

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
Announcements.....	2
LSBN Department Spotlight.....	3
APRN Corner.....	4
RNP Corner.....	5
The 2015 National Forum of State Nursing Workforce Centers Annual Conference “Healthcare Reform and the Nursing Workforce”.....	6-7
Continuing Education Requirements for 2016 Registered Nurse License Renewals.....	8-9
LSBN Declaratory Statement - Sedation.....	10-11
Prescription Monitoring Program: Utilization May Lead to Decrease in Accidental Opioid Overdose.....	11-14
TERCAP® Taxonomy of Error, Root Cause Analysis and Practice-responsibility Ten Years After the Institute of Medicine (IOM) Recommendation to NCSBN: Highlights of the Findings from the NCSBN National Nursing Adverse Event Reporting System - TERCAP®.....	14
Major Motions and Other Actions Taken at the February 19, 2015 Board Meeting.....	15-16
Major Motions and Other Actions Taken at the April 9, 2015 Board Meeting.....	16-17
Disciplinary Matters.....	17
2015 State Holiday Schedule.....	17
2015 Meeting Dates.....	17



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FROM THE EXECUTIVE DIRECTOR



Having just celebrated our nation's 239th birthday, I thought it would be appropriate to comment on what makes me proud to be an American nurse. While I have over 40 years of poignant stories I could use to make my case, there are two recent experiences which highlight why nursing is at the top of the Gallup

poll for most respected profession year after year. The first story is a personal experience shared with two other nurses during French Quarter Festival and the second involves one of the many graduates of LSBN's Recovering Nurse Program (RNP). For reasons of confidentiality, names of individuals and identifying locations are withheld.

I was sitting in the lobby of the hotel when my son came running off the escalator to announce that a gentleman had collapsed outside the restroom. In times of crisis, I am still amazed that my training just takes over. I ran to and then up the escalator to find the gentleman prone on the floor and another woman who identified herself as a nurse practitioner (NP) trying to find a pulse. I self-identified as a registered nurse and began observing for any signs of breathing. Another nurse joined us. After assessing no **A**irway, no **B**reathing, no **C**irculation, the ABCs of CPR, we gently logrolled him onto his back and began resuscitation efforts. There were lots of people around with cell phones so calling 9-1-1 wasn't a problem. I was doing airway; the NP did chest compressions. The hotel safety manager soon showed up with an automated external defibrillator (AED) and after applying and assessing for pulse, the machine delivered the first shock. We continued compressions and breathing, without benefit of my pocket mask I might add. The second shock from the AED reestablished a pulse, quickly followed by weak attempts at breathing. The paramedics responded within 5 minutes and took over the care following report from us regarding what happened and our sequence of events for resuscitation. After providing my name and contact information to the hotel staff, I left. My son, a non-healthcare professional, remarked that it was a lot different than what he has ever seen on television. My son is an architect and I am always telling him how envious I am of his talent. What really brought home to me what we had accomplished that day, though, was his statement about how he may be able

to design skyscrapers, but he can't save a life. And we did – 3 nurses, a hotel safety manager, and that remarkable AED. The gentleman was transported to the hospital and I got a call about 2 weeks later from the medical director of the New Orleans Emergency Management Team thanking me, on behalf of the family, for helping their loved one. And for me, exposed to both blood and body fluid through mouth-to-mouth breathing, the hospital did its job of testing the patient for hepatitis and HIV and reporting that the patient was negative for both. I am very thankful that these professionals responded so quickly and that the hotel had an AED. American Heart Association statistics reveal that if CPR is begun and defibrillation is provided within 3-5 minutes, which was the case here, survival ranges between 48 and 74%. That song by **The Fray** keeps going through my mind, but in this case, nurses didn't "wonder why (we) came" because we did know "how to save a life."

My second celebration story is about one of the graduates of our RNP. We recently received a letter from "Jane Doe" upon her imminent release from the RNP. Jane summarized her compliance with all aspects of her agreement and her gainful employment as a registered nurse. Her experience with RNP began ten (10) years ago and she admits to being arrogant and a know-it-all. She was scared to admit to her addictions, ashamed and in denial. Jane went through all the motions of the program and was doing well until LSBN required that she wean herself from a controlled substance that had previously been allowed in her program. Her journey through that "detox" session is a painful, but emotionally cathartic revelation about how these substitute chemicals affect individuals and support LSBN's position against using rehabilitation facilities that utilize addictive pharmacologic agents for nurses with substance abuse disorders. Jane relapsed, hit bottom (her words) and returned to treatment. It was during this second stint in the rehabilitation facility that a family member recommended she read **The Shack** by William P. Young. For those of you who haven't read this book, it is the story of Mack Philips whose young daughter, Missy, was abducted during a family vacation four years before the story begins. While Missy's body was never discovered, the police found evidence in an abandoned shack that she had been brutally murdered by a serial killer who preyed on young girls. The book is Mack's journey back





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to the shack and a weeklong encounter with God and the Holy Trinity in order to deal with the overwhelming pain and anger resulting from his daughter's death. Jane tells the story in her letter about how this book and her second experience with rehab saved her life. While her first job after this experience wasn't in nursing, she does express in her letter how LSBN gave her another chance to be a nurse again. More importantly, she credits LSBN and RNP for the opportunity to have a life that she appreciates and treasures, living in what she now calls her "spiritual recovery." Jane's story is a testament to the important work that RNP has done for almost 30 years, assisting thousands of nurses to have treatment and after-treatment for substance abuse problems, thus retaining their licenses and ultimately returning to their beloved profession. I am enormously proud of Ms. Barbara McGill and her RNP staff. They also know "how to save a life."

I am confident that each of you, my colleagues in nursing, has myriad stories that make you proud to be a registered nurse. Make every opportunity to tell your stories, pass on your experiences and share the pride that we all feel for our chosen profession because all of us know "how to save a life"!

In Service to Nursing,

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

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Announcements

New License Renewal Nurse Portal Coming October 2015

LSBN is proud to be one of six states selected to launch the National Council of State Boards of Nursing's new, state of the art Optimal Regulatory Board System, better known as ORBS. ORBS will help digitize most of LSBN's licensing, discipline, and education program management functions; enhance our disaster recovery capabilities; and provide more enhanced channels of communication with our current licensees and our future applicants.

Phase 1 begins with this renewal season! Prior to completing your 2016 licensure renewal application(s), every Louisiana RN and APRN licensee will need to create an user account and complete the email validation process within **LSBN's new NURSE PORTAL**. The steps involved in creating your new account will be quick and easy, and board staff will be available to assist you every step of the way.

More information regarding the new **NURSE PORTAL** will be disseminated in the upcoming months and throughout the renewal period.

Louisiana State Nurses Association

Cynthia York, MSN, RN, CGRN has been appointed as the Louisiana State Nurses Association (LSNA) consultant to the Louisiana Association of Student Nurses (LASN). Cynthia was selected by the LSNA board of directors and will serve a two year term. The purpose of the LASN is to contribute to the development of standards for nursing education, participate in community events that improve health care, represent the nursing student body, and encourage collaborative relationships with other nursing organizations. As the LSNA consultant, Cynthia will provide an interchange of information between LASN and LSNA, serve as a resource person for the LASN Board of Directors and serve on various committees. Cynthia is the Director for the RN Practice and Credentialing Department at the Louisiana State Board of Nursing.





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LSBN Department Spotlight

In this edition of *The Examiner*, we are introducing the team members of the **Operations Department**. The department is responsible for overseeing the entire operation of LSBN. The department can be contacted at 225-755-7500.

Hired in May 2012, **Isonel M. Brown** serves as LSBN's Director of Operations. She reports to the Executive Director and serves as a key member of the leadership team. Isonel provides oversight to all internal business operations including, but not limited to, Accounting, Budgeting, Human Resources, Information Technology, Facility Management, Risk Management and Security. Isonel earned a MBA (2009) and a MS in Vocational Education (1996) from LSU – Baton Rouge. Firmly rooted in her commitment to service, integrity and accountability, she is currently pursuing her national certification in internal auditing. Isonel is dedicated to public service and brings 15+ years of management and leadership experience from nonprofit and quasi-governmental agencies such as Girl Scouts, CASA, LANO, United Way and West Virginia Department of Health and Hospitals.



Lakeitcha Alexander is an Administrative Coordinator 4 in the Operations Department. She provides assistance to the agency in the following areas: cash receipts, purchasing, and travel. She has been a member of the LSBN team since 2011. Lakeitcha is currently pursuing an undergraduate degree in Business with a concentration in Human Resource from the University of Phoenix. In addition to her studies, she received a certification as a Certified Administrative Assistant (CAA) from the Louisiana Institute for Administrative Assistants (LIAA) in April 2015. Lakeitcha was recently promoted to a Licensing Analyst and is currently transitioning to her new responsibilities in the RNP/Monitoring Department at LSBN.



George Banks is an Accountant 2 in the Operations Department. George received his BS in Accounting from Southern University – Baton Rouge. George was hired as an Accounting Tech in June 2013 and was promoted to Accountant 2 in October 2013. George is a self-taught programmer who advocates the use of technology in accounting and business forecasting. George Banks has worked as an accountant in both the public and private sectors. George is currently working towards his MBA from Jackson State University Online.



Sanielle DeBois recently joined LSBN as a Management Analyst in the Operations Department. She acquired a BS

in Business Management and a Master of Education in Adult Education and Corporate Training from the University of Phoenix in Baton Rouge. Through hands-on training, Sanielle is currently learning all of LSBN's back office processes in an effort to assist in analyzing current practices and making recommendations for process improvements. With over 7 years of professional business experience in human resources, customer relations, and planning, Sanielle is a welcome addition to the Operations Department.



Carl D. Nagin Jr. is an IT Management Consultant in the Operations Department. He graduated with a Bachelor's degree in Computer Science from the University of New Orleans in 1997. Mr. Nagin has served as the Senior IT Analyst for LSBN for 18 years as both a contractor through the LSU Health Sciences Center and an employee of LSBN. He is responsible for network management, IT security and programming, in addition to providing technical and programming support to the staff, board members, and the public.



Jerome Skrandel came to the board in 2013 and is the IT Technical Support Specialist for LSBN. He is currently enrolled at Western Governors University and holds eleven IT industry certifications. Jerome provides assistance to the agency in the following areas: user and customer technical support, device management, data services, and board hearing preparation.



Lisa Wilbur is an Administrative Coordinator 3 in the Operations Department. She plays a key role in the agency as she presents the "first impression" to the LSBN's callers and walk-in customers. Lisa is the positive, pleasant, smiling face and voice of our agency! Lisa screens and transfers incoming calls, processes mail, and greets all visitors to LSBN. She has been a member of the LSBN team since June 2012. Her goal is to continue to provide excellent customer service to all visitors and to her colleagues within the agency.



The Operations Department is fortunate to also have four special-duty sheriff officers who help keep our premises and personnel secure: **Deputies Christopher Adams, Jimmy Douglas, Jerry Ewing, and Lieutenant Keith Mills.**





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

2016 APRN Licensure Renewal

Advanced Practice Registered Nurses (APRN) must renew both their Registered Nurse (RN) and APRN license each fall for the next calendar year. To renew as an APRN, the nurse must *either*:

A. Hold current national certification in each licensed advanced practice role and population focus, with *primary source* proof on file with the Louisiana State Board of Nursing (LSBN). **APRNs whose certification has expired, or will expire by December 31, 2015, will be required to have their national certifying organization send primary source proof of their recertification directly to LSBN prior to renewing their Louisiana nursing license(s) online.** If your certification is due to expire this calendar year, apply for recertification with your certifying body as soon as possible and indicate that proof of your recertification must be sent to LSBN by their office. Copies of recertification cards, emails and/or letters sent to the APRN from their organization will **not** be accepted by LSBN. Once proof of recertification has been received by LSBN directly from the APRN's certifying organization, the APRN will be authorized to complete the 2016 online licensure renewal.

----- **OR** -----

B. If national certification was not available in the advanced role and population focus (formerly referred to as 'specialty') when the APRN was originally licensed, the nurse must submit evidence to LSBN that commensurate requirements were met during 2015, *prior* to being deemed eligible for license renewal. All practice hours and continuing education (CE) **must** be at the advanced practice level (*advanced assessment, diagnosis and management of conditions, pharmacology, etc.*) and directly related to the full scope of the advanced practice role and population focus for which the commensurate licensure had been granted. Click [here](#) for copy of the VR-1 form which must be completed, signed and mailed to the LSBN office together with sufficient advanced practice CE for Board staff review and approval **prior** to the APRN being authorized to complete the 2016 online licensure renewal. We encourage all APRNs holding a commensurate role to send their complete VR-1 packet to the LSBN office for review as soon as possible.

APRN's with Prescriptive Authority

Each year an APRN with prescriptive authority must obtain six (6) contact/credit hours of continuing education (CE) in pharmacotherapeutics (pharmacology). The pharmacology CEs must be at the advanced practice level and related to the APRN's licensed role and population focus. APRN's will be requested to attest that they have completed/complied with this requirement during the on-line renewal. Advanced pharmacology CE documentation for APRN renewal must be accredited by an agency/organization recognized by LSBN for advanced practice, click [here](#) to view list.





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

CALLING ALL RNP AND LANNIP GRADUATES

For all Recovering Nurse Program (RNP) and Louisiana Nurses Network for Impaired Professionals (LaNNIP) Graduates: In 2016, we will be celebrating 30 years of offering nurses an alternative to disciplinary action and a structured program for recovery from chemical dependency. LSBN is planning for celebrations to begin in July 2016. The first participants to enter the LaNNIP program were in July 1986. However, it seems that we may be missing some clients' names who graduated during the first five years of the program. When the program changed to the RNP and came under the auspices of the Board of Nursing, it was reported that there had been 123 graduates. It appears that not all of those files were moved to LSBN. So, if you were a graduate during that time and you want to be invited to the celebration, please send an e-mail to mcgillb@lsbn.state.la.us.

LSBN will also be inviting our former Program Representatives and current and former group facilitators.

If any of the former RNP participants are willing to share your experience, strength and hope, with current participants in the program, either in print for "The Examiner" or in a newsletter, I ask that you would contact me at the above email address. We would like to share some of your successes with nurses throughout the state.

About 1,200 nurses have graduated from the RNP program. Many of our graduates, in exiting the program, tell us "The RNP saved my life." It is humbling to think we may have had a small part in helping nurses to change, not only their lives, but the lives of their patients, and the quality of life of the nurse's family. Before LaNNIP, the license of the nurse with chemical dependency was most often suspended. Many times this led to a downward spiral and those nurses were lost to the profession. With earlier detection and help for the nurses with this disease of addiction, most of those nurses are still working in their chosen profession. If the 1,200 graduates from the RNP program each worked 20 more years (a conservative estimate for nurses), we have been instrumental in giving back to the public 48,000,000 (yes, forty-eight million) hours of professional nursing care! Good, sober nursing care. Is that not fantastic! It excites me.

And who has RNP helped? We have had nursing students, nursing professors, staff nurses, clinic nurses, OR, ER, all of the ICU's, nurse managers, nursing administrators, CRNA's, APRN's, occupational health, home health, hospice and other sub-specialties go through the RNP program. There will continue to be nurses from all areas and types of nursing, because this disease knows no socio-economic boundaries.

Thanks so much to those who laid the groundwork as early as 1982 for the current RNP program. The foresight of Sr. Lucie Leonard, Barbara Morvant and many others helped us along the path to being the third state in the nation to offer an alternative to disciplinary action for nurses with this disease. Thanks to all of the nurses who have worked hard at recovery and are an inspiration to all of us. And, of course, thanks to LSBN Executive Director, Dr. Karen Lyon, and our current Board Members who have faith in us to continue this wonderful, exciting, life-changing work, ensuring the public health, safety and welfare program.





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The 2015 National Forum of State Nursing Workforce Centers Annual Conference
“Healthcare Reform and the Nursing Workforce”
by Cynthia Bienemy, PhD, RN
Director, LSBN-Center for Nursing

On June 10th the 2015 National Forum of State Nursing Workforce Centers Annual Conference convened in Denver, Colorado. The theme of the conference was “State of the Nursing Workforce in An Era of Health Care Reform: Data, Trends and New Collaborations”. The 2015 Conference was a collaborative effort between The National Forum of State Nursing Workforce Centers and The Center for Interdisciplinary Health Workforce Studies at Vanderbilt University Medical Center headed by Peter Buerhaus, PhD, RN, FAAN. Dr. Buerhaus has established an extensive and globally respected research career with a focus on nursing workforce economics, health workforce forecasting, developing measures of quality of care, and determining public and provider opinions on issues involving the delivery of health care. Dr. Buerhaus is also a prolific author and has published nearly 80 peer-reviewed articles.



2015 National Forum of State Nursing Workforce Centers Annual Conference in Denver, Colorado - “State of the Nursing Workforce in An Era of Health Care Reform: Data, Trends and New Collaborations”.

I had the opportunity to meet Dr. Buerhaus in person at the 2010 Nursing Summit held in Baton Rouge after becoming the Director of Louisiana’s newly established Center for Nursing in November of 2009. I was fascinated with the research that Dr. Buerhaus was conducting on the nursing workforce at the national level and in an effort to acclimate myself to the world of nursing workforce, I was in the process of reading Dr. Buerhaus’ newly released book that he co-authored with Douglas



Dr. Peter Buerhaus, Director of the Center for Interdisciplinary Health Workforce Studies at Vanderbilt University Medical Center and Dr. Cynthia Bienemy, Director of the Louisiana Center for Nursing at The 2015 National Forum of State Nursing Workforce Centers Annual Conference.

Staiger and David Auerbach entitled “The Future of the Nursing Workforce in the United States: Data, Trends, and Implications” (2009). Dr. Buerhaus actually took the time to autograph my copy of the book. Needless to say that after five years, seeing Dr. Buerhaus at The National Forum Conference this year was a definite treat and to learn that he was keeping abreast of the work that the Center for Nursing is doing in the area of nursing workforce research was a great compliment to Louisiana.

A team of 30 of Dr. Buerhaus’ research colleagues from the Center for Interdisciplinary Health Workforce Studies and the Institute for Medicine and Public Health at Vanderbilt University Medical Center joined approximately 170 nursing workforce researchers, leaders in nursing practice, education, and administration, state action coalition co-leads, and policy makers from across the country to: 1) share some of the most current nursing workforce research; 2) discuss important issues related to the current and future nursing workforce; 3) discuss the impact of the Affordable Care Act on the nursing workforce; and 4) develop research project teams that will work collaboratively

to develop new workforce research opportunities. Creating a venue whereby researchers from nursing workforce centers from around the country could share ideas for future research projects with researchers from the Center for Interdisciplinary Health Workforce Studies was an awesome opportunity for the National Forum.

The opening keynote speaker for the conference was Dr. Susan Dentzer, known as one of the nation’s most respected health and health policy thought leaders and journalists, who also serves as Senior Policy Advisor to the Robert Wood Johnson Foundation, the nation’s largest philanthropy focused on health and health care in the United States, set the tone of the conference with a presentation entitled “The Big Ripples in the Healthcare Pond: What Do They Mean for the Nursing Workforce.” Several of the ‘rocks’ identified by Dr. Dentzer that are causing ripples in





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the current healthcare pond are: 1) expansion of healthcare coverage; 2) payment and delivery reform; 3) dramatic advances in science and technology; and 4) new and innovative methods that are being used to deliver health care. The Triple Aim (better health, better healthcare, and lower cost) or the new version of the Triple Aim (better care, smarter spending, and healthier people) will serve as the foundation for a reformed healthcare system according to Dr. Dentzer.

How will the nursing workforce be impacted by these ripples in the healthcare pond? There will definitely be a need for nurses, but the question becomes what will be the skill set needed by the nurse of the future? There has never been a better time for nurses to come to the forefront and seize the opportunity to invent the future of nursing. Nurse leaders must inspire educational systems to change, include economic courses and coding in the nursing curriculum, prepare nurse leaders of the future, and develop and lead innovative care models which move the nation toward achieving the Triple Aim. These efforts will be essential when preparing nurses of the future.

Dr. Susan Reinhard, Senior Vice President at AARP responsible for directing AARP's Public Policy Institute, and Chief Strategist for the Center to Champion Nursing in America, was both a presenter at the conference and host for a dinner meeting for all nursing workforce centers that serve as co-leads and/or serve in a leadership role within their state action coalitions. Dr. Reinhard emphasized the importance of the integration of a 'Culture of Health' within the state



Kimberly Harper, Executive Director of the Indiana Center for Nursing and Immediate Past President of The National Forum of State Nursing Workforce Centers along with Patricia Moulton, PhD, Executive Director of the North Dakota Center for Nursing and newly elected President of the Forum.

action coalitions and the utilization of County Health Rankings when addressing state, regional, and county or parish level issues related to creating a 'Culture of Health.'

As is the norm, on the last day of the conference, there is always a Forum Director's meeting and one of the main items on the agenda is the announcement of new officers. I am excited to say that Dr. Patricia Moulton, Executive Director of the North Dakota Nursing Workforce Center will serve as the President of the Forum for the next two years. Dr. Moulton has served as the Chair of the Forum's Research Committee for the last three years and worked with the National Council of State Boards of Nursing in conducting the 2013 National Workforce Survey of Registered Nurses which is being repeated again this year. I would also like to thank Kimberly Harper, Executive Director of the Indiana Nursing Workforce Center, and immediate Past President of the National Forum, for her wonderful leadership in moving the Forum forward to yet another level of excellence.

This is truly an extraordinary time in nursing and I hope that you have been motivated to take a leap of faith and do your part in making sure that nursing has a voice in transforming our healthcare system. Please think about attending the 2016 National Forum of State Nursing Workforce Centers Annual Conference which will be held in Orlando, Florida April 27th through 29th. We would love to have you there!





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Continuing Education Requirements for 2016 Registered Nurse License Renewals
by Cynthia York, MSN, RN, CGRN
Director, RN Practice/Credentialing Department

Registered Nurse (RN) license renewal season begins in early October, 2015.

Now's the time to review the nursing continuing education (CE) you've obtained this year to ensure you have sufficient contact hours accredited by the American Nurses Credentialing Center (ANCC) or a specific U.S. State Board of Nursing (BON) that meet Louisiana State Board of Nursing (LSBN) CE requirements.

This is also a good time to visit LSBN's [My Services](#) section to verify that your email, mailing address and phone numbers are current to make sure you receive Board notifications promptly.

What is my CE requirement to qualify to renew my Louisiana RN license for 2016?

All Louisiana licensed RNs, except those issued a 1st time Louisiana license in the 2015 calendar year, **must** be in compliance with LSBN rules regarding annual nursing CE requirements that are accredited by either the ANCC or a specific State BON prior to renewing his/her RN license online.

A random CE audit is conducted each year in which 3 percent of all active licensees are selected to demonstrate compliance with the nursing CE requirement. Failure to respond or successfully pass the CE audit can result in the inactivation of the nurse's license and/or disciplinary action. Maintaining LSBN accepted nursing CE documentation for at least five (5) years is the responsibility of the individual nurse.

How many nursing CE contact hours do I need each year to renew my Louisiana RN license?

Nursing Practice Level for Year	ANCC/State BON accredited CEs Needed
Practiced nursing 1600 hours (or more) within the calendar year. The 1600 hours is equivalent to 10 consecutive months of nursing employment at 40 hours per week	Minimum of 5 contact hours of ANCC or State BON accredited nursing continuing education required annually for license renewal
Practiced nursing at least 160 hours, but less than 1600 hours. 160 hours is the equivalent of 4 weeks at 40 hours per week	Minimum of 10 contact hours of ANCC or State BON accredited nursing continuing education required annually for license renewal
Practiced nursing less than 160 hours during the calendar year. This level includes nurses who are retired from active practice, had unverified nursing employment, self-employed, and/or had not worked during the year – but still wish to renew their nursing license for next year.	Minimum of 15 contact hours of ANCC or State BON accredited nursing continuing education required annually for license renewal. NOTE - Nurses with 15 or more ANCC/BON accredited nursing contact hours do not need to provide proof of nursing practice hours verified by their employer if later selected for the CE audit.





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What documentation do I need to obtain and verify before I renew my RN license?

A certificate of completion for each nursing CE topic/course that includes all of the following information:

- a. name of the CE provider/source
- b. title of CE topic/training indicating it was nursing related
- c. your name
- d. number of contact hours awarded for completing the topic/training
- e. date the contact hours were awarded in 2015
- f. clear printed statement that the nursing CE was accredited by either the **ANCC** - or – by a specific **U.S. State BON**.

Click [here](#) to view sample CE certificates.

Does training obtained through my place of employment count?

Sometimes training obtained through your nursing employer may qualify, but do not assume. Look at each CE certificate of completion carefully for the information required to meet LSBN nursing CE requirements as explained previously.

An employer has the right to require certain training as a condition of employment, but only nursing CE that shows accreditation by the **ANCC** or a **State BON** on the certificate may be counted toward the contact hours needed each year to renew your Louisiana RN license. If you need to obtain additional ANCC/State BON accredited CE this year, you may find resources on LSBN's website by clicking [here](#).

Are there other ways to meet the annual CE requirement for license renewal?

Yes – there are two (2) other methods by which you could qualify to renew your RN license:

1. If you attended school this year for a **post-secondary nursing degree** and were awarded academic credit in 2015 for coursework specific to nursing practice. To qualify for this option, the nurse must obtain an official paper transcript directly from the school prior to renewing and be able to supply it to LSBN upon request if notified later that you've been selected to be audited. Student summary print-outs and electronic transcripts are not acceptable verification. One (1) academic semester hour in a nursing course documented on an official paper transcript is equivalent to fifteen (15) contact hours of ANCC/BON accredited nursing continuing education for annual license renewal.

2. If you hold a certification in a nursing specialty from one of the national organizations recognized by LSBN for CEs **and** the certification was current for the full 2015 calendar year, you may utilize the certification toward your CE requirement for license renewal. If notified that you've been selected to be audited, you would submit the letter (or card) from the national organization that includes your name, certification number, nursing specialty, date certification was issued/renewed and expiration date. A list of the national nursing certifying organizations accepted is available at the LSBN website under **Education / Continuing Education / National Nursing Certification Recognized by LSBN for CEs** or click [here](#). Only the nursing certifications on this LSBN list may be utilized for license renewal in lieu of **ANCC** or **State BON** accredited contact hours.

I was previously selected for the CE audit. Can I be selected again?

Yes. Since all nurses must meet their annual mandatory CE requirements per LSBN rules prior to renewing, any nurse who has renewed his/her Louisiana license is eligible to be selected later by random audit. There is no limit to the number of times an individual can be audited for his/her CEs.





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LSBN Declaratory Statement - Sedation
by Cynthia York, MSN, RN, CGRN
Director, RN Practice/Credentialing Department

The LSBN Declaratory Statement on the Role and Scope of Practice of the Registered Nurse in the Administration of Medication and Monitoring of Patients during the Levels of Intravenous Procedural/Conscious Sedation was recently updated to reflect current standards of nursing practice. Highlights of the updated Declaratory Statement are outlined, in part, below:

Changes to Key Principles Section

- ◆ “Individuals who are ‘permitted’ to administer sedation are able to rescue patients at whatever level of sedation or anesthesia is achieved either intentionally or unintentionally, e.g. when the patient slips from moderate into deep sedation or from deep sedation into full anesthesia” (TJC, 2015).
- ◆ Drugs typically classified as anesthetic agents include Propofol, Ketamine, and Methohexital (ASPAN, 2014)

Changes to Position Statement Sections A and C

A. The RN (non-Certified Registered Nurse Anesthetist) (non-CRNA) shall have documented education and competency to include:

- ◆ Knowledge of sedative drugs and reversal agents, their dosing, onset, duration, potential adverse reactions, drug compatibility, contraindications, and physiologic effects.

C. The institutional policy and plan for sedation/analgesia practice shall include:

- ◆ The RN (non-CRNA) monitoring the patient will have no additional responsibility that would require leaving the patient unattended or would compromise continuous monitoring during the procedure.
- ◆ Documentation and monitoring of physiologic measurements, including but not limited to blood pressure, respiratory rate, oxygen saturation, cardiac rate and rhythm, and level of consciousness shall be recorded pre-procedure and at least every 5 minutes during the therapeutic, diagnostic or surgical procedure and at a minimum every 15 minutes during the recovery period or as deemed appropriate by the authorized prescriber. “Monitoring end-tidal carbon dioxide by capnography should be considered for those patients whose ventilation cannot be directly observed during the procedure” (AORN, 2015, p. 556).
- ◆ A RN (non-CRNA) will not monitor an adult patient with an American Society of Anesthesiologists (ASA) classification higher than Class III and a pediatric patient higher than Class II for deep sedation. When RNs are monitoring patients receiving deep sedation, the physician administering deep sedation shall be “physically present at the patient’s bedside or within the confines of the patient’s immediate treatment” until patient has recovered from deep sedation (ERNA, 2008, p. 5).
- ◆ “A quality assurance/performance improvement process should be in place that measures patient, process, and structural (e.g. system) outcome indicators” to enhance patient care (AORN, 2015, p. 559).

Changes to Definition of Terms Section

- 1) **Minimal Sedation (anxiolysis)**- “a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected” (ASA, 2009).
- 5) **Immediately Available** – “defined by the ASA practice guidelines as having a health care provider trained in Advanced Cardiac Life Support and resuscitation skills available to assist with patient care within one to five minutes” (AORN, 2015, p. 560).





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.

Changes to Concluding Statement Section

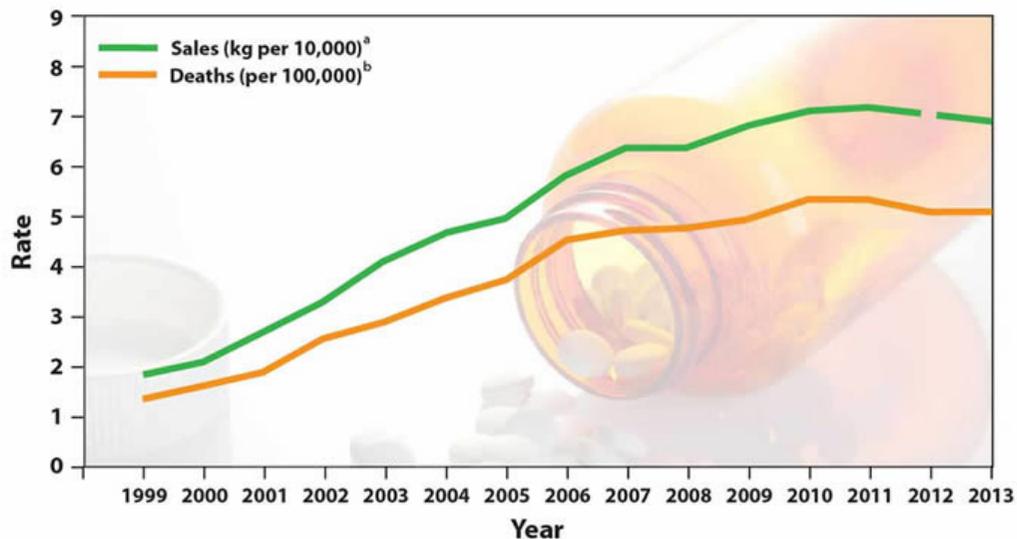
The Board believes that it is within the scope of practice for a RN (non-CRNA) to monitor a patient receiving deep sedation/analgesia with or without the drug being an anesthetic agent in a controlled environment, as designated by institutional policy, under the direct supervision of a physician privileged by the institution to provide moderate/deep sedation. Nothing within the law governing the practice of nursing prohibits the administration of non-anesthetic drugs for levels of sedation as defined by The Joint Commission (TJC), up to and including moderate (conscious sedation) when prescribed by an authorized prescriber. RNs may not administer anesthetic agents for any level of sedation as defined by TJC. RNs may administer anesthetic agents only as specified by the exception in R.S. 37:930.D. and as specified in R.S. 37:935 (see end of statement for these Laws).

Please click [here](#) to view the Declaratory Statement in its entirety.

Prescription Monitoring Program:
Utilization May Lead to Decrease in Accidental Opioid Overdose
by Cynthia York, MSN, RN, CGRN
Director, RN Practice/Credentialing Department

The Centers for Disease Control (CDC) (2014) estimated the number of deaths in the United States (US) related to prescription pain medications to be 100 people per day. In 2008, over 36,000 individuals died from overdose of painkillers, representing an increase in excess of three times the number of deaths since 1990. Sale of controlled substances (CS) has experienced an unprecedented 300% growth since 1999 and was correlated with more than 475,000 emergency room visits in 2009. According to DuPont (2010), over six million people aged 12 and over reported nonmedical use of prescription-type psychotherapeutic medications, during a 30 day study period. Deaths from recreational use of opioids now exceed fatalities from automobile accidents and occur twice as often as deaths from murders.

Prescription Painkiller Sales and Deaths



Sources:
^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.
^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL: <http://www.cdc.gov/nchs/deaths.htm>.





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Presenting as a major health concern, treating chronic and intractable pain in the US is estimated to cost \$560-635 billion annually, with the financial expense related to opioid abuse being approximated at \$10 billion. United States prescriptions for opioid medications soared by 700% between 1997 and 2007 (Han, Kass, Wilsey, and Chin-Shang, 2012). With said increase in prescriptions, came an increase in the number of accidental deaths due to easy access pill mills, prescription drug diversion, and doctor shopping.

Betses and Brennan (2013) declared pill mills the worst form of inappropriate prescribing. Pill mills are staffed by fully licensed healthcare providers, with legal Drug Enforcement Administration (DEA) numbers, who write prescriptions for sizeable quantities of powerful analgesics to single patients. Self-proclaimed pain management clinics have provided customers with large quantities of CSs regardless of not having health problems to warrant receiving prescriptions. Patrons of pill mills receive a quick health examination and the prescriber takes a cursory history. Referrals are not required and previous laboratory and diagnostic test results are accepted, regardless of how dated they may be and even if they appear to be fabricated (Twillman, 2012).

From 1999 to 2013,
the amount of prescription painkillers prescribed
& sold in the U.S. nearly **QUADRUPLED.**



Yet there has not been an overall change in the amount of pain that Americans report.

Source: Centers for Disease Control (2015). What health care providers need to know about the epidemic. Available at <http://www.cdc.gov/drugoverdose/epidemic/providers.html>

Rigg, Kurtz, and Surratt (2012) characterized prescription drug diversion (PDD) as “the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use” (p.144). Although PDD 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. Drug dealers are a common resource among teens and are responsible for supplying as much as 70% of the drugs purchased by high school students.

Worley and Hall (2012) described doctor shopping as patients “who visit more than one prescriber to obtain controlled drugs and do not tell the prescribers that they have been obtaining prescriptions for the same or other controlled drugs from other prescribers” (p. 263). While some providers consciously prescribe narcotics to individuals they believe may be abusing them, patients obtaining prescriptions for the same drugs from different unaware prescribers is more commonplace. McDonald and Carlson (2013) performed a study to estimate the incidence of doctor shopping in the US and determine the volume and types of opioids involved. The study analyzed pharmacy records relative to “146.1 million prescriptions for opioids that

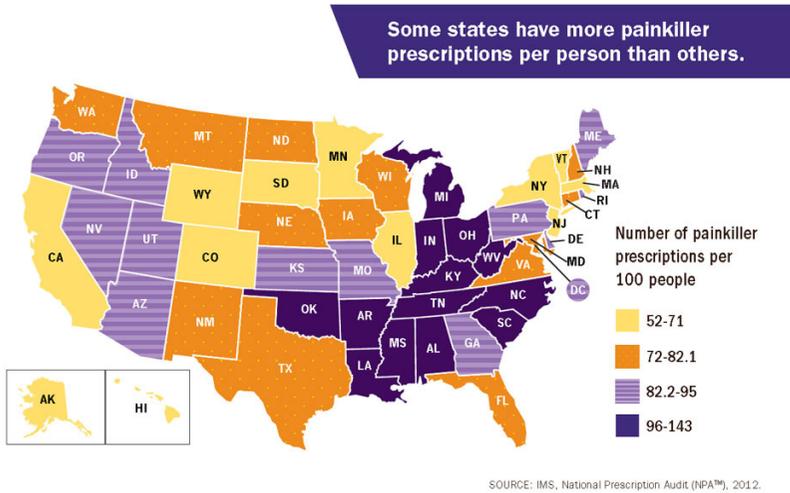
contained buprenorphine, codeine/dihydrocodeine, fentanyl, hydrocodone, methadone, oxycodone, oxymorphone, propoxyphene, or tramadol dispensed during 2008 by approximately 37,000 retail pharmacies, including specialty pharmacy prescription and mail services” (p. 2). The results of the study revealed one out of every 143 individuals who obtained opioids from a retail pharmacy, acquired a prescription from a questionably large number of providers. Remarkably, the study revealed some patients obtained prescriptions from over 200 different health care providers, representing nearly one of every 50 narcotics sold during 2008.

Recent DEA data indicates sale of potent opioids continue to increase, particularly oxycodone, hydrocodone, methadone, and buprenorphine at 32%, 40%, 17%, and 97% respectively. Prescribers who do not have direct access to prescription history are subject to exploitation by the patient who fails to furnish accurate information. One mechanism for the prevention of doctor shopping and diversion is utilization of prescription drug monitoring programs (PMPs). Originally established in the 1990’s, PMP programs have received state and national government support, allowing advancement from a paper system (which offered little information to prescribers), to an electronic system that puts prescription information at the healthcare provider’s fingertips. By 2012, almost all states had operationalized PMPs, some of which allowed for state to state sharing of information (Jena, et al, 2014).





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According to the Association of State and Territorial Health Officials (2015), the President's Prescription Drug Abuse Prevention Plan calls for a decrease in unintentional opioid overdose deaths by at least 15% by the year 2015. Utilization of PMPs may decrease nonmedical use of opioids and help tackle abuse and diversion of prescription drugs (Dupont, 2010). Furthermore, widespread implementation of PMP should "reduce the shift of drug diversion activities from a state with a monitoring program to adjacent states without one" (Deyo, Irvine, & Millet, et al., 2013, p. 609). During the 2006 Louisiana legislature, the Louisiana Board of Pharmacy was authorized to create and put into operation, an electronic system that monitors the dispensing of CS and other drugs of concern within the state.

The program requires dispensers (pharmacies as well as other practitioners dispensing to their patients) of CS and other drugs of concern to report the essential data elements of those transactions to the program. The program houses the data in a secure database and makes that information available to authorized users – primarily prescribers and dispensers caring for their own patients. Regulatory agencies monitoring prescribers and dispensers also have access to that information. Law enforcement agencies may also access that information, provided they have acquired the appropriate administrative warrants or other judicial documents (Louisiana, 2009, page 1).

Authorized healthcare prescribers may elect to utilize "delegates" to access the PMP system on their behalf. Should you wish to obtain more information relative to the Louisiana Board of Pharmacy PMP, please click [here](#).

Additional resources:

- <http://www.astho.org/Rx/About/>
- <http://www.cdc.gov/drugoverdose/epidemic/providers.html>
- http://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf

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Jena, A., Goldman, D., Weaver, L., & Karaca-Mandic, P. (2014). Opioid prescribing by multiple providers in medicare: Retrospective observational study of insurance claims. *British Medical Journal*, 348, 1-13. Retrieved September 1, 2014 from <http://www.bmj.com/content/348/bmj.g1393>, 1-13.

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Rigg, K., Kurtz, S. & Surratt, H. (2012). Patterns of prescription medication diversion among drug dealers. *Drugs*, 19(2), 1-15.

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TERCAP® Taxonomy of Error, Root Cause Analysis and Practice-responsibility
Ten Years After the Institute of Medicine (IOM) Recommendation to NCSBN: Highlights of the
Findings from the NCSBN National Nursing Adverse Event Reporting System - TERCAP®
by National Council of State Boards of Nursing, Inc.

A decade has passed since the publication of the 2004 Institute of Medicine (IOM) report "Keeping Patients Safe: Transforming the Work Environment of Nurses," in which the IOM recommended that "The National Council of State Boards of Nursing [NCSBN], in consultation with patient safety experts and health care leaders, should undertake an initiative to design uniform processes across states for better distinguishing human errors from willful negligence and intentional misconduct, along with guidelines for their applicability by state boards of nursing and other state regulatory bodies having authority over nursing" (Institute of Medicine, 2004).

To systematically track and evaluate the causes of adverse events from both individual and system perspectives, and enable the development of proactive interventions to protect patient health and safety, NCSBN initiated the Taxonomy of Error Root Cause Analysis of Practice-responsibility (TERCAP®) project. Practice breakdown is defined as the disruption or absence of any of the aspects of good nursing practice and the term "practice breakdown" is used in this context because it broadens the categorization of events reported to TERCAP.

The TERCAP database, developed in 2007 in consultation with nursing regulators, researchers, and educators nationwide, is a direct response to the IOM's concerns. It is designed for boards of nursing (BONs) to collect standardized, comprehensive and consistent information regarding nursing practice breakdown during investigations and report practice breakdown cases to NCSBN for analysis of error trends.

Based on 3,075 practice breakdown cases submitted by 25 BONs, NCSBN completed the 2014 TERCAP report, which examined all components involved in the TERCAP model by evaluating the contributing factors associated with practice breakdown from nurses, patients', and system perspectives. Click [here](#) to read the highlights of the 2014 TERCAP report.





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Major Motions and Other Actions
Taken at the February 19, 2015 Board Meeting

EDUCATION

Accepted the Consent Agenda Items 1 through 10.

1. Northwestern State University – ACEN Site Visit
2. Our Lady of the Lake College (BSN) – Site Visit
3. South Louisiana Community College – Status Report
4. Louisiana Delta Community College – Monitoring Report
5. Bossier Parish Community College

6. Schools of Nursing 2013-2014 Annual Reports
 1. Baton Rouge Community College – ASN
 2. Baton Rouge General Medical Center – Diploma
 3. Bossier Parish Community College – ASN
 4. Delgado Community College – ASN
 5. Louisiana College – BSN
 6. Louisiana Delta Community College – ASN
 7. Louisiana State University Eunice – ASN
 8. Louisiana State University Health Sciences Center– BSN
 9. Louisiana Tech University – ASN
 10. Nicholls State University – BSN
 11. Northwestern State University – ASN and BSN
 12. Our Lady of Holy Cross College – BSN
 13. Southeastern Louisiana University – BSN
 14. South Louisiana Community College – ASN
 15. University of Louisiana at Lafayette – BSN
 16. University of Louisiana at Monroe – BSN
 17. Grambling State University – MSN
 18. Intercollegiate Consortium for a Master of Science in Nursing – MSN
 19. Loyola University – MSN
 20. Louisiana State University Health Sciences Center – MSN
 21. Northwestern State University – MSN
 22. Our Lady of the Lake College – MSN
 23. Southern University Baton Rouge – MSN

7. Vanderbilt University – Major Curriculum Change
8. Samford University – Approval to offer APRN Clinical Experiences in Louisiana
9. University of Texas Arlington – Approval to offer APRN Clinical Experiences in Louisiana
10. Fletcher Technical Community College ACEN Candidacy

Deferred the University of Alabama Birmingham’s request for Major Curriculum Change

Approved the major curriculum changes for the Intercollegiate Consortium for a Master of Science in Nursing Program

Approved the major curriculum change request from Southeastern Louisiana University and University of Louisiana Lafayette to collaboratively offer a Baccalaureate of Science in Nursing to Doctorate of Nursing Practice for existing approved roles and populations

Accepted the ANNUAL REPORT of the baccalaureate degree in nursing program at Dillard University and continue on conditional approval for noncompliance with LAC46XIV.3523B.

Accepted the Annual Report of the Associate Degree in Nursing Program of Fletcher Technical Community College, and place them on conditional approval related to the lack of required full time faculty devoted 100% to the program

Accepted the Board move for an involuntary termination of Grambling State University with a Show Cause Order to show why the Board should not continue to move forward with the involuntary termination

Accepted the ANNUAL REPORT of Grambling State University and to issue a Show Cause Order as to why the Board should not move to initiate involuntary termination of the Grambling University BSN program

Accepted the ANNUAL REPORT of the Associate Degree in Nursing Program at Louisiana State University at Alexandria and continue full approval

Accepted the ANNUAL REPORT of the associate and baccalaureate degrees in nursing programs at McNeese State University and continue full approval of the associate degree program and place the baccalaureate degree program on conditional approval for non-compliance with LACXLVII.3523.B

Accepted the ANNUAL REPORTS of the associate and baccalaureate degree in nursing programs at Our Lady of the Lake College School of Nursing, and continue full approval for the baccalaureate degree in nursing program and acknowledge closure of the associate degree in nursing program





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Accepted the ANNUAL REPORT of the baccalaureate degree in nursing program at Southern University at Baton Rouge and place them on conditional approval for noncompliance with LAC46XLVII.3523B

Accepted the ANNUAL REPORT of the associate degree in nursing program at Southern University at Shreveport and place them on conditional approval for non-compliance with LAC46XLVII.3536.B

Accepted the ANNUAL REPORT of the baccalaureate degree in nursing program at William Carey University and acknowledge closure of Louisiana campus of nursing education program

Accepted the Request for Discussion and Motion Regarding Distance Education Programs for APRNs with No Face to Face Faculty Site Visit and proceed with the licensure of Ms. Sterling

PRACTICE

Deferred action regarding the petitioner’s request for revisions to the Declaratory statement; and create and authorize an ad hoc committee consisting of select LSBN Board members and LSBN staff to discuss and revise the Declaratory Statement on the Registered Nurse Transporting Critically Ill Neonates and to engage stakeholders as needed, including the Petitioner, Dr. Susan Orlando, as an expert in neonatal nursing practice.

Major Motions and Other Actions
Taken at the April 9, 2015 Board Meeting

EDUCATION

Accepted the Consent Agenda Items 1 through 3.

1. LSBN Staff Program Status Reports
 1. NCLEX Report - Quarter 1
 2. Accreditation Reports
2. Accreditation Reports Submitted to LSBN
 1. Dillard University - Substantive Change Report to ACEN
 2. Loyola University - CCNE Self Study Report - RN to BSN, MSN-HSM
 3. Loyola University CIPR for FNP
3. Egan Home Health and Hospice - Continuing Education Renewal

Denied the Adult/Gerontology Primary Care with Women’s Health Nurse Practitioner at the University of Alabama Birmingham

Accepted to restore full approval to the Associate Degree in Nursing Program at Fletcher Technical Community College.

Conditionally Approved Herzing University to offer APRN clinical experiences in Louisiana for the following role and population April 9, 2015 - April 9, 2016:

Family Nurse Practitioner (MSN)

And further, that the Board instruct Herzing that they may apply for full approval for second year of request at the April 2016 Board meeting with evidence of improvement of processes related to faculty oversight of precepted clinical experiences.

Agenda item: 2.4 Southern University at Shreveport Follow-Up Report to ACEN

Approved the major curriculum change request from Southeastern Louisiana University and University of Louisiana Lafayette to collaboratively offer a Baccalaureate of Science in Nursing to Doctorate of Nursing Practice for existing approved roles and populations

Accepted Dillard’s 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 Accreditation Commission for Education in Nursing (ACEN) Board of Commission action report submitted by Grambling State University.





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PRACTICE

Accepted amended LSBN Declaratory Statement: The Role and Scope of Practice of the Registered Nurse in the Administration of Medication and Monitoring of Patients During the Levels of Intravenous Conscious/Procedural Sedation (Minimal, Moderate, Deep, and Anesthesia) originally adopted in 2005.

ADMINISTRATION

Accepted and approved the Board Resolution as read and authorize the President to sign on behalf of the Board

Accepted and approved the Board Resolution as read and authorize the President to sign on behalf of the Board

CENTER FOR NURSING

Accepted the 2014 LSBN Annual Report

Approved the Nursing Education Capacity and Supply Report

Approved LSBN entering into a contract/agreement with LAC to allow the Center for Nursing to conduct secondary data analysis using the data collected by LSBN from schools of nursing annual reports and annual licensure renewal applications to complete a nursing education capacity and supply report on advanced practice registered nurses (APRNs) according to their role (Nurse Practitioner, Certified Nurse Anesthetist, Clinical Nurse Specialist, and Certified Nurse Midwife)

Disciplinary Matters

LSBN took a total of 38 actions at the April 8, 2015 hearing panel. For a complete listing click the link below:
[April 8, 2015](#)

LSBN took a total of 38 actions at the May 20, 2015 hearing panel. For a complete listing click the link below:
[May 20, 2015](#)

LSBN took a total of 22 actions at the June 10, 2015 hearing panel. For a complete listing click the link below:
[June 10, 2015](#)

2015 State Holiday Schedule

Labor Day.....	September 7
Veterans Day.....	November 11
Thanksgiving Day.....	November 26
Christmas Day.....	December 25

Future Board Meeting Dates

August 13, 2015
October 15, 2015
December 10, 2015

