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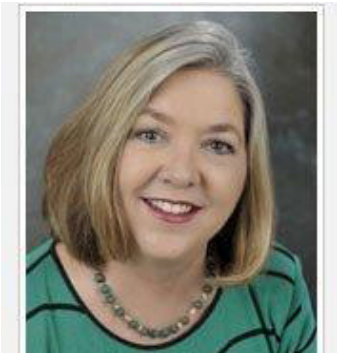
The Mission of the Louisiana State Board of Nursing is to safeguard the life and health of the citizens of Louisiana by assuring persons practicing as Registered Nurses and Advanced Practice Registered Nurses are competent and safe.

FROM THE EXECUTIVE DIRECTOR



I recently had the opportunity to attend the Louisiana Nurses Foundation Nightingale Gala honoring nurses and healthcare institutions for excellence in nursing practice and healthcare delivery. It was a particularly special occasion for me because in the world of regulatory affairs, we routinely hear the stories of nurses who have violated the Nurse Practice Act or other state statutes that bring them before the Louisiana State Board of Nursing (LSBN) for disciplinary action. That sometimes leads to a jaded view of the profession that I love dearly. I remind myself often that it is only a minute segment of licensed RNs and APRNs who ever appear before the Board for disciplinary action. The rest of you are out there in the trenches, taking care of patients, and often doing so without any recognition or celebration of your efforts. So, on behalf of all the Board members and staff at LSBN, I want to thank you for everything you do on a daily basis to improve the health of Louisiana citizens. Beyond that, I also want to recognize, over the course of this year, all the nurses who were honored with awards for their excellent nursing practice at the Nightingale event and share with you the work that they are doing. I will start this month with the two honorees who were recognized as Registered Nurse of the Year. The first, Sadye Batts, MSN, RN, is a clinical program coordinator for stroke and heart failure at Baton Rouge General Medical Center. Sadye has over 15 years of nursing experience and established and currently chairs the multidisciplinary Stroke Care Committee at her institution. She developed a Stroke Boot Camp for the staff and has been the primary champion to establish a Disease Specific Certified Stroke Center at Baton Rouge General. Additionally, Sadye serves her community as a commissioned officer in the Louisiana Army National Guard and as a member of the Louisiana Emergency Response Network Region 2 Commission. She is actively involved in the Louisiana State Nurses Association, the American Nurses Association, Sigma Theta Tau International Nursing Honor Society, and the Army Nurse Corp Association. Sadye, we honor and thank you for your exemplary service to nursing and health promotion.

The second honoree as Nurse of the Year is Eric Rome, BSN, RN, RCIS, who began a new cardiology program at Lane Regional Medical Center in 2008 and is the only provider at the institution to hold certification as a Registered Cardiovascular Invasive Specialist. Eric was instrumental in opening the state-of-the-art cardiac catheterization lab at Lane and is recognized as a leader and mentor to employees throughout the facility. He has served on the Shared Governance Coordinating Council and the Safety Committee and has worked to implement "best practices" throughout the hospital by focusing on evidence-based practice research. He has volunteered at health and wellness events throughout the Zachary, Louisiana area. Again, congratulations Eric on representing our profession through excellence in practice.

In my position as Executive Director of the LSBN, I have the opportunity through membership in the National Council of State Boards of Nursing (NCSBN) to interact with nurses from throughout the United States and its territories as well as Canada. These networking occasions allow us to discuss many issues relevant to nursing practice as well as regulation. They also afford the opportunity to hear great national speakers, both within and outside of our profession. At the NCSBN 2014 Mid-Year meeting, we spent the first day working with Dr. Cathy Trower on building high performance regulatory boards. Dr. Trower is the President of her own consulting firm after spending years studying leadership, faculty work life, and employment issues in positions at Harvard Graduate School of Education and Johns Hopkins University. We used her book, ***The Practitioner's Guide to Governance as Leadership***, as the foundation of our activities. While the focus of her presentation for Executive Officers of state boards of nursing was on building strong governance teams, much of what she had to say was relevant to all of us as we seek to build high performing teams. The first observation that Dr. Trower made was that "Google" was making us stupid. She cited Nicholas Carr's article in the July 1, 2008 edition of ***The Atlantic***, in which the

author makes the case that our brains are full and that data overload creates distraction. We search the Web and, rather than engaging in analysis of subject matter in depth, we jump from hyperlink to hyperlink, often bogged down in today's headlines, blogs, and YouTube videos. We have immediate access to incredible amounts of data but we rarely engage in trying to process the data into information (knowing what), knowledge (knowing how), and wisdom (knowing why). Dr. Trower recommended several activities to promote insight and understanding about questions, problems, challenges, and opportunities which face each of our organizations. First, practice discernment, that is, the process of comprehending what may be obscure. Focus on what matters most to your organization by asking yourself, "What is the single most important thing that we should accomplish in the next 12 months"? Second, align structure with strategy. How should we be organized? How can we empower strategy-driven, outcomes-oriented committees and task forces? Third, build a culture of inquiry. Use dashboards to provide less data with more meaning. Broaden the participation of all experts in your environment by engaging in advance surveys, advocacy panels, anonymous input, and role playing. Fourth, encourage broad discourse. Debate critical issues, elicit and encourage dissent from the prevailing view, entertain "what if" scenarios, and engage in rigorous post-event debriefings.

Finally, but perhaps most important, we must build teamwork. All organizations need clear and consistent mission, vision, and value statements that support a compelling shared purpose. Individual goals must never supersede the team goals. Performance accountability is the responsibility of all members of the organization.

At LSBN, we are using these tenets to repurpose our organization in its mission to safeguard the life and health of the citizens of Louisiana by assuring that RNs and APRNs are competent and safe practitioners. Our answer to the question about what is the single, most important thing that we should accomplish in the next 12 months is to transform the public perception of the Board from one of nurse adversary to one of nurse advocate. We are servant leaders to our nurse constituents in the areas of practice regulation, licensure, and educational oversight. Our overarching goal will be to partner with service providers, professional organizations, educational institutions, and other health-related state agencies to improve the health outcomes of all Louisianans.

For the public trust,

Karen C. Lyon, PhD, APRN, ACNS, NEA

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New LSBN Board Appointments

The Louisiana State Board of Nursing is pleased to announce Board members that have been appointed by Governor Bobby Jindal for 2014-2017.

Timothy C. Cotita, RN, BSN, MSHCE, CDE, DAAPM, of Calhoun, is an Ethics Consultant and Program Manager at St. Francis Medical Center in Monroe, LA. Mr. Cotita is a member of the American Nurses Association and serves as an advisory committee member for the University of Louisiana at Monroe School of Nursing. Mr. Cotita will be appointed to serve as a registered nurse representing other areas of nursing, as required by statute.

Patricia Prechter, Ed.D., MSN, RN, of New Orleans, is the Chair of the Department of Nursing and Provost at Our Lady of Holy Cross College. Dr. Prechter will be reappointed to serve as a nursing educator, as required by statute.

Velma Westbrook, DNS, MA, RN, of Thibodaux, is the Dean for the College of Nursing at Nicholls State University. Dr. Westbrook is a member of the Louisiana Council of Administrators in Nursing Education. Dr. Westbrook will be reappointed to serve as a nursing educator, as required by statute.

Jolie Harris, MSN, RN, of River Ridge, is the Vice President of Nursing at CommCare Corporation. Ms. Harris is a member of New Orleans Association of Nurse Executives and the National Association Directors of Nursing Administration and Long Term Care. Ms. Harris will be reappointed to serve as a nursing serving administrator, as required by statute.

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Dr. Juzar Ali, of New Orleans, is the Chief Medical Officer and Medical Director at the Interim LSU Hospital. Dr. Ali is also the Director of the LSU Tuberculosis Clinics. Dr. Ali was recently recognized as a member of the Best Doctors in America and was awarded the Fullbright Scholar Teaching Grant award. Dr. Ali will be appointed to serve as a physician representing the Louisiana Medical Society, as required by statute.

Each Board member serves a four-year term with possible re-appointment for one additional term.

National Council of State Boards of Nursing Standards Development Committee

Barbara McGill, MSN, RN, Director of RNP/Monitoring has been appointed to the National Council of State Boards of Nursing Standards Development Committee. Ms. McGill's appointment is for two years and begins immediately. LSBN is very proud that she will be bringing her extensive expertise to the development of national regulatory standards.

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

The American Society of Addiction Medicine changed their definition of addiction as of November, 2011. The current definition is a "primary, chronic disease of brain reward, motivation, memory, and related circuitry". As with diabetes and cardiovascular disease, it must be treated, managed, and monitored over a lifetime. While this definition serves for medical diagnosis, addiction has also been defined as a primary, chronic, progressive, relapsing disease which is fatal if left untreated (American Society of Addiction Medicine, 2011). The difference in the two definitions is that the new definition left out the "fatal" phrase. Maybe it is implied with the second sentence. However, we cannot forget how fatal this disease is. Fatality is the concept that most of us who work in the area of addiction are familiar with. Recovery and living a productive life with the disease of addiction are activities that we come to experience later in the process of managing our addicted clients.

I returned to work at the Louisiana State Board of Nursing (LSBN) about 8 months ago. During that time, my staff has learned of the suicides of 2 former participants: 1 person who had been reported to us, and 1 active participant. Recent evidence from veterans indicates that men with a substance use disorder are approximately 2.3 times more likely to die by suicide than those who are not substance abusers. Among women, a substance use disorder increases the risk of suicide 6.5-fold (Ilgen, Hohner, and Ignacio, 2010). That statistic is concerning to us at LSBN and we are saddened to have lost these nurses, all of whom were under age 50. Could we have helped in any way? That is a question always asked but seldom answered because we just don't know what brings a person to that final act of desperation. Suicides sometimes occur when people feel isolated and they withdraw from loved ones. At LSBN, the Recovering Nurse Program (RNP) requires that all participants have a sponsor, someone special that they can call on, a person who understands what the participant is going through and who may have had similar experiences.

The American Association of Suicidology has developed guidelines that may be helpful as nurses intervene with clients at risk for suicide. The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If you or someone you know exhibits any of the following signs, seek help as soon as possible by calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.

- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

If you recognize these signs in someone you know, reach out to that person. Who knows, you might save a life.

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

APRN Temporary Permits No Longer Available to New Graduates

The Louisiana State Board of Nursing recently promulgated rule changes regarding APRNs that are now in effect. Some of the new processes being implemented regard the licensure application; namely, the forms have been revised and temporary permits are no longer available to new graduates. The latter is in alignment with the implementation strategies advised by the National Council of State Boards of Nursing's (NCSBN's) Consensus Model. If graduates wish to be employed as an APRN shortly after completion of their APRN program, they should consider applying for certification as soon as they are eligible and apply for licensure in a timely manner. Once APRN students graduate, they are not eligible to work/provide services as an APRN until they are fully licensed.

Utilization of Controlled Substances in Management of Chronic Pain and Terminal Illnesses

The Board of Nursing commonly clarifies questions regarding issues surrounding the prescribing of controlled substances, especially in the treatment of chronic pain and in the treatment of terminally ill patients. Palliative care includes treatment of patients suffering from a myriad of serious and chronic illnesses. The definition of chronic pain recognized by the Board is "pain which persists beyond the usual course of a disease, beyond the expected time for healing from bodily trauma, or *pain associated with a long-term incurable or intractable medical illness or disease*". APRNs in Louisiana are prohibited by current regulations from prescribing controlled substances for non-cancer-related chronic pain in any setting or situation as previously described and defined (referenced in LAC 46XLVII:4513D.2.b.i.a. and LAC 46XLV:6515-6923).However, there may be instances in which controlled substances may be prescribed for a terminally ill patient for a diagnosis or symptom that is not associated with chronic pain. Treating these conditions is not expressly prohibited for APRNs with controlled substance authority and who are practicing within their scope according to evidenced-based clinical practice guidelines.

Louisiana Medicaid

The Board does not have opinions or previous positions specifically regarding billing. However, APRNs are expected to conduct themselves in a professional manner and are responsible and accountable for compliance with rules and regulations that affect their practice. As you may know, the majority of Medicaid programs in Louisiana are now managed by Bayou Health and administered through different companies. Please refer to the Department of Health and Hospitals and the most recent Professional Services Provider Manuals so that you remain in compliance with their requirements and policies. For example, "incident to" services now exclude services provided by APRNs (see http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf). Note that the link currently includes a "Provider Alert" regarding "incident to" billing which states "It would be inappropriate for a physician to submit claims for services provided by an APRN or PA with the physician listed as the rendering provider when the physician is only supervising, reviewing, and/or 'signing off' on the APRN's or PA's records. Services billed in this manner are subject to post payment review, recoupment, and additional sanctions as deemed appropriate by Louisiana Medicaid".

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The National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers Join Forces to Address the Need for National Data on the U.S. Nursing Workforce

by Cynthia Bienemy, PhD, RN
Director, Louisiana Center for Nursing

Nurses will be at the center of the health care delivery system over the next two decades. Therefore, collecting and analyzing high quality and timely data will be needed to assess how the nursing workforce is adjusting to the many transitions and changes that are expected to occur in health and health care in the U.S. (Buerhaus, 2012). One of the eight recommendations from The Institute of Medicine Report on the Future of Nursing; Leading Change, Advancing Health (2011) addresses the need for better data collection and an improved information system if we are to be effective in workforce planning and policy making. The Patient Protection and Affordable Care Act (hereafter referred to as ACA) addresses the need to develop strategies that will increase workforce supply and capabilities, develop workforce diversity, and strengthen professional areas where supply is weak (Keckley et al., 2011). Priorities identified within the ACA include "systematic monitoring of health care workforce shortages and surpluses, review of the data methods needed to predict future workforce needs, and coordination of the collection of data relating to the health care workforce in federal surveys and in the private sector" (IOM Report on the Future of Nursing, 2011, p. 262).

In 1977, the federal government launched the nation's largest and most significant program to collect data on the RN workforce of the United States – the National Sample Survey of Registered Nurses (NSSRN). This survey was first conducted by the U.S. Health Resources and Services Administration (HRSA) and has been repeated every 4 years since 1980 (Kasper, Debisette, and Vessey, 2010). States have relied on the NSSRN to study nursing workforce supply and demand issues. The last NSSRN was conducted in 2008 and the report was published in 2010. In 2012, HRSA announced that it would no longer be conducting the NSSRN. This represents "the loss of a key national data source on the nursing workforce" (Auerbach, Staiger, Muench, & Buerhaus, 2012, p. 254). Joanne Spetz, Professor at the R. Lee Institute for Health Policy Studies & School of Nursing and author of numerous analytical reports on the nursing workforce, stated that "The NSSRN has been an important source of data for national and state policy-makers because it was designed to provide valid information about the nursing workforce at both the national and state levels. There are few other surveys that can be used to get decent information about employed nurses for the nation" (RWJF Human Capital Blog, 2012).

In an effort to address the gap in nursing workforce data left by the absence of the NSSRN, the National Council of State Boards of Nursing (NCSBN) and The National Forum of State Nursing Workforce Centers partnered in a collaborative effort in 2013 to conduct a National Workforce Survey of Registered Nurses (Budden, Zhong, Moulton, & Cimiotti, 2013). Although the primary mission of the NCSBN is to protect the public by providing "education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection," NCSBN is also invested in the collection of nursing workforce data to address issues related to workforce planning, policy development, and increased cultural and gender diversity (NCSBN, 2014). The NCSBN recognizes that there must be a nursing workforce that is adequate in number in order to provide safe, effective, high quality care to the citizens of our country (Alexander, 2013). The National Forum of State Nursing Workforce Centers' focus is on addressing nursing supply and demand at the state level as well as contributing to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the U.S. population. The Forum's mission is "to provide a sustainable network for collaboration and communication among statewide nursing workforce entities, enabling them to inform state and national policy makers and stakeholders about nursing workforce issues and trends" (The National Forum of State Nursing Workforce Centers Bylaws, 2013).

A team of researchers from the NCSBN and The Forum of State Nursing Workforce Centers joined together to develop the study protocol, implement the study, analyze the data, and develop the final report. All RNs in the U.S. and its territories were eligible to participate in the survey. The sample for the survey was drawn from Nursys, which is NCSBN's licensure database.

Nurses with multiple licenses within the Nursys database were de-duplicated prior to the sampling process and the six states that did not participate in Nursys at the time of the survey were asked for a database of all active RN licensees in their state which brought the total of licensed RNs in the U.S. to 4,104,854 RNs. There was a 39% response rate for the survey. The results of the National Workforce Survey of Registered Nurses were published in the July 2013 Issue of the Journal of Nursing Regulation, which is the official Journal of the NCSBN. In addition to the journal article, a supplemental issue was published which focused entirely on the findings from the survey.

Key Findings from the 2013 National Workforce Survey of Registered Nurses

- The average age of RNs responding to the survey was 50 years
- A trend toward an increase in the proportion of males was revealed – 5% of the respondents licensed before 2000 were male, while 11% of those licensed between 2010 and 2013 were male
- Nineteen percent (19%) of responding RNs were from a minority population
- Sixty-one percent (61%) of the respondents indicated that they had a baccalaureate or higher degree
- Eighty-two percent (82%) of the licensees were actively employed in nursing
- Fifty-seven percent (57%) of the respondents were employed in a hospital setting, 9% in ambulatory care, 6% in home health, and 6% in long-term care
- Of the respondents who indicated 'hospital' as their primary nursing practice position, the highest level of education reported was 8% diploma, 29% associate degree, 41% baccalaureate, and 10% masters
- Sixty-four percent (64%) of the respondents indicated that their primary job title was staff nurse; 13% management, and 3% nurse faculty
- Seventy-two percent (72%) of the respondents who held a principal position as full-time faculty were age 50 and older

Conducting a thorough analysis of the nursing workforce at a national, state, regional, and/or organizational level is an essential first step in developing an effective health care workforce planning model (American Hospital Association, 2013). Experts agree that creating effective policy to appropriately allocate limited resources requires studying nursing workforce supply and demand, as well as future needs. Although a tremendous task, this requires the collection and analysis of nursing workforce data at the national, state, and regional levels (RWJF, 2006).

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The Epidemic of Controlled Dangerous Substance Abuse

by Barbara McGill, MSN, RN
Director RNP/Monitoring

We have an epidemic sweeping the country and Louisiana is not immune to its ravages. It is an epidemic of controlled substance abuse. While especially rampant on our college campuses, it is not confined to college students. Adderall, Ritalin, and Concerta are all medications which are used to treat Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. Adderall has been called the most widely abused prescription drug in America. All of these medications are included within the category of Schedule II Controlled Dangerous Substances (CDS)." A significant issue for the Louisiana State Board of Nursing (LSBN) involves the question of whether nurses and nursing students should be allowed to practice while taking CDS?

All of these drugs are in the stimulant classification. The initial effect of these drugs includes increased energy, alertness and sociability; elation or euphoria; decreased fatigue, appetite and need for sleep. Short term side effects include dilated pupils, insomnia, increased heart rate, increased blood pressure, anxiety, agitation, tachycardia, increased impulsivity, increased risk of stroke and heart attack. Chronic users suffer long term side effects such as damage to brain cells containing serotonin, and over time reduced level of dopamine resulting in Parkinson's like symptoms, confusion, tremors, convulsions, paranoia, hallucinations, damage to nerve cells causing stroke, cardiovascular collapse and death. Effects from withdrawal include irritability, anxiety, paranoia, aggressiveness, fatigue, long periods of sleep and depression. Stimulant intoxication/psychosis mimics acute schizophrenia (Cavacuiti, 2011).

It has been estimated that up to 25% of college students have abused amphetamines. These are not marginalized young people. They are more likely to be your "overachievers." An article in the New York Times describes the experience of Richard Fee. Richard was an "A" student, on a full academic scholarship, President of his sophomore college class, first baseman on his college baseball team, and aspiring medical student. He started using other people's stimulants to study, then convinced the healthcare professional at college that he suffered from Activity Deficit Hyperactivity Disorder (ADHD) and received his own prescriptions (although his parents denied there were any childhood symptoms). His use spiraled out of control until he eventually hung himself (Schwarz, 2013).

The experience of Kristy Kragstad Sigvartsen was equally tragic. Kristy earned a degree in mathematics, she spoke five languages, and she lived in Jerusalem for two years to study at Hebrew University. After returning to the states, she worked as a computer consultant and was pursuing another degree when she started taking Adderall. She became more and more paranoid until she finally took a gun from her parents' home and shot herself (Kelly, 2014).

Young people in our competitive society see others using stimulants to stay focused, stay up all night studying, and have more energy. Some people believe that the person using the stimulant has an advantage over those who are not using stimulants. So stimulants have become the drug of choice for overachievers. But we must not forget that amphetamines are a controlled dangerous substance. While stimulants may differ in their potency and addiction liability, all stimulants have a potential for misuse, abuse, and dependence (Cavacuiti, 2011).The U.S. Federal Drug Administration (FDA) "Black Box" warning label for all amphetamines, including Adderall states: Amphetamines have a high potential for abuse. Administration of Amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining amphetamines for nontherapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly. Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events (Drug Enforcement Administration, 2013).

The National Institutes of Mental Health (n.d.) estimate that perhaps 4-5% of adults have ADHD. For those who actually have this condition, there are non-controlled substances which work for nearly all clients. Healthcare providers sometimes do not take the necessary steps to diagnose ADHD. The preferred methods are a detailed interview, collateral information from family members, and specific tests administered by licensed psychologists. Without proper testing, patients may exaggerate their symptoms and obtain a diagnosis which is not accurate.

Should healthcare professionals be allowed to practice if they are taking amphetamines or other stimulants? Many physician health programs indicate that physicians should not practice while taking controlled substances. The Federal Aviation Administration (FAA) does not condone pilots taking amphetamines while flying. Do those who fly deserve better treatment than our patients?

In summary, the following policy statement from Palmetto Addiction Recovery Center regarding the use of controlled substances by professionals provides guidance to all regulatory agencies with oversight of professional practice:

March 16, 2012
Policy Statement: Controlled medications in a professional population
This policy statement responds to concerns from numerous licensing authorities who note an increasing number of requests for professional licensure from applicants who are taking controlled medications. Suboxone and Adderall, in particular, are prescribed for opiate dependence, ADHD, and as alternatives to control a wide range of emotional conditions and behaviors including use of illegal substances. Other controlled medications found in a minority of those who apply for professional licensure include a wide range of Opiates, Benzodiazepines, Barbiturates, and Stimulants.

Palmetto does not recommend use of controlled medications in a professional population. We believe that such medications create side effects and physiological dependence incompatible with the practice of a profession. Professionals have in common an increased fiduciary responsibility to the public by virtue of special training, special licensure, and possession of a specialized knowledge base. This is true of all professions, to include Law, Medicine, Nursing, Pharmacy, and Aviation. There is strong emphasis at every step of education and licensure on protecting the public from carelessness, incapacity, neglect or mistakes. The professional acts on behalf of the public using his professional knowledge for public benefit.

Controlled medications are controlled because they are dangerous, impairing and addictive. They have a long list of side effects incompatible with safe performance of a profession. These include dizziness, drowsiness, flushing, headache, insomnia, bloating, vomiting, allergic reactions, anxiety, blurred vision, confusion, decreased attention, fainting, loss of coordination, numbness, weakness, mood swings, slowed reflexes, slurred speech, edema, respiratory depression, mania, delirium, psychosis and jaundice. Many of these side effects have an adverse effect on the executive function crucial to performance of professional responsibilities. Moreover, the side effects are unpredictable and variable from patient to patient. Bitter experience teaches us that practice of a profession on controlled medications or alcohol results in mistakes which damage those entrusted to our care.

We find that the risk of an adverse event impairing performance of professional duty greatly outweighs any possible individual benefit from controlled medications. Maintenance therapy on controlled medications impairs the professional, creates tolerance to the medication, and increases the probability of polysubstance dependence. All controlled medications increase dopamine release, deplete dopamine stores and stimulate the limbic system, which is the seat of powerful survival drives. These drives tend to demand more stimulation and kindle craving for more controlled medication. Excess dopamine is also found in psychosis, and all antipsychotics block dopamine. It is understandable that all controlled substances therefore create the potential for irrational and even psychotic behavior.

We recommend abstinence based treatment for professionals with substance dependence using the Alcoholics Anonymous (AA) method. This method is research validated to work best over time with a combination of inpatient treatment (ideally about 3 months) followed by strict monitoring, accountability, and a clear understanding that continued abstinence is a condition for continued licensure. We now have decades of outcome studies at multiple facilities with multiple professions, all of which support this position. This method gives 80-95% recovery rates which are defined as drug-free at the one year point, and 85% continued sobriety over 5 years of strict monitoring after treatment. Standard recovery rates with a 3 month inpatient program and no monitoring run up to about 50%. Lower levels and intensity of treatment result in lower recovery rates. A 30 day inpatient program with limited monitoring gives an 80% relapse rate within 2 years. We find that professionals who are allowed to take any controlled medications or alcohol while being monitored can quickly rekindle the craving and impulsive behavior common to all addictions.

Relapse on any number of controlled medications or alcohol then becomes much more likely, as does polysubstance dependence. Professionals who embrace the abstinence based method of AA consistently tell us that they are better adjusted, more competent, and much safer with the patient population than they were when they were practicing under the influence of controlled medications or alcohol.

We believe that a professional who wishes to take controlled medications should make a choice between the medications and the profession. Professional licensing boards in all professions understand that the risk of impairment and damage to the public greatly outweighs any possible individual benefits in specific cases where practice of a profession and concurrent use of controlled medications is at issue. The overwhelming majority of such organizations choose to take the safest course and prohibit use of controlled medications or alcohol while practicing a profession. We agree with this policy.

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Upcoming National Conferences

The National Council of State Boards of Nursing invites you to its 2014 Scientific Symposium on April 10th in Arlington, Virginia presenting diverse national and international studies that advance the science of nursing policy and increase the body of evidence for regulatory decision making. The symposium is aimed at nurse regulators, researchers, educators, and practitioners.

The 2014 Annual National Conference of Nursing Workforce Centers will be held June 12th - 14th in Hartford, Connecticut. The theme of the conference is “Strengthening Nursing Practices: Powerful Strategies to Achieve the IOM’s Future of Nursing Recommendations.”

Disciplinary Matters

LSBN took a total of 27 actions at the January 14, 2014 hearing panel. For a complete listing click the link below:
January 14, 2014

LSBN took a total of 21 actions at the February 11, 2014 hearing panel. For a complete listing click the link below:
February 11, 2014

LSBN took a total of 26 actions at the March 11, 2014 hearing panel. For a complete listing click the link below:
March 11, 2014

2014 State Holiday Schedule

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

Future Meeting Dates

BOARD MEETING DATES

April 30, 2014
June 11, 2014
August 13, 2014
October 15, 2014
December 10, 2014

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.

First-Time NCLEX Performance

Performance of First Time Candidates of Nursing Education Programs in Louisiana on NCLEX-RN, regardless of where taking examination
January 1 - December 31, 2013

Nursing Programs	Number of Candidates	Number Passing	Percent Passing
Associate Degree			
BPCC	29	27	93.10
BRCC	54	49	90.74
Charity/Delgado	225	209	92.89
Fletcher Tech CC	14	14	100
Louisiana Delta CC	17	16	94.12
LSU Alexandria	49	48	97.96
LSU Eunice	64	56	87.50
Louisiana Tech	44	40	90.91
McNeese	30	25	83.33
Northwestern	134	113	84.33
Our Lady of Lake College	244	175	71.72
Southern Shreveport	38	33	86.84
Total	**942**	**805**	**85.46**
Diploma			
Baton Rouge Gen'l	28	28	100
Total	**28**	**28**	**100**
Baccalaureate			
Dillard	29	14	48.28
Grambling	66	42	63.64
Louisiana College	29	26	89.66
LSU Health Science Center	175	167	95.43
McNeese	171	149	87.13
Nicholls	112	96	85.71
Northwestern	141	127	90.07
Our Lady Holy Cross	38	36	94.74
Southeastern	140	126	90.00
Southern BR	112	91	81.25
Univ of LA Lafayette	130	126	96.92
Univ of LA Monroe	51	48	94.12
William Carey - N.O.	22	21	95.45
Total	**1,216**	**1,069**	**87.91**
GRAND TOTAL	**2,186**	**1,902**	**87.01**