

Louisiana State Board of Nursing
EMTALA Committee Meeting Minutes
October 22, 2007

Call to Order The meeting of the Louisiana State Board of Nursing EMTALA Committee was called to order by James Harper, Chair, at 1:15 p.m. on October 22, 2007 in the Mississippi Queen Room of the Holiday Inn Select Hotel located at 4728 Constitution Avenue, Baton Rouge, LA 70808.

Roll Call

LSBN Committee Representatives Present

James Harper, MSN, APRN, CFNP, Practice Committee Chair
Deborah Olds, MSN, RN, LSBN President
Margaret Griener, MPH, APRN, PNP, Director, Credentialing & Practice

LA DHH – Medicaid Director’s Office Representative present

Erin Rabalais, Health Standards Section Manager, Louisiana DHH

LSBME Representative present

Dr. Robert Marier, Executive Director, Louisiana State Board of Medical Examiners

LSMS Representative present

Dr. Chris Trevino, M.D., Louisiana State Medical Society

LSNA Representative present

Dr. Joe Ann Clark, Executive Director, Louisiana State Nurse’s Association

LRHC Representative present

Jack M. Stoler, Attorney representing Louisiana Rural Hospital Coalition

LRHC Representative excused

Linda Welch, Executive Director, Louisiana Rural Hospital Coalition

LSBN Staff Present

Jennifer S. Germond, Credentialing Manager
Brenda Kelt, Licensing Analyst - Recorder

Guests

Cheri Johnson, RN, Women’s Hospital, Director of Obstetrical Services
Deborah Self, RN, Louisiana Emergency Nurses Association

J. Harper reviewed the purpose of the meeting by reviewing the House Concurrent Resolution 202 directing the Louisiana State Board of Nursing to establish a committee to study EMTALA regulations with the goals of specifying circumstances under which registered nurses are qualified medical personnel (QMP) for medical screening examinations (MSE) purposes at rural hospitals and proposing regulations.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 2

The committee was directed to be composed of representatives from the following:

- Representative from the Louisiana State Nurses Association is Dr. Joe Ann Clark.
- Representative from the Louisiana State Board of Medical Examiners is expected to be Dr. Robert Marier
- Representative from the Rural Hospital Coalition was expected to be Ms. Linda Welch, Executive Director. Mr. Jack Stolier, attorney advised he will be representing LRHC.
- Representative from the Medicaid director's office of the Louisiana Department of Health and Hospitals is Ms. Erin Rabalais.
- Representative from the Louisiana State Medical Society, Dr. Chris Trevino, is likewise expected to attend.

The HCR 202 directed the Louisiana State Board of Nursing to submit a report to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare no later than March 1, 2008 regarding its findings, proposed statutory revisions, and proposed rules and regulations, if any.

P. Griener reviewed the documentation contained in the packets provided for this committee meeting. Included is the House Concurrent Resolution 202 from the last legislative session which directed LSBN to conduct the committee to determine if Registered Nurses could work as qualified medical personnel (QMP) to perform medical screening examinations (MSE). In the HCR 202 document it states that Kansas, Oregon, and South Dakota have developed and adopted rules describing the circumstances under which it is within the scope of practice for an RN to perform MSEs.

P. Griener stated that she contacted the three boards to find more information and found that Oregon and South Dakota have both issued opinions, but have not put this in law or written rules about this issue. South Dakota Board of Nursing advised P. Griener that only one or two hospitals wanted to utilize this and that they were still in the process of writing their protocols and that's not being utilized yet.

P. Griener advised that Oregon Board of Nursing issued a statement and she spoke to the Director of Practice in Oregon who explained that they have not had any adverse reports, but didn't know if there were any issues regarding their opinion.

P. Griener stated that the Kansas Board of Nursing had a guideline regarding the role of the nurse performing MSE for EMTALA posted on their website at one time, but have since rescinded that position statement and it can no longer be found on their website. P. Griener spoke with Mary Blubaugh, Executive Administrator of the Kansas BON who confirmed they have no official opinion on this issue any more and had rescinded their previous opinion and that if CMS wants to recognize an RN to perform a MSE, that their position is that the RN can assess the patient, but can not make medical diagnosis and the Kansas BON will not state that the RN can perform the medical screening exam. Ms. Blubaugh explained that the previous guidelines had become problematic which is why they were rescinded and the issue is not expected to be revisited.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 3

J. Harper stated that the Practice Committee for the Louisiana State Board of Nursing has issued an opinion on September 12, 2002 (npop02.09) which stated in part:

Pursuant to your request regarding a registered nurse in the emergency room completing the Medical Screening Exam (MSE)...that it is not within the authorized scope of practice for a registered nurse to perform an appropriate medical screening exam (MSE) for the purpose of determining if an emergency medical condition (EMC) exists; the Board reaffirms its previous opinion (npop96.18) that it is within the scope of practice for a registered nurse qualified in emergency care with documented knowledge, skills, and abilities to triage (asses the health status of an individual to determine a non-emergent status and to formulate nursing diagnosis based on health care needs to serve as the basis for indicating nursing care or for which referral to appropriate medical or community resources for the non-emergent health status) provided that triage guidelines are in place to assist the registered nurse with appropriate referrals approved by the agency's emergency medical director. Furthermore, it is within the scope of practice for an advanced practice registered nurse to perform an appropriate medical screening exam (MSE) for the purposes of determining if an emergency medical condition (EMC) exists in accordance with the law.

P. Griener confirmed that the above mentioned opinion of September 12, 2002 is the only opinion currently approved by the Louisiana State Board of Nursing. The Practice Committee recently received a request for opinion from Woman's Hospital related to EMTALA and MSE for the purposes of ruling out labor. That request for opinion by Woman's Hospital was deferred until this committee reviewed the EMTALA issues directed by to LSBN by HCR 202.

J. Stolier asked if the Woman's Hospital EMTALA policy, number 134, contained in the committee packet material in place at this time.

C. Johnson advised that no, the sample policy number 134 is a draft of a proposed policy and is not currently approved or in place at this time. It was prepared for LSBN to review together with their request for opinion for RNs to perform MSE for the purposes of ruling out labor.

At 1:30 p.m. Dr. Chris Trevino, representative for the Louisiana State Medical Society, arrived and joined the committee meeting.

P. Griener advised that was an opinion, prior to EMTALA regulations, that allowed the RN to rule out labor. But it did not state anything about qualified medical personnel, and was before the EMTALA law took affect. In essence, some hospitals as Woman's may have been operating on the previous opinion.

P. Griener stated that is one of the reasons the September 12, 2002 opinion was later rendered to clarify who could perform MSE, and it is the Board's position that it is to be performed by an advanced practice registered nurse. Woman's Hospital was requesting LSBN to revisit this opinion because there are states that do not allow RNs to perform MSE in emergency rooms, but do allow RNs to rule out labor and delivery.

J. Stolier requested clarification of the process from assessing a patient in emergency and triage through diagnosis since there are many gradations in between.

C. Trevino explained that he is a practicing emergency room physician, and that gradations that extend beyond triage have to do with the existence of an emergency room doctor and what it takes to satisfy stability. It is often the case that the unknown of an emergency condition requires diagnostic information to determine whether an emergency exists. The assessment relies on historical information, previous medical history as well as diagnostic information to make that determination. Even with a complete negative workup, it is not known for certain that an emergency may not exist, simply a better idea. The easiest patient in the world is the one that comes in sick. But the decisions that are made to determine the likelihood of it being a significant condition that would lead to material deterioration, increased morbidity and mortality is what we're talking about. That's the purpose of the medical screening exam. Sometimes the MSE can take hours to determine whether or not it's a medical emergency or not.

D. Olds requested clarification from Dr. Trevino to confirm that medical screening exams (MSE) would include various tests such as X-rays, lab tests, etc, and you're question on triage is when the patient will be seen by a physician, which one will go first, not whether the patient will see a physician.

C. Trevino confirmed that tests would be part of the MSE. He added that triage is to determine both the order of when a patient is seen and where the patient should be placed waiting to be seen. You would not a pediatric patient with an infection in the same room with a patient having a cardiac workup. That would be an inappropriate use of the resources. The triage process is to give us stratification of the degree of illness and a coordination of the utilization of resources to the appropriate place within the facility. The next stage is to determine stabilization, what type of medical treatment is needed to stabilize the emergency, and the medical screening exam piece of that is the one that requires all of the resources within the facility, or none, once the status is determined.

P. Griener stated for record that the differentiation made by the Louisiana State Board of Nursing is that the RN can assess the health status of an individual in triage for determining a non-emergent status. The difference with the medical screening exam (MSE) is that it would require in our opinion a medical diagnosis which would require the nurse to be licensed as an advanced practice registered nurse.

P. Griener stated the LSBN opinion has been that assessment is at the RN level, but medical diagnosis is at the APRN level in collaboration with a physician. The Emergency Nurses Association representative is present. P. Griener asked if she had anything to add to the discussion.

D. Self, with the Emergency Nurses Association, stated that they have communicated with their membership throughout the state and that the association is extremely concerned with the amount of training that would be required, especially in the rural hospitals. Ms. Self explained that she is the only nurse in her facility that has been trained in triage, and that training was obtained because she was willing to pay for it herself. Her opinion is that triage training is solely lacking in many emergency rooms, not just the rural locations.

C. Trevino stated that he did some research when asked to sit on this committee and posed the following questions he feels the committee should address if they later recommend that RNs can perform medical screening exams (MSEs):

- What are the steps for stabilization of the patient? This often requires lab work, interpretation of the lab work; X-rays, interpretation of the X-rays; treatment of medication, and interpretation of the response to that medication, etc.
- What's the process that is going to occur for nursing personnel to do that as a function of triage.

C. Trevino explained that the standard of healthcare that we're held to is not whether the statistics say it was OK for the medical personnel not to do that procedure, but rather, explain to me why you didn't take the next step and then interpret the result. It's difficult on a physician's side to balance that and a lot of interpretation is required. Dr. Trevino expressed concern as to how a registered nurse is going to do that.

J. Stolier explained that the impetus of HCR 202 from the rural hospitals was:

1. Recognition that the federal EMTALA law doesn't prohibit it,
2. Some states do it, and
3. In Louisiana, due to inadequate primary care, in many rural hospitals, over two thirds of the patients who are presented to the emergency room are primary care patients who do not have relationships with physicians.

J. Stolier stated that rural hospitals that are operating on already paper thin budgets have to allocate financial resources to pay for a medical screenings, when in their view the patient may not need to be in the ER and may not need to see a physician. Mr. Stolier gave the example of a child coming in through the emergency room for an ear infection. Patients who have no primary physician are coming in through the emergency room, often after hours when doctor's offices are closed, for medical treatment that are not emergencies with increased frequency which consumes valuable resources. Some of these patients are indigent, many are on Medicaid. J. Stolier posed the question, is there some type of middle ground to address these patients.

C. Trevino stated that he had hoped to be able to do further research on the other states that are currently allowing RNs to do MSEs and talk with some physicians

in those states (Oregon and South Dakota) to see how it's being implemented and how it is working. Dr. Trevino stated that he did manage to speak with some physicians with ACEP (American College of Emergency Physicians) who expressed that their biggest concern was the rural hospitals, not the larger urban centers. The larger hospitals have physicians, but in the rural hospitals where the patients are at their greatest risk, even with a physician present for emergency or even a perceived emergency. So ACEPs position was very clear that they do not encourage registered nurses to go beyond their triage function, initiate baseline stabilization, but that medical screening exams for stabilization be left up to physicians.

C. Trevino stated that he also called several nursing associations within Louisiana and was unable to find anyone who was excited about the prospect of RNs performing MSEs, although he didn't feel he could speak on their behalf.

D. Self stated that she could speak for the Louisiana Emergency Nurses Association and that they are not in favor of RNs performing MSEs, especially in the rural setting. Ms. Self stated that their association has been working hard to try move patients back into the primary care setting, but that the option for nurses to perform MSE in the ER is not the best option for the nurses who could endanger their license, or for patient care.

C. Trevino reported that the resource issue as it relates to access to medicine is a significant problem. Many efforts have been made over the years, such as establishing HMOs to try and take these patients from outpatient emergency settings back into primary care setting. Unfortunately, there remains increased number of patients coming through the ER for primary care. Until significant change within healthcare itself is made, the ER remains the only safety net that is still intact in part because of a concentration of expertise. In the old days, primary care and family doctors felt reasonably comfortable addressing acute and emergency patient calls, that is no longer true, especially in our rural areas. The private practice doctors in rural areas rely on the physicians in the ER to manage these patients. C. Trevino expressed concern as to whether the hospitals understand what their obligations are under the EMTALA law is in delaying patient care even in the case where the patient has a primary physician to call. Most primary physicians when called by staff from the hospital will order labs and instruct the ER to call them back with the results, in the meantime the patient still hasn't been seen by a physician, and the nurse has called and stated that it is an emergency. There is a delay of care issue that the rural hospitals have not completely thought through. C. Trevino pointed out that the EMTALA law may allow for the medical screen exam (MSE) by qualified medical personnel, but they don't allow for a delay of care, regardless of who's doing the medical screening. The ER physicians are the last vestige available for the patient 24/7 coming in for care regardless of their condition or complaint.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 7

C. Trevino stated this proposed option is essentially saying that we're going to reduce that level of care for a just certain population, that being if you're poor and rural, and they're the most at risk. C. Trevino explained that this is not acceptable to him or the clinical personnel he works with, or with ACEP.

D. Olds stated that another consideration is that one of the highest areas of practice for litigation is misdiagnosis in the ER, and that's with a board certified physician who have much more training then registered nurses in emergency medicine. And to consider giving the RN the authority to be able to assess an acute abdomen which may be a multitude of things, or a misdiagnosis of an MRI, RNs simply don't have the training to do a true medical screening. That's not what registered nurses went to school or what they were trained in. The patient coming into the ER in a rural area may not have seen a doctor in years. This may even be their first trip for health care, which makes them an even higher risk. D. Olds suggested that perhaps the rural hospitals could get more Nurse Practitioners, Physician Assistants or Residents in training could help fill this need.

At 1:50 p.m. Dr. Robert Marier, Executive Director of the Louisiana State Board of Medical Examiners, arrived and joined the committee meeting.

D. Self reported that her understanding that in her Region 8 there are only two (2) Board certified emergency room physicians. This means that many emergency room patients in Region 8 are being treated by medical staff that does not have specialized training and certification in the ER area. D. Self stated that her own doctors in her facility won't perform a brief medical screening because they're concerned about misdiagnosis, and now we're discussing letting the RNs perform it.

C. Trevino reported that in relation to malpractice, if you go to the risk tables, the ER physician is equivalent to that of thoracic surgery or neuro surgery after 5 years in terms of risk. The reason the ER physician's risk is so high is that they do not have the benefit of knowledge about the patient and decisions are based what they have available at to them at that moment which is an extreme disadvantage. C. Trevino explained that 80% of diagnosis across the board are made on history, 20% made on physical.

P. Griener advised Mr. Stolier that she receives practice calls from RNs in rural hospitals staffing their ER departments with advance practice registered nurses (APRN), and most of them are coming to the realization that it would be a good alternative for them. She explains to the facility when they call that they can not use the APRN to replace an ER physician, but that can use APRNs in a small hospital who have appropriate physician back-up to staff those emergency rooms. The APRN can perform a medical screening exam with the appropriate guidelines and physician back-up. P. Griener explained that the collaborating physician does not have to be on-site, but must have reasonable access and be available by telecommunications when a question arises.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 8

J. Harper stated that APRNs have the ability, training and skills to properly assess and diagnosis a patient and then call their collaborating physician when needed.

C. Trevino reported that he is more worried about the patient who comes in that looks OK but has symptoms, more than the patient who comes in sick. It can take years of experience to gather information to treat the patient that comes in look good and find out what's wrong. C. Trevino added that ER departments are now more often than not, the bread and butter of many hospitals, especially in rural areas. ER is the hospitals community outreach and public face of their medical facility. He stated that 75% of the admits to his hospital, St. Elizabeth's, are through the emergency room, and about 40 % to 50% at Our Lady of the Lake. This means that more than half of all the patients that enter into those facilities are coming to that emergency room.

D. Self advised that about 90 % to 96 % of their patients are admitted through the emergency room. So for our facility, the ER is in essence our front door. D. Self asked the panel to consider that if the RN is doing the medical screening, who is performing her job, who is administering medications, and who is doing the assessments.

J. Stolier stated that suggesting that APRNs fill the gap is not realistic because there aren't enough Nurse Practitioners to fill the needs in the rural areas.

P. Griener reported that she had just given a presentation to 60 Nurse Practitioners getting ready to graduate. The rural hospitals will have to make it more attractive to recruit the nurse practitioners to work in the rural areas.

C. Trevino added that he has trouble getting good doctors to come work in Gonzales which isn't even a remote rural area, it's a general workforce issue. . But to go in the direction to set up an environment that we say it's acceptable to provide a level of care based on that isn't the solution. C. Trevino suggests that we say it's not acceptable state of Louisiana, that we need to get the healthcare community together, both state and private, and say what we're going to do to address this issue because they are at great risk.

E. Rabalais concurred with Dr. Trevino her concerns that from a labor standpoint, that the rural hospital is allowed to use the RN to perform the medical screening exams, that they may use their existing RNs who have full duties to perform the MSE instead of bringing in someone new. Doing that would stretch the rural hospital's dollar further, but will not provide a dedicated and trained qualified medical personnel to do the screenings and at the end, we'll end up with worst problems then we're seeing now. E. Rabalais added that she didn't understand why the rural hospital would be allowed to provide less care than a facility in a metropolitan area. Aren't the patients in rural areas as deserving of the same level of medical care.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 9

C. Trevino reported that the two most dangerous times for a patient in the emergency room is first triage, or mis-triage when the patient is sitting in the lobby; and second is when the patient is discharged. For his facility, Dr. Trevino stated he is the most comfortable when he has his most experienced ER nurse working triage and being the gate keeper to let him know where he needs to be next and how fast he needs to respond.

J. Stolier explained that the House Concurrent Resolution 202 was drafted because rural hospitals have seen a huge increase in primary care patients coming in through their ER and they can not afford to pay for the costs. One of the things discussed during its drafting was developing a pilot to collect empirical data on this issue. Other states, like Oregon and Kansas, have started to look into RNs doing the medical screenings.

P. Griener reminded the panel that Kansas has actually rescinded their previous opinion on this issue and that Oregon Board was very careful to point out that theirs was only an opinion, not a statutory change. P. Griener advised that when she spoke to the head of nursing practice with the Oregon Board, that they didn't believe the opinion was being utilized yet because their opinion states the hospital has to set up a training program for the RN to teach the elements of the facilities medical screening examination protocols and algorithms, all of which some take time to develop and establish. P. Griener added that the task of a hospital to write all the protocols and policies needed to cover every contingency, much less manage it day to day, it really a nightmare and not truly practical. P. Griener advised that South Dakota, the other state mentioned in HCR 202, is likewise still working on setting up protocols and had no evidence to provide yet and that there were only a few hospitals interested in pursuing it.

J. Stolier asked for clarification regarding Arizona's stand on this MSE issue.

P. Griener stated she would need to do more research, but the wording by the Arizona Board seemed to refer primarily to RNs and assessments.

R. Marier reported to the panel that during a conference call with Mr. Stolier during the legislative session he was advised that the primary problem was that a large number of people were flooding the emergency departments (ED) with minor medical problems. Dr. Marier stated that there seems to be a disconnect between the rural hospitals and the rural health clinics as to why people were choosing to go to the emergency room departments instead of the rural health clinics. Some of the problem may be the location of the rural clinic, but Dr. Marier asked if Mr. Stolier could provide more background on this for the committee.

J. Stolier explained that there are a number of rural health clinics in the state that are not hospital affiliated, but a lot of them operate like doctor's offices operating during normal business hours. Emergency departments are open 24/7. The information he's received is that the rural hospitals are seeing a lot of patients from 7 pm to 6 am when no other offices are open.

J. Stoler stated that ultimately the rural health care clinic model doesn't show the promise that it did at one time because of the challenge of resources and issues of reimbursement. Mr. Stoler suggests that we gather more data from other possible states regarding their stand on the medical screening by RN issue.

J. Clark suggests that if we ask for further data we ask both the physicians as well as the nurses who would have to implement the program. She advised the committee that the experienced nurses she's spoken to through the Louisiana State Nurses Association who are well informed about scope of practice do not want to have anything to do RNs performing MSEs.

J. Clark added that on the other hand, those nurses who may have less experience and knowledge about scope of practice may not see the risk involved in them performing a medical screening exam and be willing to go along at first, only to be sorry later. J. Clark recommends that before great effort and research is gathered to consider this issue further, that perhaps a survey of the people who would have to support and implement it should be taken first.

C. Trevino warned that putting out a survey is not enough unless you also share all the pieces of information that need to be factored into their response such as increased liability to the hospital, and how it looks to the community when they say they no longer have a doctor in their ER at night. If you want a survey just to have a survey, it's easy to ask the question in a way to get the answer you want to receive, but that's not what we want to do here because people's lives are at stake.

P. Griener posed the question on how we would even obtain the names of all the physicians and nurses in these rural hospitals.

J. Stoler stated that there are 47 hospitals that meet the definition of a rural hospital and he wouldn't imagine that it's that difficult to collect that type of information.

D. Self offered that perhaps the Louisiana Hospital Association may be able to supply some information on the rural hospitals.

J. Harper stated that since there did not seem to be any support of a rule change to allow RNs to perform medical screening exams by anyone that members of the committee have spoken to in preparation for this meeting, that although the gathering of more data might be informative, that it would not change anyone's opinion on not supporting the issue and that the number of man hours that would be required to gather the additional data would not be well spent or that it could even be completed by the March 2008 deadline outlined in HCR 202.

C. Trevino advised the practice of medicine is incredibly slow to make change, but the delay is there for a reason. Unlike other arenas of law that can later be rescinded because it costs too much money, the decisions made in medicine have a direct correlation to the healthcare people receive and therefore their lives.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 11

C. Trevino stated that given the current state of Louisiana in our healthcare, particularly with the system stressed since hurricane Katrina, that we should be considering making a significant and drastic change in healthcare like this. If there were already 20 or 30 states already doing it for 5 to 10 years with good historical data to review from on how it worked, then we'd be having a different discussion.

E. Rabalais advised that DHH is currently working on a plan to put certified medication attendants in nursing homes, which a lot of states do. It will still be a pilot program for Louisiana, but there's research on that for many years. There were problems with the healthcare system in Louisiana before hurricane Katrina, and Ms. Rabalais posed the question to the committee it is wise for Louisiana to consider testing RNs performing MSEs considering our current status.

C. Trevino concurred with Ms. Rabalais that the healthcare services in Louisiana are already severely strained and to lower the standard would not be in the best interest of the patient.

J. Harper stated that the committee could issue a report to the House Committee on Health and Welfare and Senate Committee on Health and Welfare that it supports the previous opinion of the Louisiana State Board of Nursing dated September 12, 2002 and that RNs do not qualify as QMP (qualified medical personnel) to perform medical screening exams.

R. Marier stated that the HCR 202 wording "shall undertake the study of" clearly understate the requirements here. If one really looks at running a real study, you get into a complicated amount of data that would include a large number of patients over a period of time in different settings, before you could reach a conclusion on the safety of a given model of healthcare. R. Marier pointed out that you could gather a lot of data from several hospital ERs over a period of months, but unless you scale it out you really have no idea whether or not it's going to work, especially when you get out of the research model and get into the real world where other factors come into play. R. Marier agreed with Dr. Trevino that having data over a number of years would have more value. Further it doesn't look like this issue has support from the people who would have to implement it.

R. Marier acknowledged that as healthcare professionals we can all agree that this is a problem, a very big problem, but that this is the wrong solution. Perhaps other things need to be looked into such as expanding services at rural health clinics, or bringing some of these rural health clinics into closer alignment with the hospitals in their area that would qualify them as hospital based centers under the Medicare rule so that they could get reimbursed for the uninsured patients, which has always been a problem. Dr. Marier stated that some problems are related to workforce issues that require a serious financial investment by the state of Louisiana to develop our healthcare workforce. Things like closing training institutions, failure to fund stipends for people going into these programs, etc. have added stress to the workforce issue. There is no quick fix to the current condition of our healthcare system.

J. Stolier suggests that that the report that the committee submits should include some acknowledgment of the problem facing rural hospitals and that more money needs to be allocated to address it.

J. Harper expressed that although he agrees with everything that's been said, he is concerned regarding the committee making a recommendation to the legislature on how to go about fixing the problem. The directive given to the committee in HCR 202 is for the committee to make a report regarding RNs performing MSEs as qualified medical personnel. The current consensus of the committee is that we do not support an RN to perform a medical screening exam.

R. Marier suggested that the report state that the committee doesn't believe that this is the best approach, and that it's not an issue of changing the current nursing rules or not, but rather understanding what the role of various healthcare professionals is and their training to perform them.

R. Marier agreed that it's not the task of this committee to put forth solutions, but that if more data from the rural hospitals were available regarding the problem they're facing that we would not simply be providing a report from a group of regulators opposed to a new idea it might help show we're trying to speak for them as well as ourselves.

C. Johnson with Woman's Hospital addressed the committee and stated that their request is different in that they are asking for their RNs to be permitted to perform medical screening exams to rule out labor.

C. Trevino agreed that her reason for being at this committee is a very different reason.

R. Marier agrees it's a different issue and would support properly trained RNs assessing a patient to help rule out labor.

D. Olds suggested that the RNs treat it as an assessment to determine if the patient is in labor.

J. Harper agreed with Ms. Olds point and added that once a patient is admitted, the EMTALA act is no longer active. He asked, what the average time is for a patient at Woman's Hospital that comes in for assessment and discharge.

C. Johnson advised that it averages two hours. But she adds that her physicians complain about having to come in to see a patient who is not in labor.

J. Harper asked if Woman's Hospital has nurse practitioner in house 24 hours a day.

C. Johnson confirmed that yes, there were nurse practitioners 24/7 in house, but added that the patient does not have a relationship with the nurse practitioner, but often do have a relationship with the RN in OB.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 13

P. Griener suggests that the Woman's Hospital request for the opinion be brought back to the Louisiana State Board of Nursing Practice Committee for a decision.

J. Stolie acknowledged that he understood after sitting on the committee that there is not support for RNs to perform MSEs, but asks the committee if a meeting alone constitutes a study.

D. Olds stated that the March 2008 deadline simply didn't support the time or resources needed to develop a full study. Ms. Olds asked Mr. Stolie which two hospitals were originally bringing forth the request for legislation.

J. Stolie advised the committee that one critical access hospital was Ferriday Hospital and the other was a PBS hospital, West Carroll Hospital.

P. Griener requested that Mr. Stolie send her by email the contact information on both facilities.

At 1:50 p.m. the committee took a short break.

At 2:00 p.m. the committee resumed.

J. Harper suggested that we need to consider recommendations by the committee. First, that the labor issue by Woman's Hospital needs to be scheduled to come back to the Louisiana State Board of Nursing Practice Committee for further review. For the second issue of RNs performing MSEs, Mr. Harper asked Mr. Stolie to clarify what his expectations were for the committee to present based on the time constraints allotted in HCR 202.

J. Stolie stated that he would expect at the least for the committee to issue a letter explaining what we looked at and what the majority of the committee concluded. At the most he would like to see a survey of the rural hospitals, their physicians and nurses to see if this is something they would support.

P. Griener asked Mr. Stolie if the Rural Hospital Coalition was willing to be the source to get more information from the rural hospitals.

J. Stolie offered to work up a draft of a survey for the committee to review and that the Rural Hospital Coalition would be able to send it out and accumulate the data for the committee's review.

D. Olds requested that Mr. Stolie provide a copy to the committee members from the ER group that was in support of this issue.

J. Harper pointed out that if a survey is prepared that it would need to be sent to the emergency room physicians and nurses, not merely the administrators of the hospitals. Further that only the Rural Hospital Coalition is probably the only one member of the committee who has the sources and contacts to enable the proper distribution of any type of survey to rural hospital ER departments for feedback.

EMTALA Committee Meeting Minutes

October 22, 2007

Page 14

D. Olds suggested that it may only be the two hospitals that came to Mr. Stolier requesting this change that need to be contacted

J. Harper stated that the answer is that the committee does not propose any changes, regardless of study information. Further, that polling or doing surveys to the hospitals will not change the consensus of the committee that it's not in the best interest for the health and welfare of the citizens of Louisiana for RNs performing MSEs.

P. Griener suggests that we have another meeting sometime in January and that Mr. Stolier contact the rural hospitals, including Ferriday and West Carroll, to ask them to attend the next meeting to bring some testimony and information before the committee to consider.

J. Harper agreed that having representatives from the various hospitals come and appear to this committee to provide further information is much more effective than preparing a mailed poll or survey. Mr. Harper reiterated that nurses and physicians should be invited to attend.

J. Stolier advised that he will contact the two hospitals that requested the legislation and see if they are interested in appearing before the committee in January.

D. Olds asked that Mr. Stolier copy Ms. Griener on the letter he will be sending to the hospitals for the committee.

Adjournment

The Committee adjourned at 3:15 p.m.



Submitted by:

Margaret Griener, Director - Credentialing and Practice

Approved 1/23/2008