

T H E E X A M I N E R

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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



This will be the last editorial that I will write as Executive Director of the Louisiana State Board of Nursing (LSBN). It has been my privilege to serve the citizens of Louisiana in this position for the past 25 years. A passion for the nursing profession and a commitment to the public

to do all that I, and my staff, could do to assure that the public received the quality nursing care they deserved has sustained my work. I may retire from this position but that passion and commitment will always be a part of me. I wish all the future LSBN members and staff continued success and I wish my successor, Karen Lyon, PhD, APRN, ACNS, NEA_{BC}, well!

Duty to Report

The Louisiana State Board of Nursing periodically receives calls regarding the duty to report a registered nurse. Sometimes very specific information is provided, most often, just generalities regarding one's responsibility to report to the Board. These inquiries will often come from nurses dealing with a particular situation at the time, but are reluctant to give specific information. Some inquiries come from nurses struggling with their duty to report and their duty to their employer. Perhaps the information has been properly filed with administration and/or human resources, but the caller has no knowledge of what happened after that. What is their duty in such a situation? These are the most concerning calls because we would never have received such a call unless the nurse was experiencing an ethical dilemma. The nature of these calls and the fact that I have recently seen three (3) similar cases come across my desk in which the nurse had a history of incidents spanning over several employments, has inspired me to address this issue.

First, I need to acknowledge that Louisiana does not require health care entities to report impaired health care professionals to professional licensing boards as is mandated by some other states. However, the

Louisiana Health Care Professional Reporting Act, RS 37:1745.11-15 (2007), authored by then Senator, now Secretary of State Tom Schedler, requires that health care entities timely report to professional licensing boards adverse action against health care professionals for impairment or possible impairment. This includes the resignation and termination of employment or a contractual relationship while the health care professional is under investigation by the entity.

Furthermore, when reporting unprofessional conduct by a health care professional, health care entities are protected by the 'civil immunity' clause in the Nurse Practice Act which states that "there shall be no civil liability and no licensee or other individual shall have a cause of action or a claim for damages against any person or institution providing information to the board, its members, officers, designated agents or representatives, employees, where the individual or institution acts without malice and in the reasonable belief that such information is accurate" (**Louisiana Revised Statutes 37:911 et seq., 2010**).

I believe most nurses understand their professional responsibility to report the unethical, incompetent behavior of colleagues relative to their duty under the Nurse Practice Act and/or the American Nurses Association Code of Ethics (2010). Specifically, 'failure to report, through the proper channels, facts known regarding the incompetent, unethical or illegal practice of any health provider' is a violation of the nurse practice act. It is identifying the 'proper channels' that sometimes becomes difficult. What does the nurse do when reporting through the proper channels results in no action or ineffective action? These are the real situations that evoke a call to the Board office for guidance. Nurses are always encouraged to go back through the proper channels with their concerns, and if all else fails, they are informed of the opportunity to submit a report anonymously if they wish to do so.

I believe the conversation needs to be moved from the 'mandated duty to report' to one of a common bond for the public trust. This is a higher power of duty in which health





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professionals, and health care entities all share. Whether or not, there is a mandate, there is a higher duty to maintain the public trust. No one likes mandates that are often difficult to interpret and enforce. But mandate or not, health care professionals and health care entities have a duty to maintain the public's trust in their health care system. Health care entities cannot always detect the incompetent, unethical, or illegal act(s) of individuals they employ. However, the public will judge those situations where unprofessional behaviors are detected and how they are subsequently handled by the health care entity. As a dramatic and bazaar example of failure to maintain the public trust, one need only to read the story of "The Good Nurse." The 'Good Nurse' continued 16 years of unethical, criminal behavior, and was allowed to simply resign as suspicions were raised about his behavior. Who was responsible for protecting the public trust in this situation?

Situations of suspected incompetent, unethical or impaired behavior by a healthcare professional are very difficult for everyone involved. It is sometimes difficult to know what the 'correct' action is considering the legal and ethical considerations in any specific situation. My recommendation, of course, is to have the discussion prior to being faced with such a situation. Clear policies regarding the channels for reporting such suspected behavior and a culture that supports the reporting are needed. Nurses, who are demonstrating behaviors indicative of impairment and/or addiction, should be reported to the Recovery Nurse Program. And, certainly, any behaviors related to impairment or possible impairment that result in terminating employment or a staffing contract needs to be reported to the Board of Nursing, not based on a mandate, but that it is the right thing to do!

For the public trust,

Barbara L. Morvant, MN, RN

References

American Nurses Association, Code of Ethics, (2010)
LA Health Care Professional Reporting Act, La,RS:
RS 37:1745.11, et seq (2007)
The Law Governing the Practice of Nursing, La.
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Introducing Louisiana State Board of Nursing Executive Director

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

Karen C. Lyon, PhD, APRN, ACNS, NEA_{BC} has been selected as the new Executive Director of the Louisiana State Board of Nursing (LSBN). As Executive Director, Dr. Lyon will be working closely with the Members of the Board, Board staff, and stakeholders in fulfilling the Board's mission 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.

Dr. Lyon brings over 30 years of experience in nursing leadership, academia, practice, health care administration, and financial management to the Board of Nursing. Dr. Lyon was previously an Associate Dean and Professor at Texas Woman's University Nelda C. Stark College of Nursing and practiced as an Adult Clinical Nurse Specialist at Texas Wound & Lymphedema Center in Tomball, Texas. She is a member of the American Nurses Association, served on the Board of Directors of the National Association of Clinical Nurse Specialists from 2001 to 2004, the American Organization of Nurse Executives National Advisory Council from 2007 to 2008, and the Texas Perinatal Association Board of Directors from 1987 to 1995. Dr. Lyon also served as Editor of *The Perinatal Advocate* from 1991 to 1995. Dr. Lyon's research interests include wound care and professional and educational nursing development. She has received a total of 5 grants over the past three years totaling nearly 2.5 million dollars. Previous clinical and administrative experience includes: Manager of Education Services at Baxter Healthcare Corporation in El Paso; Director of Nursing Service at Southwestern General Hospital in El Paso; President of CarLyon & Company Healthcare Consultants in El Paso; Assistant Dean of Graduate Nursing and Director of the BSN Fast Track Program at the University of Texas, El Paso, School of Nursing; Associate Dean for Operations and Professor at Samuel Merritt University School of Nursing in Oakland, California.

The Board members and staff request that you join us in welcoming Dr. Lyon to LSBN as she leads us into the future. Dr. Lyon will begin her new role as LSBN Executive Director on December 16, 2013.





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The Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model
by Cynthia Bienemy, PhD, RN
Director, Louisiana Center for Nursing

The Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model offers a unique and powerful tool to both monitor and forecast changes in the supply of and demand for Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs), and Licensed Practical Nurses (LPNs) by region and by healthcare setting across the state. The Louisiana Center for Nursing worked closely with the developers of the Northeast Ohio Nursing Initiative (NEONI) Nursing Forecast Model that predict the future nursing workforce needs for the 17-county Northeast Ohio region to develop the Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model that is believed to be the first of its kind.

Louisiana's Forecasting Model can be updated with the annual registration data in the state and, over time, will establish trends in nurse utilization, career development, and nurse education. The Health Resources and Services Administration (HRSA) supply and demand structure that is used in the Forecasting Model is well established and applied in many states. But, unlike HRSA that projects national figures and then allocates a share to each state, the Louisiana model begins with eight regional models for each type of nurse and aggregates them to a statewide model. This bottom up approach is both more accurate and allows each region to have an independent model for its nurse workforce analysis.

Unlike many workforce models that are actually just forecasts of the demand and supply of nursing, the Louisiana model allows the user to manipulate the basic assumptions in each regional model with regard to utilization of nurses in each healthcare setting and the expected change in that utilization going forward. It allows for "what if" analysis that can be a powerful policy tool when discussing different approaches to meeting the nursing needs of each region and for the state as a whole. It has the capacity to include export sales of healthcare resulting from serving out of state patients. And, it allows the user to look at various changes in demand due to migration of the population.

Because of the flexibility in the design, the model can be updated with new data at any time. The initial models assume a number of things based on statewide averages such as the number of nurses used in proportion to the number of patients being served in various healthcare settings. From the initial results, however, it is clear that the way nurses are used in different regions across Louisiana varies significantly.

Nursing Supply and Demand Forecast for Louisiana – Key Findings

If the current conditions remain constant, that is, if the population demographics, number and type of nurse workforce, level of exporting care to patients outside of the region, and the level of demand for care by the population (intensity factors) remain the same, the current forecast shows the following:

- There will be large regional differences in shortages and surpluses for RNs, APRNs, and LPNs across the state.
- A statewide shortage for RNs is expected to continue through 2016. In 2017, the supply of RNs will just meet the demand until 2020 based on current conditions.
- Shortages will exist through 2020 for RNs in the following regions: Baton Rouge, Lafayette, and New Orleans.
- Statewide, the demand for APRNs will exceed supply through 2020.
- At the regional level, there will be a demand for APRNs through 2020 in the following regions: Baton Rouge, Lafayette, New Orleans, and Shreveport.
- There will be a shortage of LPNs through 2020 in the following regions: Baton Rouge, New Orleans, and Houma.
- A surplus in the number of full-time equivalent LPNs will extend through 2020 in Alexandria, Lafayette, and Monroe.

The Louisiana Center for Nursing, a division of the Louisiana State Board of Nursing (LSBN), received funding from the Louisiana Health Works Commission and LSBN to develop Louisiana's Multi-Regional Statewide Nursing Workforce Forecasting Model.

For more information about the Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model contact Dr. Cynthia Bienemy at icn@lsbn.state.la.us.





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APRN Corner

Renewal for Nationally Certified APRNs

In order to renew RN and APRN licenses during the 2014 renewal season, the APRN's national certification must be current through December 31st, 2013. If the APRN's certification expires between September 1st and December 31st, 2013, he/she will be unable to renew until the Louisiana State Board of Nursing (LSBN) has received verification directly from the certifying body verifying that the recertification process has been successfully completed. LSBN cannot accept copies of emails, certificates, or other communications sent and addressed to the APRN from the certifying body. APRNs must be sure that certification(s) have been updated in a timely fashion and also request that a verification be sent to LSBN to avoid late fees or inactivation of the licenses.

Providing Health Care Services to Family Members

APRNs are prohibited by regulation from prescribing controlled substances to family members. Providing appropriate health care services that otherwise meet applicable standards of care to family members and friends can be a reasonable service in some circumstances. APRNs must be aware of relevant professional ethics and establish appropriate professional boundaries when electing to provide care and services to family members and friends. An additional consideration to keep in mind is that when utilizing prescriptive authority, APRNs must document that they have performed a history and physical and provided a diagnosis as well as a plan of care that includes a follow up regardless if the client is a family member or not.

Required Approval of Programs Offering Clinical Experiences in Louisiana for RN and APRN Students

In accordance with La Revised Statutes 17:1808, an out-of-state institution of higher learning may not offer courses/clinical experience in Louisiana unless registered with the Louisiana Board of Regents.

Further, La Revised Statutes 37:918 authorized the Louisiana State Board of Nursing (LSBN) to approve nursing programs preparing graduates to seek licensure as a Registered Nurse (RN) and an Advanced Practice Registered Nurse (APRN). Chapter 35(LAC 46XLVII.3536) of the administrative rules of the LSBN, <http://www.lsbns.state.la.us/Documents/rules/fullrules.pdf>, sets the requirements for out of state schools preparing individuals for RN licensure and Chapter 45 (LAC 46XLVII.4509.R) sets the requirements for out of state schools preparing individuals for APRN licensure. Schools of nursing offering degrees that lead to licensure are required to be approved by the State Board of Nursing.

In addition to other requirements, the programs must provide current Board of Nurse Approval from the state where administrative control is located, Louisiana Board of Regents license, Regional accreditation, National Nursing accreditation, compliance with faculty and preceptor qualifications, and clinical affiliation clearance.

If a school intends to enroll students in a program to become an RN and engage in clinical experiences in Louisiana, the school must seek approval for those clinical courses from the LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting. (LAC 46XLVII.3536)

If a school intends to enroll RNs in a program to become an APRN and engage in clinical experiences in Louisiana, the school must seek approval for those roles and populations from LSBN by submitting an application and appearing before the Board at a regularly scheduled meeting. (LAC 46XLVII.4509.R)

- Schools of nursing allowing clinical experiences in Louisiana without approval will be required to cease and desist until approval is requested and granted.





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If you are a student enrolled in a program to become an RN or you are an RN enrolled in a program to become an APRN and engaged in clinical experiences or a clinical facility engaged in contracts with out of state programs, you need to verify that the program is approved. A current list of approved programs can be found at <http://www.lsbn.state.la.us/Documents/Forms/Schools.pdf>

- Individual students may be engaging in the unlawful practice of registered nursing or advanced practice registered nursing if engaging in clinical experiences in Louisiana while in a program not approved by the LSBN to do so.
- Students and RNs enrolling in clinical courses in Louisiana, in a school that has not gone through the appropriate approval process by the LSBN, could be subject to disciplinary action for violation of LAC 46:XVLII.3405.
- Graduates from an out-of-state school not approved as meeting the standards by LSBN are subject to ineligibility from credentialing and licensure in Louisiana.

Additional information can be found at:

RN Students <http://www.lsbn.state.la.us/FAQS/EducationandExaminationFAQ.aspx>

APRN students <http://www.lsbn.state.la.us/FAQS/GraduateLevelProgamsWithLouisianaClinicFAQ.aspx>

Schools of Nursing <http://www.lsbn.state.la.us/Education/SchoolsofNursing.aspx>

National Council of State Boards of Nursing (NCSBN) NCLEX Examinations Go “Green” in 2014

In August 2013, National Council of State Boards of Nursing (NCSBN) announced the NCLEX Paperless Initiative which will improve the efficiency and effectiveness of the NCLEX program. Implementation will occur during the first quarter of 2014.

Candidates will be required to have an email address before registering at www.pearsonvue.com/nclex

Note: Email address should not be the temporary school email address.

The following documents will be paperless in Spring 2014:

- *Authorization to Test (ATT) Letter*
- *NCLEX Candidate Bulletin*
- *NCLEX Candidate Bulletin At-A-Glance*
- *“Eight Steps of the NCLEX” Handout*
- *Scan form registrations*
- *Money order, certified check and cashier check payments*
- *“You’ve Completed the NCLEX but Still Have Questions” brochure*

Visit www.nclex.org for more detailed information.

Disciplinary Matters

LSBN took a total of 54 actions at the August 20, 2013 hearing panel. For a complete listing click the link below: [August 20, 2013](#)

LSBN took a total of 66 actions at the October 8, 2013 hearing panel. For a complete listing click the link below: [October 8, 2013](#)





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Major Motions and Other Actions Taken at the August 21, 2013 Board Meeting

EDUCATION

Approved the major curriculum change at Southern University Shreveport Louisiana reducing the traditional ASN to 70 credit hours and the Accelerated LPN-ASN to 72 credit hours effective Fall 2013.

Approved the major curriculum changes to the BSN-DNP program at Louisiana State University Health Science Center effective Fall 2013.

Approved the request of Texas Christian University to offer Graduate clinical experiences in Louisiana effective until 12/14/2015 for

MSNA
DNP-Anesthesia

Approved the request of the University of Alabama Birmingham to continue to offer Graduate clinical experiences in Louisiana effective until 12/14/2015 for the following

MSN and Post Masters DNP
Family Nurse Practitioner (FNP)
Pediatric Nurse Practitioner – Primary Care (PNP)
Psychiatric Mental Health NP (PMHNP)

And further, the Board further deferred action until demonstration of meeting requirements of faculty qualifications and clarification of program compliance with (LACE) Licensure, Accreditation, Credentialing, and Education as referenced in the consensus model for the following:

Adult/ Gerontology NP Primary Care (AGNP)
Adult Gerontology NP Acute with Continuing Care (AAGNP)
Adult Gerontology NP Primary Care/Woman's Health NP (AGNP/WHNP)
Pediatric NP- Acute and Continuing Care (PNP- Acute Care)
Dual Pediatric NP- to DNP- Primary and Acute Care (PNP- Primary/Acute)
Neonatal NP- Acute and Continuing Care (NNP)
Adult NP Acute and Continuing Care (AH)

Approved the request of the Vanderbilt University School of Nursing to continue to offer Graduate clinical experiences in Louisiana effective until December 14, 2015 for the following

MSN
Family Nurse Practitioner (FNP)
Neonatal Nurse Practitioner
Pediatric Primary Care Nurse Practitioner (PNP - Primary Care)
Pediatric Acute Care Nurse Practitioner (PNP-Acute Care)

And further the Board deferred action until demonstration of meeting requirements of faculty qualifications for the following:

Adult Gerontology Acute Care Nurse Practitioner (AGNP- Acute Care)
Adult Gerontology Acute Care Nurse Practitioner / Family Nurse Practitioner (ER Nurse) (AGNP- Primary Care/FNP)
Adult Gerontology Primary Care Nurse Practitioner (AGNP- Primary Care)
Nurse Midwife (NMW)
Nurse Midwife/family Nurse Practitioner (NMW/FNP)
Family Psychiatric Mental Health Nurse Practitioner (FPMHNP)
Woman's Health Nurse Practitioner (WHNP)
Women's Health Nurse Practitioner/ Adult Gerontology Primary Care Nurse Practitioner (WHNP/AGNP- primary care)

Approved the request of Ohio University to offer Graduate clinical experiences in Louisiana for Family Nurse Practitioner (FNP).

Approved the request of the University of South Alabama to offer Graduate clinical experiences in Louisiana through September 14, 2015 for the following

MSN, BSN- DNP and MSN-DNP
Family Nurse Practitioner/Adult Acute Care Nurse Practitioner (Dual Role)
Adult Gerontology Primary Care Nurse Practitioner
Adult/Gerontology Acute Care Nurse Practitioner
Family Nurse Practitioner
Family Psychiatric Nurse Practitioner
Neonatal Nurse Practitioner
Pediatric Primary Care Nurse Practitioner
Pediatric Acute Care Nurse Practitioner
Woman's Health Nurse Practitioner
Neonatal Nurse Practitioner





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And further deferred action on the request for reapprove until submission of evidence of compliance with LSBN faculty qualification requirements for Adult Gerontology Clinical Nurse Specialist.

Accepted the report from Our Lady of the Lake College School of Nursing regarding the NLNAC focus site visit performed Spring 2013.

Accepted the report from Louisiana College School of Nursing regarding SACS denial of reaffirmation and continuance of warning status December 2012.

Accepted the report from Southern University Baton Rouge School of Nursing regarding SACS continuance accreditation and placed on probation December 2012.

Accepted the report from Southern University Shreveport Louisiana School of Nursing regarding SACS denied reaffirmation and continued on warning in 2012.

Approved the 2013 revisions to the Louisiana Nursing Education Articulation Model 2005.

PRACTICE

Approved draft of Guidelines for Training/Competency of DSW

CENTER FOR NURSING

Accepted report Louisiana’s Multi-Regional Statewide Nursing Workforce Forecasting Model

Nursys e-Notify



NEW Service!

The National Council of State Boards of Nursing’s Nursys® is the **only** national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). It is comprised of data obtained **directly** from the licensure systems of U.S. boards of nursing (BONs) through frequent, secured updates.

e-Notify is an innovative nurse licensure notification system that delivers real-time notifications to employers about nurses in their employ. The system provides licensure and publicly available discipline data directly as the information is entered into the Nursys database by boards of nursing.

For more information on this service please visit the board website [here](#).

2013 State Holiday Schedule

Veterans Day.....	November 11
Thanksgiving Day.....	November 28
Christmas Day.....	December 25

Future Meeting Dates

BOARD MEETING DATES

- December 11, 2013
- February 12, 2014
- April 9, 2014
- June 11, 2014
- August 13, 2014
- October 15, 2014
- December 10, 2014

