

**Louisiana State Board of Nursing  
Practice Committee Meeting Minutes  
January 21, 2009**

**Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Deborah Olds at 9:10 a.m. on January 21, 2009 in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.

**Roll Call** **Committee Members Present**

Deborah Olds, MSN, RN  
Patricia Johnson, MN, RN  
Michelle Oswalt, MSN, APRN, CRNA

**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 of Credentialing & Practice  
Jennifer Gueho, MSN, APRN, ANP, Credentialing Manager  
Brenda Kelt, Licensing Analyst

**Guests**

Cynthia (Cindi) York, RN, Digestive Health Center of LA / Gastroenterology Associates  
Marilyn Hammett, RN, Health Services of Recovery School District  
Chris Fruge, Attorney, Office of General Counsel, LA Department of Education  
Raegan Jones, Division of School and Community Support, LA Department of Education  
Andrea Duplechain, RN, Algiers Charter Schools  
Linda Guedry, RN, President LA School Nurse Organization  
Iris Haydel, RN, Orleans Parish School Board  
Rebecca Bradley, Louisiana Hospital Association  
Karen Sue Zoeller, Louisiana Hospital Association

Board and committee member Ms. Deborah Olds introduced the Director of Credentialing and Practice, Ms. Margaret Griener, to the attendees to present agenda item 4.3 regarding the APRN consensus model by the NCSBN and advised the committee will resume the agenda order when Ms. Patricia Johnson arrives.

**Old Business**  
**Agenda item 4.3**

Update on Discussion Item:  
National Council of State Boards of Nursing (NCSBN) Consensus Model for APRN Regulation Licensure, Accreditation, Certification and Education (July 7, 2008).

Director of Credentialing and Practice (M. Griener) provided a presentation to the committee and attendees regarding the NCSBN consensus model. The NCSBN developed the model for Advanced Practice Registered Nurses (APRN) in order to provide a guideline for states to follow regarding the education, accreditation, certification and licensure of APRNs. Presently, each state independently determines the APRN roles and scope of practice which can be problematic when an APRN who is recognized or licensed in one state wishes to obtain licensure and work in another state.

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The NCSBN model identifies the Advanced Practice Registered Nurse (APRN) in four (4) AP roles: Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS) and the Certified Nurse Practitioner (CNP). The APRNs would be educated, certified and licensed education in one of these four (4) roles and in at least one (1) of six (6) population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health.

The APRN education would be broad based and prepare the graduate with core competencies in one (1) of the four (4) AP roles and at least one (1) of the six population foci. The AP education would include comprehensive graduate-level courses in the three (3) "Ps": Physiology/pathophysiology, Pharmacology, and Physical health assessment. The AP student would be awarded with a graduate degree or post-graduate certificate (master's or post-doctoral) in their specialty role from an accredited academic institution.

The NCSBN model also provided recommends the elimination of permits for licensure requirements for the Boards of Nursing. A full APRN license will be issued once the individual's educational and certification requirement has been met and documented to the Board. M. Griener explained that the reasoning behind this was that an APRN applicant with a permit is not fully licensed to practice, is supposed to have supervision and also has reimbursement issues. The NCSBN model also recommends independent practice for the APRN. There is no legislative authority presently in Louisiana for this.

M. Griener stated that the Louisiana State Board of Nursing is already following most of the NCSBN model with the exception of the APRN permit issue which will be reviewed. LSBN has issued APRN licenses in the four (4) advanced practice roles since 1996.

The NCSBN approved in August 2008 the "APRN Model Act/Rules and Regulations".

Ms. Patricia Johnson joined the Practice Committee at 9:35 a.m.

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|--------------------------|---|
| <b>Reorder Agenda</b>    | Deborah Olds, reordered the agenda.   |
| <b>Motion</b>            | by M. Oswalt, seconded, that the chair be allowed to reorder the agenda.                                    |
| <b>Vote</b>              | Johnson – yes, Oswalt - yes. Motion carried.  |
| <b>Review of Minutes</b> | The Committee reviewed the minutes of the October 22, 2008 Practice Committee meeting.                      |
| <b>Motion</b>            | by P. Johnson, seconded, that the Committee approve the minutes of the October 22, 2008 Practice Committee. |
| <b>Vote</b>              | Johnson – yes, Oswalt - yes. Motion carried.  |

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### Old Business

#### Agenda item 4.1

Update on PICC line rule making.

The Director of Credentialing and Practice (M. Griener) advised that the rule change was submitted to the fiscal office in December, 2008 and should be published in the February 20, 2009 Louisiana register.

#### Agenda item 4.2

Update on aesthetic and cosmetic procedures.

The Director of Credentialing and Practice (M. Griener) distributed an initial draft of a declaratory statement on “Dermatological and Cosmetic Procedures Performed by Registered Nurses” for the committee to review. The Director explained that the Louisiana State Board of Medical Examiners already had a rule that anyone performing a cosmetic procedure, including RNs and APRNs, that the physician had to be on-site and provide supervision.

The draft includes a “Scope of Practice” for five (5) areas:

- Light treatments, such as, topical photodynamic therapy, infrared light, magenta light, UVB light and UVA light (Npop 05.04, 06.02)\*, Laser procedures, Class IV non ablative lasers (Npop 06.05)\*
- Sclerotherapy (Npop 00.11)\*
- Dermal fillers
- Botox (similar approved products) injections for cosmetic purposes
- Micropigmentation (Npop 91.09)\*

\* Indicates previous board opinions

Some of these areas had already been issued practice opinions by the Board previously, others such as Botox and Dermal fillers had not.

Research was prepared on what other State Boards of Nursing are doing and a meeting was held with staff from the Louisiana Medical Board by the Executive Director (B. Morvant) and Director of Credentialing and Practice (M. Griener) to discuss the topic.

The resulting distributed draft was primarily based on the information from the Arizona and Kentucky Boards of Nursing which were found to be the most comprehensive and informative.

The draft also includes a “Course of Instruction” to ensure the nurse would be able to demonstrate both knowledge and skills since dermatological, cosmetic and aesthetic procedures are not part of a base component nursing program which means that education and training must be obtained after graduation.

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The “Practice Setting” section of the draft specifies that the procedures outlined must be performed in a medical facility or medical office and that the physician or licensed prescriber must be on site. Only a physician or APRN could perform the initial assessment/evaluation of the patient and develop the treatment plan, and the prescribing/supervising physician/APRN must possess the specific knowledge and ability to perform the procedure(s) independently. The institution or practice setting must also establish and maintain written policies and procedures, have educational/competency validation procedures in place, documented, and updated periodically.

**Motion** by P. Johnson, seconded, that the Practice Committee recommends to the Board that we accept the Declaratory Statement “Dermatological and Cosmetic Procedures Performed by Registered Nurses” with the addition of microdermabrasion in the “Scope of Practice” section.

**Vote** Johnson – yes, Oswald - yes. Motion carried.

### **New Business** **Agenda item 5.1**

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse to independently monitor a patient during abdominal paracentesis, change bottle/collection device until flow of ascites fluid stops, remove trocar, and dress site, with physician in the endoscopy center.

(Digestive Health Center of Louisiana, Gastroenterology Associates, LLC)

Petitioner explained to the committee the request is for the RN to be able to independently monitor the patient after the trocar has been inserted. The physician would administer the local anesthesia and introduce the trocar/catheter. The procedure takes approximately 30 minutes and the RN would request the physician to assess the patient once the flow stops.

The committee requested that the petitioner send a detailed insert data sheet on the trocar/catheter to Board staff to be reviewed and presented at the next practice committee meeting to review the portion of the petitioner’s request regarding its removal.

**Motion** by P. Johnson, seconded, that the Practice Committee recommends to the Board that it is within the scope of practice for a registered nurse to independently monitor a patient during abdominal paracentesis, change bottle/collection device until flow of ascites fluid stops, and dress site, with physician in the endoscopy center.

**Vote** Johnson – yes, Oswald - yes. Motion carried.

### **Agenda item 5.2**

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse working in the Recovery School District (RSD) to work with an unsupervised LPN “school nurse” employed by a Charter School sharing a common nursing station.

(Recovery School District (RSD) New Orleans, LA)

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Petitioner explained that she is a Coordinator of Health Services with the Recovery School District (RSD) of New Orleans and supervises school nurses. The Louisiana State Department of Education took over many schools that were low performing and developed the RSD. The Recovery School District has thirty-three (33) direct-line schools that the petitioner is responsible, and twenty-two (22) charter schools.

The charter schools are public schools that are operated under a 5 year charter granted by the local school board (or BESE) and are run and funded separately than other public schools. Within the Recovery School District that the petitioner's other public schools operate are five (5) charter schools. The charter schools are run and operated as their own local independent education entity, although they are still public schools.

Petitioner stated that the problem arose when the Department of Education created the charter school but did not specify that there was a requirement for a school nurse to be hired by these schools.

Discussion ensued regarding the Public school system in New Orleans .The Committee members suggested to the petitioner that if they are aware of an LPN working in one of the schools unsupervised, that they send a letter to the Louisiana Board of Practical Nurse Examiners who licenses and regulates LPNs to make them aware of the problem. They may also want to copy the Department of Education to document the situation.

The committee explained that they would not wish to criticize the charter schools in hiring LPNs, who have training and education above that of an unlicensed school staff, but ideally would like to see the same standard of care for the children who attend these charter schools by having the LPN report to or be supervised by an RN.

The committee advised that the registered nurse working for the direct-line public school who happens to share an office with a charter school LPN has no relationship or accountability for delegation to the LPN since the LPN is not reporting to, or being supervised by the RN.

Since the Louisiana State Board of Nursing does not have regulatory authority over the Department of Education or Louisiana Board of Practical Nurse Examiners, the committee can only reiterate that the RN has no role in this situation and recommend they sufficiently document any incidents to those agencies directly.

### **Motion**

by P. Johnson, seconded, that the Practice Committee directs Board staff to draft a letter of support to the Department of Education supporting the role of the school nurse in the public school system.

### **Vote**

Johnson – yes, Oswalt - yes. Motion carried.

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**Announcements/Communications**

**Agenda Item 6.1** Communication from the LSNA (Louisiana State Nurses Association) regarding the practice of teaching and administering injectable medications by non-nurses specifically registered dietitians

The Director of Credentialing and Practice (M. Griener) shared the copy of the letter received from LSNA President to the committee members for review and requested that this item be deferred for further study at the next committee meeting where the LSNA representative will be invited to attend.

**Adjournment**

A motion for adjournment was approved and seconded. The Committee adjourned at 10:50 a.m.



**Submitted by:**

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**Margaret Griener, Director - Credentialing and Practice**

Approved 7/21/2009