

## Minutes of the Compliance Committee

The scheduled meeting of the Compliance Committee was held on Tuesday, October 24, 2006 in the Shelton Conference Room at the Cook Conference Center & Hotel, 3848 W. Lakeshore Dr., Baton Rouge, Louisiana 70808. Michelle Oswald, Chairperson, called the meeting to order at 1:03 p. m.

### Roll Call

*Present:*

Michelle Oswald, CRNA Committee Chairperson  
Frankie Rosenthal, MSH, RN, CNS, CNA, (sitting in for Debbie D. Olds, RN) Committee Member  
Gerald W. Bryant, Committee Member  
Carlene MacMillian, Committee Member  
Thania Elliott, Compliance Director  
Cynthia D. Morris, MSN, RN  
Cathy M. Storm, MA, RN  
Michelle G. Wells, MSHCM, BSN, RNC  
Lenora Thomas, Licensing Analyst, Recorder  
Lillie Rodgers, Licensing Analyst, Recorder

### Approval of Minutes:

Minutes of the April 25, 2006 Compliance Committee meeting were distributed prior to the June 2006 Board meeting for review. No corrections were made.

Motion: by G. Bryant to accept the minutes of the April 25, 2006 Compliance Committee meeting.

Second: by F. Rosenthal.

Vote: M. Oswald, yes; F. Rosenthal, yes; G. Bryant, yes; C. MacMillian, yes.  
Motion approved.

**Old Business:** None

**New Business:**

### Drug Screening Policy:

#### Frequency

It is the policy of Louisiana State Board of Nursing that Nurses in the Recovering Nurse Program must voluntarily submit to supervised random drug screens. Nurses being monitored through a Board order must also submit to random drug screens per the order. Testing will be performed in NIDA or CAP-FUDD certified labs. Presently the frequency is 12 times a year and after 18 months the participant can request to screen bi-monthly. It has been suggested by NCSBN Discipline Resources Advisory

Panel that a minimum of 18-24 random drug screens should be conducted during the first year of treatment, when relapse percentages are highest. During the second year a minimum of 12 screens should be conducted.

The Compliance Committee reviewed and approved the urine drug testing policy to increase the frequency of drug screening to 18-24 during the first year of the program and a minimum of twelve for the second year.

Active RNs- 24 times the first year

Suspended RNs working toward compliance and students - 18 times the first year.

Motion: by M. Oswalt to accept the recommendation to increase the frequency of RNP drug screening.

Second: by C. MacMillian.

Vote: G. Bryant, yes; F. Rosenthal, yes; C. MacMillian, yes; M. Oswalt, yes.  
Motion Approved

**Non-Compliance with Drug Screens**

The two most common drug screening non-compliance involves failure to test and positive drug screen findings.

**Failure to Test**

When a nurse misses a first screen, a written explanation is requested and a verbal warning is given. A second missed screen within six (6) months results in an additional screen for that month. A third missed screen within (6) six months will result in suspension if the nurse is RNP- disciplinary; re-evaluation and a new program agreement or possible suspension if the nurse is RNP-confidential.

After discussing the penalties for Non-Compliance with Drug screens the committee recommended the staff make changes to the RNP/Non-Compliance Policy to only allow one missed drug screen and bring the revisions back to the next Committee Meeting.

**Positive Drug Screen**

When a nurse submits a positive drug screen finding, the first step is to contact the nurse and inform him/her of the positive screen. If the nurse does not have a prescription, he/she is informed they can not continue to work. If the nurse denies use, then an MRO may be requested. If the nurse acknowledges use or MRO is confirmed as positive the nurse must stop working, return for an evaluation, and sign a new agreement with RNP. If this is a second relapse or the nurse has violated her consent order then the nurse's license will be suspended.

**Specimen Validity** Specimen Validity is used to determine whether a specimen has been diluted, substituted or adulterated.

If a nurse submits a screen which is determined to be diluted or abnormal, a letter is sent informing him/her with suggestions for future screens. The second abnormal screen results in a request for EtG (testing for the ethanol metabolite) and possibly an additional screen. If the nurse submits a third dilute specimen, a letter is sent requesting follow up with a physician to rule out a medical condition.

After discussing the penalties for Specimen Validity, the committee recommended zero tolerance if MRO deems specimen is adulterated or substituted and bring the revisions back to the next Committee Meeting.

**Compliance**

**Activity Report:** Review of Compliance Activity Report & Disc. Monitoring Statistical Report – July 1, 2006 thru September 30, 2006

**Announcement/**

**Communications:** None

**Adjournment:** Meeting adjourned at 2:15 p.m.

**Submitted by:** *Thania S. Elliott*  
Thania S. Elliott, MSH, RN, JD  
Compliance Director

Approved: 1/23/07