. Prescriber licensing boards should adopt the CDC guidelines for primary care physicians which focus on the first twelve weeks of therapy.
2. Prescriber licensing boards should adopt and adapt, to the extent possible, language from La. Admin. C. 46:6915 et seq. that provides guidance on Medications Used in the Treatment of Non-Cancer Related Chronic or Intractable Pain. Also, it is suggested that La. Admin. C. 46:6915 et seq. be revised to include language offered in Appendix D.
3. Prescriber licensing boards should require primary care physicians to obtain continuing education regarding the CDC Guidelines. Continuing education providers should collaborate with academia for curriculum development; professional associations should offer learning opportu-

nities.

4. Prescriber licensing boards should encourage the use of the Prescription Monitoring Program (PMP) and should consider mandatory registration of their licensees to access the program data.
5. Establish an Opioid Collaborative group, similar to the PMP Advisory Council, for ongoing efforts on this topic.
6. Increase funding to therapeutic specialty courts to reduce incarceration and the associated costs.
7. Develop alternative funding strategies for judicial programs that leverage federal funds (i.e., Medicaid, Medicare, etc.).
8. Facilitate the access of therapeutic specialty court program personnel to the state PMP database.

LSBN will continue to work with our licensees, community partners and legislators to advance initiatives that support our mission to safeguard the life and health of the citizens of Louisiana. I am very proud of our leadership efforts in this regard and I leave you with the words of Michelangelo ...

The greatest danger for most of us is not that our Aim is too high and we miss it, but that it is too low And we reach it.

For the Public Trust,

Karen C. Lyon, PhD, RN, ACNS_{BC}, NEA_{BC}
Executive Director





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LSBN Department Spotlight

In this edition of *The Examiner*, we are introducing the team members of the Investigations Department. The department can be contacted at 225-755-7551.

David Creighton Bolton is the Director of Investigations. Mr. Bolton began his work with LSBN on April 21, 2016. Prior to joining LSBN, Mr. Bolton worked in private practice, primarily medical malpractice defense for the Louisiana Patient's Compensation Fund, insurance defense work for Louisiana Farm Bureau, as well as, business and corporate formation and litigation. Mr. Bolton's litigation experience includes jury trials, first and second chair, and numerous arguments at the appellate level. Mr. Bolton comes from a family of RN's, including his mother and grandmother, and is honored to serve the people of Louisiana through his work for the LSBN. Mr. Bolton earned his Doctor of Jurisprudence degree from Mississippi College School of Law and Bachelor of Arts degree in History from Southeastern Louisiana University.

Sharetha S. Brown, MPA, began her employment at LSBN in April 2015 as a Compliance Investigator. Her responsibilities as a Compliance Investigator consist of conducting investigations into alleged or suspected misconduct by licensed members of LSBN. Ms. Brown reviews and gathers evidence by taking oral, written, or tape-recorded statements from witnesses. She investigates reported violations of state, federal, and agency laws, rules, and policies and prepares and maintains detailed confidential reports and summaries of investigations. Prior to joining LSBN, Ms. Brown worked for the Louisiana State Police, the Louisiana Department of Corrections Headquarters and East Feliciana District Attorney's Office. In May of 2005 she obtained her Bachelor of Science in Criminal Justice and in August of 2014, she obtained a Master's Degree in Public Administration both educational accomplishments from Southern University A&M College.

Shawnda Butler began her employment with LSBN in May 2016. Prior to joining LSBN, Ms. Butler worked for the Louisiana Department of Children and Family Services as a Child Protection Investigator. Ms. Butler is a proud alumni of McKinley High School class of 1996 and Southern University A&M College - Baton Rouge. In 2006 she received a Bachelor's of Science Degree in Criminal Justice and in 2011 she received her Master's Degree in Criminal Justice with a concentration in Investigations.



Miranda Christopher is a Compliance Investigator III and a National Certified Investigator with a primary responsibility of investigating information regarding actions or omissions by licensees and others that may represent a violation of the Nurse Practice Act. Another important aspect of Ms. Christopher's position is the analysis of past and current criminal backgrounds of individuals applying to progress into clinical nursing courses, to take the National Council Licensure Examination (NCLEX), and applying for licensure through endorsement. Prior to joining the LSBN, Ms. Christopher worked at West Corporation as an Operations Trainer. While employed there, she obtained a Bachelor of Science Degree in Criminal Justice and a Master's of Science Degree in Criminal Justice, with a concentration in Criminal Investigation. She graduated from the Victim Assistance Academy and is Peace Officer Standards and Training Council (POST) Certified. Ms. Christopher worked for the Department of Children and Family Services as a Social Service Analyst, as well as for the Department of Corrections as Probation and Parole Officer. She recently passed the Louisiana State Board of Private Investigators' certification exam.

Tim Gilmore began his employment with LSBN in December 2016 as a Compliance Investigator with a primary responsibility in criminal investigations. Mr. Gilmore has more than 30 years of civil and criminal investigative experience.

Doreen Greenwood joined LSBN in September 2008 as a Licensing Analyst. Ms. Greenwood received her Bachelor of Science Degree in Business from Southern University in Baton Rouge and her Master's Degree in Business Administration Health Care Management from University of Phoenix. Ms. Greenwood is responsible for various duties in the Investigation's Department which include: complaint intake, including initiating the investigative file and installing case review reports; tracking and obtaining documents needed for the investigation; providing comprehensive clerical and administrative support to assigned investigators; preparing reports by computing statistical data relative to investigations; and communicating written and verbally with internal and external customers.

Robin M. Huet, MSN, RN, began her employment with LSBN as a Registered Nurse Compliance Officer in October 2012. Ms. Huet is responsible for investigating allegations of potential violations of the Nurse Practice Act and presenting evidence at hearings for final disposition of a case. Another important aspect of her position is establishing relationships with





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and educating employers, schools, and the nursing and law enforcement communities. Prior to joining LSBN, Ms. Huet worked as a staff nurse in the hospital and community settings and became a certified electronic health record trainer; she worked as a technical writer and established health protocols while working in management for the Baton Rouge Early Head Start and the East Baton Rouge Parish School Systems. Ms. Huet worked for the Louisiana Quality Improvement Organization as a Quality Improvement Specialist, as well as served as the Louisiana Medical Home Program Manager for a non-profit organization which was established by the Louisiana Legislature after Hurricane Katrina. Prior to becoming a registered nurse, Ms. Huet worked for years as a paralegal and formed her own legal-nurse consulting firm after graduation from nursing school. In 2013, she successfully completed the National Certified Investigator and Inspector Training programs. Ms. Huet is a proud member of Alpha Sigma Nu Honor Society and Sigma Theta Tau International Honor Society, Xi Psi-at-Large Chapter.

Melodie Swire Knippers, BSN, is an RN Compliance Officer at LSBN for over 10 years with previous state employment at Health Standards for 20 years. Ms. Knippers completes investigations for alleged violations of the Nurse Practice Act and provides educational opportunities for Nursing Schools and licensed health facilities. She is a graduate of McNeese State University and has been an RN for 43 years. Ms. Knippers previous nursing experience includes Hospital, Nursing Home, Home Health and State Surveyor/Assistant Regional Manager at Health Standards.

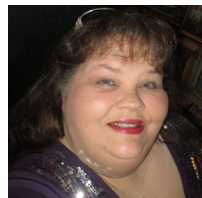
Theresa M. Lockhart, BSN, RN began her employment at LSBN as an RN Compliance Officer. Ms. Lockhart works to ensure that persons practicing as a Registered Nurse, or Advanced Practice Registered Nurse, are competent and safe. She graduated with a Bachelor's degree in nursing from Our Lady of Holy Cross College in New Orleans in 1993. She has provided over twenty-one years of quality patient-centered care with a primary focus in critical care areas such as PICU and ER. Ms. Lockhart completed the Legal Nurse Consultant Program at LSU Health Sciences Center New Orleans in 2014.

Donald McCall, RN, BSN, MPA joined LSBN in December 2012 as a Registered Nurse Compliance Officer. Mr. McCall investigates complaints of alleged violations of the Nurse Practice Act and/or compliance with statutory provisions and/or rules and regulations of the Louisiana State Board of Nursing. Mr. McCall received his BSN degree in 1991 from Southern University School of Nursing and his MPA degree in 2003 from LSU.

Stephanie Rucker began her employment with LSBN in January 2009 as a Licensing Analyst II. Prior to joining LSBN, Ms. Rucker worked for Medicare Services for 24 years.

Tia Williams began her employment with LSBN in June 2012. As a Licensing Analyst II in the Investigations Department, Ms. Williams is responsible for a broad range of administrative and support functions for the resolution of investigative cases by settlement or prosecution including analyzing evidence and responding to licensure verifications. Ms. Williams acquired an Associate's Degrees in Process Technology and General Science from Louisiana Technical College in 2010.

New Employee Highlight



Angela Barrett
Administrative Coordinator 4
Operations Department



Mia Brown
Licensing Analyst
RNP/Monitoring Department

Katrina Duncan
Accounting Technician
Operations Department

Lawanna Geren
Licensing Analyst
APRN Department





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RNP Corner

by Barbara H. McGill, MSN, RN
Director, RNP/Monitoring

The Opioid Epidemic

The Opioid Epidemic is not new, but it is taking a toll on a larger percentage of our population. Opium has been used as a painkiller since about 3400 BC. However, it wasn't until 1803 that morphine was isolated from the opium poppy. Morphine and opium were used extensively during the Civil War and there were a number of soldiers on both sides that became addicted. They were usually able to obtain a supply and were not criminalized and stigmatized the way the addicts have been since the early part of the twentieth century. Also during the nineteenth and early twentieth centuries, many middle and upper class women were addicted to Laudanum (a mixture of opium and alcohol). During the latter half of the nineteenth century, Laudanum was cheaper than beer or wine and there were no restrictions on sales.

During that time in China, Europe, the Middle East and the United States, there were opium dens, especially in the western United States where immigrants from China carried on the tradition from their homeland. Most of us know the origin of heroin. It was developed as a wonder drug for treating pain, coughs and curing morphine addiction. It was marketed by the Bayer Company and was sold without restrictions. In 1914, the Harrison Narcotics Act made the recreational use of opiates and coca leaf derivative illegal in the US and ten years later, the 1924 Heroin Act made the drug completely illegal in the U.S. Unfortunately since that time heroin has been smuggled into this country. Heroin use was at near epidemic levels during the Vietnam war. However, its popularity waned for some time. Now it is making a comeback with supplies coming from the Middle East, the Far East, Mexico and South America.

What is happening now that has caused the use of opiates to increase? In 1996 Oxycontin came on the market and was marketed as having very little potential for abuse because of the time release nature of the pills. Many prescribers, who had previously prescribed high powered opiates only for cancer or immediate post-operative patients, began prescribing Oxycontin for chronic pain, thinking it had a very small opportunity for abuse. The Joint Commission on Accreditation for Hospitals began a campaign designating pain as another vital sign and indicating that patients should not be in any pain. These were some of the many elements coming together to create the 'perfect storm' for an epidemic.

Dr. William "Beau" Clark, East Baton Rouge Coroner was quoted in the Baton Rouge Advocate as follows:

"Heroin overdose deaths in East Baton Rouge Parish dropped slightly in 2016 from record levels the year before, but the news isn't much of a relief, as overdose deaths from other drugs — primarily prescription painkillers and synthetic black-market opioids like fentanyl — rose significantly.

The death toll from drug overdoses in the parish stands at 74, with two more deaths suspected to be linked to drugs still awaiting final confirmation. In 2015, a total of 75 people died from drug overdoses, Clark said.

At least 31 people died from heroin overdoses in the parish in 2016, Clark said, with one case still pending. That represents a significant drop from 2015, when the drug claimed a record number of lives — 41 — to top a grim and dramatic spike in opiate deaths that began in 2013" (Stole, January 13, 2017).

The Lancet published the following summary on January 25, 2017:

Background: Reduction of premature mortality is a UN Sustainable Development Goal. Unlike other high-income countries, age-adjusted mortality in the USA plateaued in 2010 and increased slightly in 2015, possibly because of rising premature mortality. We aimed to analyse trends in mortality in the USA between 1999 and 2014 in people aged 25–64 years by age group, sex, and race and ethnicity, and to identify specific causes of death underlying the temporal trends.





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Methods: For this analysis, we used cause-of-death and demographic data from death certificates from the US National Center for Health Statistics, and population estimates from the US Census Bureau. We estimated annual percentage changes in mortality using age-period-cohort models. Age-standardized excess deaths were estimated for 2000 to 2014 as observed deaths minus expected deaths (estimated from 1999 mortality rates).

Findings: Between 1999 and 2014, premature mortality increased in white individuals and in American Indians and Alaska Natives. Increases were highest in women and those aged 25–30 years. Among 30-year-olds, annual mortality increases were 2·3% (95% CI 2·1–2·4) for white women, 0·6% (0·5–0·7) for white men, and 4·3% (3·5–5·0) and 1·9% (1·3–2·5), respectively, for American Indian and Alaska Native women and men. These increases were mainly attributable to accidental deaths (primarily drug poisonings), chronic liver disease and cirrhosis, and suicide. Among individuals aged 25–49 years, an estimated 111 000 excess premature deaths occurred in white individuals and 6600 in American Indians and Alaska Natives during 2000–14. By contrast, premature mortality decreased substantially across all age groups in Hispanic individuals (up to 3·2% per year), black individuals (up to 3·9% per year), and Asians and Pacific Islanders (up to 2·6% per year), mainly because of declines in HIV, cancer, and heart disease deaths, resulting in an estimated 112 000 fewer deaths in Hispanic individuals, 311 000 fewer deaths in black individuals, and 34 000 fewer deaths in Asians and Pacific Islanders aged 25–64 years. During 2011–14, American Indians and Alaska Natives had the highest premature mortality, followed by black individuals.

Interpretation: Important public health successes, including HIV treatment and smoking cessation, have contributed to declining premature mortality in Hispanic individuals, black individuals, and Asians and Pacific Islanders. However, this progress has largely been negated in young and middle-aged (25–49 years) white individuals, and American Indians and Alaska Natives, primarily because of potentially avoidable causes such as drug poisonings, suicide, and chronic liver disease and cirrhosis. The magnitude of annual mortality increases in the USA is extremely unusual in high-income countries, and a rapid public health response is needed to avert further premature deaths (Shiels, 2017).

What can we do? Prescribers should follow prescribing and administration guidelines from the Center for Disease Control (Morbidity and Mortality Weekly report. March 18, 2016) and administer controlled substances judiciously. Patients should take care of themselves and try alternative methods for controlling pain. Providers need to expand access to quality medical care for prevention and treatment of substance use disorders. Following these recommendations, we can prevent this epidemic from becoming pandemic.

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- Stole, Bryn; "Fewer Heroin Deaths in East Baton Rouge, But Overdose Fatalities Remain at Troubling Levels." *The Advocate*. January 13, 2017 http://www.theadvocate.com/baton_rouge/news/crime_police/article_b34848ac-d9ed-11e6-9921-8384bad3ae80.html





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APRN Corner

by Jennifer Wright, DNP, APRN, FNP, BC
Director, Advanced Practice

For APRN Students and Preceptors:

Current laws and rules require that APRN programs allowing students to obtain clinical hours in Louisiana must be approved by the Louisiana State Board of Nursing (LSBN) prior to obtainment of the clinical hours. APRN students, preceptors, faculty, and representatives of facilities must not engage in nor facilitate such clinical experiences (including the signing of any documents such as an affiliation agreement, clinical contract, memorandum of understanding, or other agreement) without first ensuring that the program has achieved approval from LSBN. The list of approved programs is available on LSBN's website at <http://www.lsbn.state.la.us/Portals/1/Documents/Forms/Schools.pdf>.

Articles have been published in *The Examiner* over several years regarding this issue; however, with the growing availability of distance education, there are an increasing number of APRN students who are obtaining clinical placement and clinical hours in Louisiana through out of state programs that have not been properly approved and authorized to provide this aspect of education in this state. LSBN could take disciplinary action against an individual who practices as an APRN student without the proper authority to do so and against licensed APRNs serving as preceptors who are facilitating clinical experiences in Louisiana for students who are attending an unapproved program/school. Graduates of these programs also risk experiencing a delay in receiving licensure and subsequent employment, and they risk being ineligible for licensure in Louisiana.

APRN preceptors may reference the article that delineates LSBN's position regarding serving in this capacity in a previous issue of *The Examiner*, specifically page 3 of <http://www.lsbn.state.la.us/Portals/1/Documents/Examiners/ExaminerNo12014.pdf>. The article advises that: "Before serving as a preceptor, **first verify that the school is approved to have students participate in clinical experiences in our state**".

APRNs and RNs licensed in Louisiana (including students) are responsible for ensuring that they are in compliance with the laws and rules applicable to student, RN, and APRN practice including those related to and involving RN and APRN education. If you are attending or wish to attend an APRN program that is not approved or if you are an APRN and wish to precept a student from an unapproved APRN program, contact the APRN program/school to discuss and request that they seek approval. The process of approval to hold clinical courses in Louisiana by out of state programs can be viewed at <http://www.lsbn.state.la.us/Education/SchoolsofNursing.aspx>.

Nurse Practitioners Prescribing Buprenorphine

The United States Department of Health and Human Services (USDHHS) is focused on expanding the availability of options, including medication assisted treatment, for opioid abuse/addiction/dependence. Federal laws were revised through the Comprehensive Addiction and Recovery Act (CARA) and now provide for nurse practitioners to be allowed to apply for the appropriate waiver in order to prescribe buprenorphine and buprenorphine containing products for the treatment of this substance use disorder in an office based setting. Prescribing buprenorphine and buprenorphine containing products without the appropriate waiver is a violation of the law. There is currently no provision in the Louisiana State Board of Nursing's (LSBN) rules that prohibit a nurse practitioner who possesses the knowledge, skill, and ability; who has controlled substance privileges; and who has a *qualified physician* (as defined in CARA) as an approved collaborator from applying for the waiver to provide this service. Additional statements will be provided by LSBN regarding this matter, so monitor *The Examiner*, LSBN's website, and your email for further information.





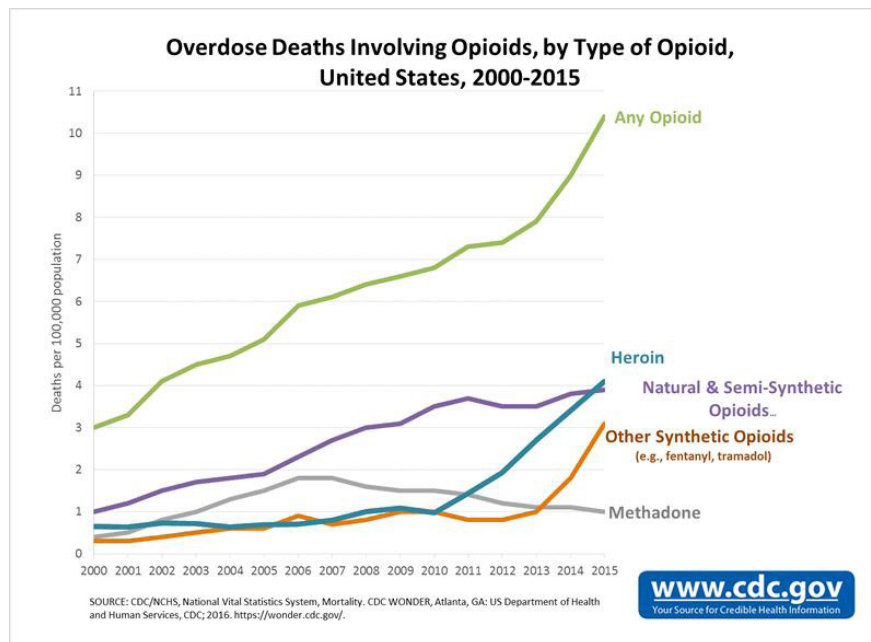
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Tackling Prescription Opioid Abuse, Heroin Abuse, and Addiction in Louisiana
 by Cynthia A. York, MSN, RN, CGRN
 Director, RN Practice / Credentialing

It was my pleasure recently, to represent the Louisiana State Board of Nursing on the Louisiana Commission on Preventing Opioid Abuse (LCPOA). The commission was initiated in conjunction with House Concurrent Resolution (HCR) Number 113, submitted by Representative LeBas and Senators Mills and Thompson during the 2016 Regular Legislative Session. The charge of the commission was to develop short-term and long-term evidence based practice recommendations to be employed collaboratively by Louisiana’s healthcare providers and healthcare leadership in both governmental and private sectors.

According to the Centers for Disease Control (2015), approximately 91 Americans die each day from a drug related overdose. Deaths involving opioids, both prescriptions and heroin, have quadrupled since 1999. Over the last 15 years, “more than half a million people died from drug overdoses” (Centers, 2015, p. 1). In 2015, greater than 22,000 deaths occurred from the consumption of prescription natural and semi-synthetic opioids (i.e. Oxycodone, Hydrocodone), and synthetic opioid (i.e. Methadone, Fentanyl, Tramadol). Deaths from these controlled substances represent an increase of approximately 19,000 deaths since 2014. Of particular concern is the significant number of deaths from the intake of illegally made synthetic opioids containing Fentanyl, about 42 deaths per day (Centers, 2015) (see Figure 1 below).

Figure 1 – Overdose Deaths Involving Opioids, by Type of Opioid



Source: Centers for Disease Control (2017). Opioid Data Analysis. Retrieved March 1, 2017 from <https://www.cdc.gov/drugoverdose/data/analysis.html>.

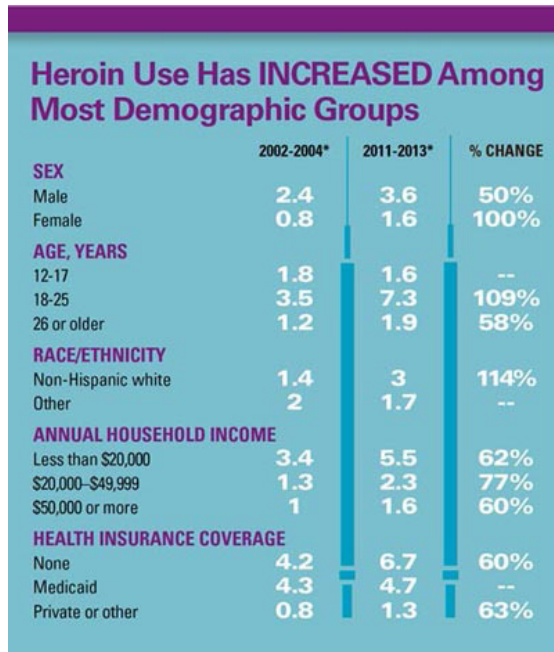
Heroin use has not shown any discrimination relative to gender, age or income level. Some of the most significant increases in its use have been seen in women with upper level incomes, aged 18 to 25 years (Centers, 2017) (see Figure 2).





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Figure 2. Heroin Use Demographics



Source: Centers for Disease Control (2017). Heroin Overdose Data. Retrieved March 1, 2017 from <https://www.cdc.gov/drugoverdose/data/heroin.html>.

The LCPOA consisted of representatives from various state agencies and healthcare provider associations. The work of the committee focused on the following areas:

- Identify and evaluate the causes of opioid abuse in Louisiana
- Evaluate responsible use of opioid medications, including adoption of “Guidelines for Prescribing Opioids for Chronic Pain”
- Evaluate and recommend reasonable alternatives of medical treatment to mitigate the overutilization of opioid medications, including integrated mental and physical therapy health services
- Recommend policies and procedures for more effective inter-agency, intergovernmental, and medical provider communication, cooperation, data sharing, and collaboration with other states, federal government, and local partners (non-profit agencies, hospitals, health care and medical service providers, and academia) to reduce opioid use
- Evaluate and recommend policies and procedures for improved access and more effective opioid abuse treatment and prenatal care for pregnant women with substance abuse problems, including but not limited to clarifying current services available for those women, increasing the number of providers properly trained to provide care to this group, and effective ways to achieve treatment over incarceration
- Evaluate medical professional training needs and the efficacy of educational materials and public education as an outreach strategy to raise public awareness about the dangers of misuse and abuse of opioid drugs

- Assess alternatives to incarceration and medical treatment of opioid addicted individuals suffering from severe substance abuse disorders
- Recommend any appropriate changes to relevant legislation, administrative rules, or pharmaceutical use to mitigate opioid abuse

The LCPOA committee recently concluded its efforts and has compiled and submitted an official report as charged. The committee’s initial findings and recommendations are currently under review by the Governor and the Legislature of Louisiana. To see the full version of HCR Number 113, please click here <https://www.legis.la.gov/legis/ViewDocument.aspx?d=1010648>.

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NCLEX-RN®: Implications of Pass Rates for Louisiana and the Nursing Education Program
 by Patricia Dufrene, PhD, RN
 Director, Education and Licensure

A nursing education program is a program whose purpose is to prepare graduates eligible to write the licensing examination and practice as competent and efficient entry-level registered nurses. Boards of Nursing approve pre-licensure nursing educational programs, which meet their educational standards and assure protection of the public through evaluation and enforcement of those standards. In accordance with LAC46:XLVII.3535.B, the Louisiana State Board of Nursing (LSBN) has legal authority over the programs and statutory authority to close programs that are not meeting the standards, which include 80% first time pass rate annually on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). Nursing education programs in the state of Louisiana are reviewed annually at the February Board meeting for compliance with the Rules and Regulations related to preparation of registered nurses and advanced practice registered nurses.

The approved pre-licensure undergraduate programs in the state of Louisiana are listed below in Table 1. Forty-six percent (12) of the pre-licensure registered nurse education programs in Louisiana lead to a baccalaureate degree, fifty percent (13) lead to an associate degree in nursing and four percent (1) is a Diploma program (Figure 1). Programs leading to an associate or bachelor’s degree in nursing are conducted by an educational unit, department, division, college or school that is an integral part of a college or university. A program leading to a diploma in nursing is conducted by an educational unit that is an integral part of a hospital.

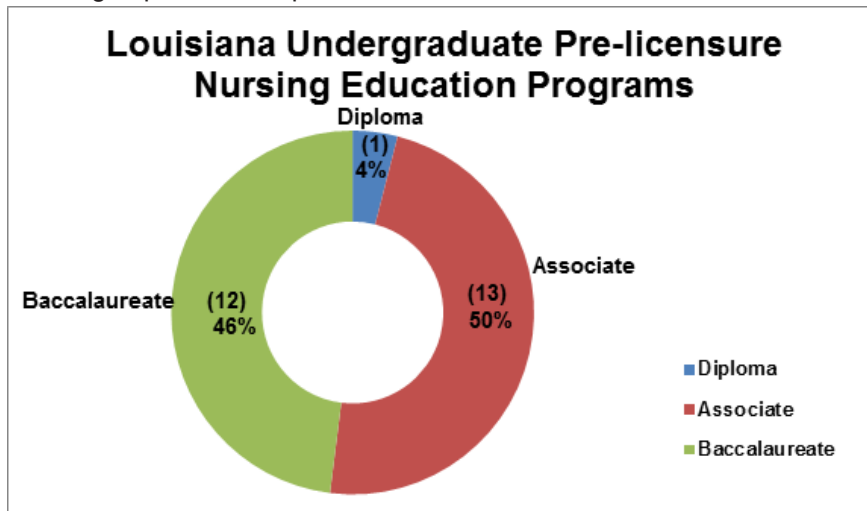


Figure 1- Breakdown by percentage and number of the 26 pre-licensure nursing education program approved in Louisiana

Approval status is based on performance of each program and compliance with the standards identified in the Rules and Regulations. There are three levels of approval of nursing education programs in Louisiana identified as:

1. Initial Approval: Programs receiving approval to initiate a program are placed on initial approval. They may petition for approval after the first cohort of students graduate and take the NCLEX-RN®.
2. Full approval: The program meets all the education standards set forth by the Board in the Rules and Regulations.
3. Probation: A program has failed to meet one or more educational standards set forth by the Board in the Rules and Regulations.

One standard measured in regulation of undergraduate nursing education programs leading to licensure is the passage rate of the first time testers on the National Council of State Boards of Nursing (NCSBN) NCLEX-RN®. The NCLEX-RN® has been administered as a computerized adaptive test (CAT) since April 1994. CAT makes the test challenging for everyone by providing varying difficulty level and length based on the individual tester.





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.

The NCLEX-RN® is designed to test knowledge skills and abilities reflecting entry-level practice. The focus is on the delivery of safe competent care by the generalist registered nurse. Every three years, NCSBN conducts a practice analysis for entry-level registered nurses. The analysis results are utilized to establish the passing standard and make necessary changes to the test blueprint. On April 1, 2016 the most recent test plan was enacted and the passing standard was unchanged. The passing standard for NCLEX-RN® reflects the minimum ability required to safely and effectively practice nursing at the entry-level.

The pass rate measured from January to December of the previous year is reviewed for compliance with the standard. Programs achieving less than an 80% pass rate are not in compliance with the standard and are placed on conditional approval. Correction of the deficiency must be demonstrated for the entire year to have restoration of full approval.

NCSBN reports the national pass rate for January to December 2016 as 84.56%. Louisiana exceeded this with a pass rate of 89.16% for first time test takers. The pass rates for the Louisiana schools of nursing are as follows:

Performance of First Time Candidates of Nursing Education Programs in Louisiana on NCLEX-RN, regardless of where taking examination, January 1 - December 31, 2016.

Nursing Programs	Number of Candidates	Number Passing	Percent Passing
Associate Degree			
BRCC	38	37	97.37
BPCC	52	47	90.38
Delgado CC	278	230	82.73
Fletcher Tech.CC	12	10	83.33
Louisiana Delta CC	29	29	100.00
LSU Alexandria	53	50	94.34
LSU Eunice	44	38	86.36
Louisiana Tech	37	36	97.30
McNeese	32	27	84.38
Northwestern	89	83	93.26
Our Lady of the Lake College	2	2	100.00
South Louisiana CC	23	21	91.30
Southern Shreveport	46	33	71.74
Total	735	643	87.48
Diploma			
Baton Rouge General	36	28	77.78
Total	36	28	77.78
Baccalaureate			
Dillard	46	25	54.35
Grambling	3	1	33.33
Louisiana College	43	30	69.77
LSU Health Science Center	202	194	96.04
McNeese	143	139	97.20
Nicholls	92	87	92.57
Northwestern	136	131	96.32
Our Lady of the Lake	167	122	73.05
Southeastern	141	133	94.33
Southern BR	59	55	93.22
University of Holy Cross	52	50	96.15
Univ of LA Lafayette	131	126	96.18
Univ of LA Monroe	71	70	98.59
Total	1,286	1,163	90.44
GRAND TOTAL	2,057	1,834	89.16

Table 1: 2016 NCLEX-RN® Pass rates for Louisiana Educational Programs





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The following Louisiana pre-licensure registered nurse education programs are on probation for 2016 secondary to pass rates lower than 80% from January 2016 to December 2016:

- Baton Rouge General Medical Center
- Dillard University, New Orleans
- Louisiana College
- Franciscan Missionaries of Our Lady University (Formerly Our Lady of the Lake College)
- Southern University Shreveport

References and Additional Resources

Louisiana State Board of Nursing:
Title 46, professional and occupational standards, part XLVII. <http://www.lsbn.state.la.us>
RN Students <http://www.lsbn.state.la.us/FAQS/EducationandExaminationFAQ.aspx>
Schools of Nursing <http://www.lsbn.state.la.us/Education/SchoolsofNursing.aspx>

National Council of State Boards of Nursing:
National Council State Board of Nursing <http://www.ncsbn.org>

Disciplinary Matters

LSBN took a total of 23 actions at the January 18, 2017 hearing panel. For a complete listing click the link below:
[January 18, 2017](#)

LSBN took a total of 32 actions at the February 15, 2017 hearing panel. For a complete listing click the link below:
[February 15, 2017](#)

2017 State Holiday Schedule

Good Friday.....	April 14
Memorial Day.....	May 29
Independence Day.....	July 4
Labor Day.....	September 4
Veterans Day.....	November 10
Thanksgiving Day.....	November 23
Christmas Day.....	December 25

LSBN Construction

Please pardon our progress while LSBN continues with their remodel for the next 3-6 months. At times we may have limited parking. We appreciate your patience during this construction phase.



Future Board Meeting Dates

- April 20, 2017
- June 15, 2017
- August 10, 2017
- October 19, 2017
- December 14, 2017





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 December 15, 2016 Board Meeting

Accepted Consent Agenda Items:

1. LSBN Staff Program Status Reports
 1. NCLEX Report
 2. Accreditation Reports
2. Accreditation Reports from Approved Programs
 1. Bossier Parish Community College ACEN Site Visit Report
 2. Louisiana Delta Community College ACEN Site Visit Report
 3. McNeese State University CCNE Site Visit Report
3. Continuing Education Providers
 1. Eagan HealthCare
 2. Western Schools
4. Education Announcements
 1. South Louisiana Community College Faculty Changes
 2. LSU Health Sciences Center SON - Director Appointments
 3. Our Lady of the Lake - College name Change

Accepted Dillard 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.

Approved the request of Louisiana State University at Eunice (LSUE) to establish an off-campus location of the Associate of Science in Nursing Program in Lafayette.

Accepted proposal for Step II and grant initial approval to University of Louisiana Monroe for initiation of a Master’s of Science in Nursing Adult-Gerontology Primary Care Nurse Practitioner (MSN-AGNP) program.

Accepted the Letter of Intent request from Chamberlain College of Nursing to approve Step I and request to begin Step II for the initiation of a Baccalaureate of Science in Nursing Education Degree Program.

Denied the request of Bradley University for approval to offer graduate clinical experiences in Louisiana for the following roles/populations of: Family Nurse Practitioner (FNP) – Master’s, Post Master’s (PMC) for insignificant evidence regarding:

1. Faculty credentialed and licensed in Louisiana

2. Performance of site visits

Re-approved the request of Samford University for approval to offer graduate clinical experiences in Louisiana until February 19, 2020 for the following roles/populations: Family Nurse Practitioner (FNP) – Master’s (MSN) and further to deny the request of Samford University to add the following roles and populations:

- Post Master’s (PM)
- Registered Nurse to Doctor of Nurse Practitioner, (RN-DNP)
- Post Baccalaureate Doctor of Nurse Practitioner, (BSN-DNP)
- Post Master’s Doctor of Nurse Practitioner, (MSN-DNP).

ADVANCED PRACTICE

Approved to establish a Task Force to study the matter of Nurse Practitioners prescribing buprenorphine and make recommendations for policy changes.

OPERATIONS

Accepted the FY 2018 Annual Budget

RNP/MONITORING

Approved to support recommendation for the Board to initiate rulemaking to delete Chapter 40.

Approved to accept the recommendations as drafted for amending Chapter 34, Section 3419 related to amending term “chemically dependent” to “substance use disorder”.

ADVANCED PRACTICE

Approved that the Board draft a letter to the VA supporting the inclusion of nurse anesthetists in the expansion for full scope of practice.

OPERATIONS

Approved to allow a contract to be drawn up by Mr. Shows and present it to the Legislative Auditor for their input, stating that if Dr. Lyon achieves the following milestones that a supplemental payment is to be paid on successful completion of the following projects:

1. Overseeing completion of full ORBS Data Management Systems. Planned completion date April 2017. Compensation to be received, \$3,100.
2. Overseeing completion of Phase I Building Remodeling with a planned completion date of May 2017. Compensation to be received, \$3,000.

