Louisiana State Board of Nursing
Practice Committee Meeting Minutes
January 22, 2008

Call to Order

The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by James Harper, Chair, at 9:40 a.m. on January 22, 2008 in the Anderson Room of the Cook Conference Center and Hotel, 3848 W. Lakeshore Drive, Baton Rouge, Louisiana 70808.

Roll Call

Committee Members Present

James Harper, MSN, APRN, CFNP, Chair
Michelle Oswalt, MSN, APRN, CRNA
Deborah Olds, MSN, RN
Patricia Johnson, MN, RN

Committee Members Absent

Gerald Bryant, MSN, RN

Non-voting Board Members Absent

William LaCorte, M.D.
Alan Ostrowe, M.D.

Staff Present

Barbara Morvant, MN, RN, Executive Director
Margaret Griener, MPH, APRN, PNP, Director, Credentialing & Practice
Jennifer S. Germond, MSN, APRN, ANP, Credentialing Manager
Jeffrey Rice, LSBN Attorney
Brenda Kelt, Licensing Analyst
Wanda Green, Administrative Services Assistant

Guests

Joni Nickens, APRN, FNP, Liaison - Louisiana Association of Nurse Practitioners (LANP)
Cheri Johnson, RN, BSN, Woman's Hospital, Director of Obstetrical Services
Lori Denstel, RN, Woman's Hospital
Shannon W. Bergeron, RN, Lafayette General Hospital
Nita T. Krehbiel, RN, Lafayette General Hospital
Linda Bekki Starns, RN, North Oaks Medical Center
Kellie Brame, RN, North Oaks Medical Center
Janie Fruge, RN, West Calcasieu Cameron Hospital
Jessica Buxton, RN, West Calcasieu Cameron Hospital
Laura Poole, RN, Director Women's Services, Terrebonne General Medical Center
Teresita McNabb, RN, Terrebonne General Medical Center
Elizabeth Lorraine Wells, RN, Administrator, Pinnacle Home Health
Jeanine Thibodeaux, RN, Pinnacle Home Health
Darlene Fangue, RN, Thibodaux Regional Medical Center
Laura Liner, RN, Thibodaux Regional Medical Center
Lori Miley, RN, Lane Regional Medical Center
Sylvia T. Martin, RN, Lane Regional Medical Center
Renee R. Byrd, RN, St. Tammany Parish Hospital
Richelle C. Dufour, RN, St. Tammany Parish Hospital
Kerry K. Milton, RN, St. Tammany Parish Hospital

Guests (cont'd) Michelle Partridge, RN, Slidell Memorial Hospital
Mary Bounds, RN, Slidell Memorial Hospital
Lisa P. Hickey, RN, East Jefferson General Hospital
Joleen Hays, RN, River Parishes Hospital
Lisa Gennaro, RN, Lakeview Regional Medical Center
Marilyn McSwain, RN, Lake Charles Memorial Hospital

Reorder Agenda James Harper, Committee Chair, reordered the agenda.

Motion by D. Olds, seconded, that the chair be allowed to reorder the agenda.

Vote Olds - yes, Johnson – yes, Oswalt - yes. Motion carried.

Review of Minutes The Committee reviewed the minutes of the October 23, 2007 Practice Committee meeting.

Motion by D. Olds, seconded, that the Committee approve the minutes of the October 23, 2007 Practice Committee.

Vote Olds - yes, Johnson – yes, Oswalt - yes. Motion carried.

Old Business

Agenda item 4.1 Legislative directive to LSBN to study the scope of practice in relation to RNs performing medical screening exams (EMTALA). House Bill 673 became HCR (House Concurrent Resolution) 202. Second meeting scheduled for Wednesday, January 23, 2008 at 10:00 am at the Cook Conference Center & Hotel, Anderson Conference Room.

J. Harper reported that the EMTALA committee will hold a second and final meeting tomorrow January 23, 2008 at 10:00 am which is open to the public if any interested parties which to attend.

M. Griener stated that the committee will be submitting a report to the House and Senate Health and Welfare Committees by March 1, 2008.

Agenda item 4.2 Whether it is within the scope of practice for a specialty trained PICC RN to verify by radiographic confirmation catheter tip placement in the Superior Vena Cava and to authorize use of the catheter prior to the radiologist's validation of the PICC placement (Lafayette General Medical Center).

J. Germond reported that she contacted all 50 State Boards of Nursing on this issue to collect information for the committee. Five (5) states (AZ, CA, KY, NV & OR) advised they have issued specific opinions regarding this issue allowing RNs to verify tip placement. Of the remaining states, four (4) noted that either a radiologist or physician had to verify tip placement (MS, NH, SD & WY). The remaining states either had no opinion or have a decision tree model in place. Kansas BON advised that they are currently reviewing this.

M. Griener stated that some states that use the decision tree model do not issue practice opinions.

S. Bergeron distributed some literature for the committee to review in support of her request for opinion and brought a sample X-Ray and actual PICC line for viewing. Ms. Bergeron read a portion of one of the articles provided from JAVA (Journal of the Association for Vascular Access) periodical entitled "Taking the Leap from PICC Placement to Tip Placement":

> "*A vascular access nurse can verify the tip location, determine aberrant placement, and correct a malpositioned tip in a timely manner. Consistently placing catheter tips in the distal Superior Vena Cava (SVC) is the standard of practice*"

J. Harper asked if the article addressed where The Infusion Nurses Society's (INS) stood on, and the ramifications of, releasing it for infusion therapy.

S. Bergeron replied, no, the article did not address that, but she believes INS offers a class on interpreting PICC tips and talk about legal considerations on their website.

J. Harper requested that the committee focus on the portion of the request for opinion regarding authorizing use of the catheter for release of infusion therapy which is the key issue. Mr. Harper concurs that a properly trained PICC nurse is qualified to insert and adjust the tip placement, but release of the line for actual therapy is different.

S. Bergeron presented a draft of "RN Competency for Radiographic confirmation of PICC tip" for the committee to consider. Ms. Bergeron added that many times the attending physician is unavailable to read X-Rays for PICC line placements.

M. Oswalt stated that the physician who ordered the PICC line should have an interest in the patient getting their medication and should have an interest in the radiologists or whomever to have it verified for release of treatment.

P. Johnson asked what is the radiologist's stance on this.

S. Bergeron stated that the radiologists at her facility are confident in their skills and "it frees them up to attend more critical trauma cases".

D. Olds reported that they are experiencing the same difficulties at her hospital. Ms. Olds added that the suggested draft of "RN Competency" provided should be adjusted use the wording "verify" radiographic, instead of "reads" radiographic.

M. Oswalt asked what could happen if you mis-verified a PICC placement and started therapy.

S. Bergeron acknowledged that if the line went up the neck it could be a problem if the drug therapy were dopamine, for example.

J. Nickens stated that LANP believes that a properly trained PICC line RN can verify placement, but that it should be left up to the physician or an APRN to release to the line for infusion.

B. Starns reported that she has also experienced problems at her facility with patients when IV access have failed where they've called the physician and a PICC line is ordered. The RN will run the PICC line, but sometimes it takes hours to get the X-rays read by a radiologist or physician so that therapy can begin. Ms. Starns gave one example where a patient was ordered a PICC line at 5:30 pm and the X-Ray had still not been confirmed by the following morning.

Ms. Morvant joined the committee at 10:15 a.m.

M. Griener stated that current practice opinion does not allow RNs to release PICC lines for infusion, but it's OK to verify placement. Ms. Griener suggests that they prepare a Declaratory Statement instead of an opinion on the whole IV therapy issue, to include information regarding education and comprehensive competencies that would be needed.

D. Olds suggested that they utilize the Arizona Board of Nursing guidelines as a starting point since it seems to be very comprehensive.

B. Morvant suggests that the Board breakdown the procedure step-by-step and agreed with Ms. Griener that a Declaratory Statement needs to be specific. Further that sometimes during this process when the tasks are unbundled, it's discovered that a physician or an APRN must perform the function.

Motion by D. Olds, seconded, that the Practice Committee recommends to the Board to direct Board staff to draft a Declaratory Statement and guidelines on IV therapy to include PICC line infusion and competencies for the committee to review.

Vote Olds - yes, Johnson – yes, Oswalt - yes. Motion carried.

Agenda item 4.3 Whether it is within the scope of practice for a qualified RN to perform a medical screening exam (MSE) to rule out Labor per the Emergency Medical Treatment and Labor Act (EMTALA). (Woman's Hospital of Baton Rouge)

M. Griener stated that initially it had been decided to have this request for opinion from Woman's Hospital discussed at the October 22, 2007 EMTALA committee meeting. At that meeting is was determined that the two issues, RNs performing MSEs for the emergency department patients and RNs performing MSEs to rule out labor were separate issues and that it this request would return to the Practice Committee.
M. Griener explained that there is currently an opinion that this is an advanced practice role, so a new opinion would be required if approving the request.

C. Johnson explained that their nurses in the labor and delivery department of Woman's Hospital relay their assessments, findings on the fetal monitoring, and

vaginal exam results to the physician and he gives the nurse instructions and order on what to do next.
L. Poole, Director of Women's Services with Terrebonne General Medical Center provided the committee with a letter of support to the request for opinion from Woman's Hospital and read it out to the members

J. Nickens suggested that the opinion include "with physician having final decision".

L. Denstel stated that their professional organization AWHONN (Association of Women's Health and Obstetric and Neonatal Nurses) are in support of the issue.

L. Miley and S. Martin with Lane Regional Medical Center stated that they also support the request for the opinion as presented by Woman's Hospital.

B. Morvant asked for clarification if there was still a question on whether the patient had been seen by a physician or if release was being done by verbal communication with the nurse.

K. Brame with North Oaks stated that drop-ins are not always seen by a physician.

C. Johnson explained that the physician has the opportunity to come in and see the patient after reviewing the fetal monitoring readings and assessment provided to him by the nurse if he feels it's needed.

P. Johnson added that drop in patients do not have a physician who has been providing regular prenatal care and even private patient who has a physician, the obstetricians rotate call.

M. Griener reported that when this topic was addressed at the EMTALA committee meeting that both Dr. Marier from LSBME and Dr. Trevino who is an emergency room physician at St. Elizabeth Hospital expressed their support and felt it appropriate for the obstetrical nurse to perform this function.

Motion by D. Olds, seconded, that the Practice Committee recommends to the Board that it is within the scope of practice for a qualified RN to perform a medical screening exam (MSE) under the direction of a physician to rule out Labor per the Emergency Medical Treatment and Labor Act (EMTALA). In addition, the committee directs staff to develop a Declaratory Statement to include AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses) verbiage and guidelines and bring it to the next committee for review.

Vote Olds - yes, Oswalt - yes. Johnson – recused herself from vote. Motion carried.

New Business

Agenda item 5.1 Whether it is within the scope of practice for a qualified RN working in a home care setting to measure intraocular pressure of the patient at home using a non-contact Tonometer: Tonopen XL. (Pinnacle Home Health)

E. L. Wells, Administrator of Pinnacle Home Health in Baton Rouge stated that this issue originated from one of the referring physicians, Dr. Charles Williamson, medical doctor of ophthalmology with Williamson Eye Center. Dr. Williamson has referred patients to Pinnacle that may have glaucoma, macular degeneration, or patients for low vision programs and had brought up the suggestion of the RNs with Pinnacle performing this task. A letter of support from Dr. Williamson was presented to the committee together with literature on glaucoma and a fact sheet on the Tono-Pen XL tonometer. Ms. Wells explained that the Pinnacle patients are under the physicians care, the nurses must have an order from the treating physician for anything they do in home care. Ms.Wells also stated that there is a growing population, home bound and Alzheimer patients, Pinnacle treats in the home care setting that are unable to get to the physician's office ;and the taking of intraocular pressure on a regular basis is important for the early detection of glaucoma. Pinnacle will purchase the tonometer equipment and would report the results back to the doctor. The procedure includes putting anesthetic drops in the eye and depressing the tonometer operator button once within a ½ inch of the patient's cornea and the pen reads the intraocular pressure.

D. Olds asked each patient would be prescribed their own eye drops to avoid contamination.

E.L. Wells agreed that for sanitary purposes in a home care setting they would need to address that in order to ensure patient safety. Ms. Wells advised she would only be comfortable in Pinnacle nurses performing this procedure if single dose vials of the drops were available and used.

Motion by M. Oswalt, seconded, that the Practice Committee recommends to the Board that it is within the scope of practice for a qualified RN working in a home care setting to measure intraocular pressure of the patient at home using a non-contact tonometer.

Vote Olds - yes, Johnson – yes, Oswalt - yes. Motion carried.

Agenda item 5.2 Discussion of scope of practice related to aesthetic/cosmetic procedures.

M. Griener distributed a spreadsheet showing the current position of twenty (20) State Boards of Nursing regarding aesthetic and cosmetic procedures for the committee's review. There have been an increasing number of practice inquiries on this topic. Some of the issues raised and of concern to both LSBN and LSMBE regarding aesthetic/cosmetic procedures were:

- Who can perform them;
- Can the APRN perform them without the physician present;
- Can they perform them even if the physician is present.

M. Griener stated that the Louisiana State Board of Medical Examiners did request that we issue a joint statement or opinion together with them on this issue. Ms. Griener referred to the spreadsheets explaining that Alabama considered it the practice of medicine. Some states i.e. California and Washington require direct

supervision of a physician. Nevada allows some procedures with direct supervision, but defines direct supervision as available by phone, where LSBN defines direct supervision as being on-site. Massachusetts, which takes a more liberal stand allows certain procedures to be done by an RN, allows an APRN to prescribe and perform, and included physicians and cosmetologists in their statement. The research found a large range of positions, opinions and statements from the various Boards of Nursing from it being allowed by some, and then the practice of medicine by others.
J. Harper stated that now the AMA has adapted their definition "supervision" to be similar to our "collaboration". Mr. Harper suggests that the three key terms:

- supervision
- direct supervision
- collaboration

be clarified further when addressing this issue. Mr. Harper expressed that to him "direct supervision" means eye contact, working in the office with the physician at the same time. In Louisiana, "supervision" as it pertains to Physicians Assistants, means that the PA can contact the physician if necessary but do not need to be on-site. With LSBN, that same definition is considered "collaboration" for the APRN role.

B. Morvant agreed that these terms need to be clear and specific. Ms. Morvant suggested to the committee that if they recommend that certain procedures could be performed by the RN and others by the APRN, the supervision issues must be addressed. The term "delegation" means it's really your authority and you are delegating someone else to perform it under that authority.

B. Morvant left committee meeting at 11:30 a.m.

J. Harper suggests that Board staff be directed to provide a breakdown of the aesthetic/cosmetic procedures by type, define the three terms discussed and bring back for the committee to review further.

M. Griener stated that the Louisiana State Board of Medical Examiners has up to now taken the position that all aesthetic/cosmetic procedures are the practice of medicine.
P. Johnson stated that she believes from colleagues that have had this type of cosmetic work done, that it wasn't performed by the actual physician, so it's a surprise that the medical board would say it's the practice of medicine.

M. Griener explained that the physicians are having the procedures done sometimes by others, whether nurses or PAs, under delegation.

Ms. Olds added that there is significant concern about the medications being used such as Botox since there is no regulation regarding the source.

M. Griener reported that same concern exists for collagen fillers which are more likely to be used. Ms. Griener wanted to point out that it is entirely possible for there to be a poor outcome on aesthetic/cosmetic procedures where the patient is

unsatisfied or wants to file a complaint, yet it may not be malpractice, simply a poor outcome.

P. Johnson suggests that the Board consider using the Maryland Board opinion which is very detailed as a guide in preparing their opinion or declaratory statement.

Motion by D. Olds, seconded, that the Practice Committee recommends to the Board to direct Board staff to research the various aesthetic and cosmetic procedures further, obtain medical board opinions related to each, and present their finding to the committee for further discussion at the next meeting.

Vote Olds - yes, Johnson – yes, Oswalt - yes. Motion carried.

Agenda item 6.1 Announcements/Communications:
House Bill No. 246 (Act No. 293): Medication Attendants in Licensed Nursing Homes. Proposed Rule from Louisiana Register, December 20, 2007. Open hearing planned by DHH for January 29, 2008 at 9:30 am

M. Griener reported this committee has been working very hard on this issue. Representatives included Louisiana Nursing Home Association, LPN Board, the LSNA, a representative from the Adult Advocacy for the Elderly, Pharmacy Board member and myself. The requirements included a 100 hour course, administered through the vo-tech/community college system, details regarding the admission requirements and curriculum were included, and it would be a pilot program.
M. Griener advised that the open hearing will be held January 29, 2008.

P. Johnson asked if there were any discussions on what the medication attendants would be paid.

M. Griener advised that they didn't get into that because many of the nursing homes have a different salary requirement and range. However, the general discussion on this was that the MACs (Medication Attendants-Certified) would be paid at a higher level because of the higher education. Ms. Griener will report back to the committee.

Adjournment There was a motion, which was seconded, to adjourn the meeting**.** The Committee adjourned at 11:53 a.m.

Submitted by: Margaret M Griener

Margaret Griener, Director - Credentialing and Practice

Approved 4/22/2008