

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
July 24, 2007**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by James Harper, Chair, at 9:05 a.m. on July 24, 2007 in the Samuel Clemons Room of the Holiday Inn Select Hotel located at 4728 Constitution Avenue, Baton Rouge, LA 70808.
- Roll Call**
- Committee Members Present**
James Harper, MSN, APRN, CFNP, Chair
Deborah Olds, BSN, RN
Michelle Oswalt, MSN, APRN, CRNA
Patricia Johnson, MN, RN
- Committee Members Excused**
Gerald Bryant, MSN, RN
- Non-voting Board Members Excused**
William LaCorte, M.D.
Alan Ostrowe, M.D.
- Staff Present**
Margaret Griener, MPH, APRN, PNP, Director, Credentialing & Practice
Brenda Kelt, Licensing Analyst
Laura Guillory, Licensing Analyst
- Guests** Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners (LANP)
Billy G. Conerly, RN, Director of ER Dept, Lane Regional Medical Center
Lori Denstel, RN, Women's Hospital
Cheri Johnson, RN, BSN, Women's Hospital, Director of Obstetrical Services
- 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, Oswalt – yes, Johnson - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the April 25, 2007 Practice Committee meeting.
- Motion** by M. Oswalt, seconded, that the Committee approve the minutes of the April 25, 2007 Practice Committee.
- Vote** Olds - yes, Oswalt – yes, Johnson - yes. Motion carried.
- J. Harper announced that discussion of Agenda item 4.2 under old business will be combined with Agenda item 5.1 under new business.

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Old Business

Agenda item 4.1

Agenda item 4.1: DHH (Department of health and Hospitals) submitted a request for changes to the document previously approved by the board regarding the implementation of rules to allow medication administration by trained direct service workers (DHH). Letter received 6/26/2007 from Dr. Frederick P. Cerise, Secretary, DHH.

M. Griener reported that the 2005 legislature passed a bill to allow for Direct Service Workers to give medications in the home under certain circumstances. Previous to LSBN agreeing to cosponsor this legislation, the Direct Service Workers were performing this task under physician delegation. Since this was not working well, LSBN was approached by DHH and asked to participate in a legislative agreement to get a bill passed that would take out physician delegation and allow for RNs to train the individuals who were giving medications in the home under the Medicaid waiver program. LSBN participated in drafting the legislation. Later, LSBN was asked to cowrite Rules and Regulations with DHH. Several committees were held, which several Board members served, and Draft 5 was the last version prepared.

M. Griener stated that LSBN was working with DHH on implementing the rule process. The last meeting to review the document, before proceeding rule making, DHH presented that they did not want to proceed with the Rules because they wanted to continue to include physician delegation which was an issue for our Board. M. Griener reported that Ms. Morvant spoke to Dr. Cerise and their attorneys to attempt legislation in the next session. Dr. Cerise's letter of June 26, 2007 reflects the failure to come to an agreement, and mentions exceptions DHH proposed, including their concerns regarding eliminating physician delegation.

M. Griener reported that the purpose of LSBN getting involved in the legislation was to amend the rules to allow for Direct Service Worker to give medication under the present delegation rules and regulations. LSBN worked very hard on this task force and included all interested parties such as LSNA and are disappointed that an agreement could not be reached.

J. Harper advised for record that Dr. Cerise's letter of June 26, 2007 was reviewed by the Practice Committee, no motion is required.

Agenda item 4.2

Request for Opinion:

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) (Women's Hospital)

Comments combined below under Agenda item 5.1

New Business

Agenda item 5.1

Agenda item 5.1: 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.

C. Johnson asked that Women's Hospital understood that they would be meeting with LSBN staff as a group to review this issue.

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J. Harper explained that before an LSBN task force could be initiated, the issue had had been reviewed in the legislative session and we were waiting for their ruling. In essence, the legislature has done the same thing as was proposed by LSBN, but with a slightly different make-up of personnel participating. House Concurrent Resolution 202 states:

Be it further resolved that the Louisiana State Board of Nursing shall conduct a study of this matter with a committee comprised of the following:

- 1) A representative from the Louisiana State Nurses Association.*
- 2) A representative from the Louisiana State Board of Medical Examiners.*
- 3) A representative from the Rural Hospital Coalition.*
- 4) The Medicaid director of the Louisiana Department of Health and Hospitals or his designee.*
- 5) A representative from the Louisiana State Medical Society.*

Further move that 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 it's findings, proposed statutory revisions, and proposed rules and regulations, if any.

M. Griener explained that LSBN had already made a motion to hold a task force on this issue at the last Practice Committee based on a request for opinion by Women's Hospital. Subsequent, the Rural Health Coalition submitted a bill that would allow for Registered Nurses (RN) to perform this Medical Screening Exams (MSE) in emergency rooms throughout Louisiana. . The LSBN opinion has been that MSE has to be done by an Advanced Practice Registered Nurse (APRN). M. Griener stated that LSBN staff met with the various parties involved with the bill, the resulting being the legislature issuing HCR 202 as a study resolution directing LSBN to study whole issue of MSEs, including the MSE in a an emergency department and the issue of the MSE in relation to women in labor . M. Griener stated that the make-up of the committee is dictated by the legislature study resolution and LSBN can not add anyone, but explained it will be an open meeting allowing other interested parties give input, and the meeting will be directed by LSBN. M. Griener suggests that Mr. James Harper chair the study/committee. Mr. Harper suggested that Ms. Deborah Olds, Board President also sit on the committee, who agreed to attend.

Motion

by M. Oswalt, seconded, that the Practice Committee recommend to the Board the acceptance of the action proposed by the House Concurrent Resolution 202 for LSBN 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.

Vote

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

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Agenda item 5.2

Agenda item 5.2: Reconsideration of opinion:

Whether it is within the scope of practice for the CRNA to perform procedures under the direction and supervision of the physician involving the injection of local anesthetics, steroids and analgesics for pain management purposes, peripheral nerve blocks, epidural injections and spinal facet joint injections when the CRNA can document education, training and experience in performing such procedures and has the knowledge, skills and abilities to safely perform the procedures based on an order from the physician.

(Keogh, Cox & Wilson for Spine Diagnostics Center of Baton Rouge).

J. Harper reported that two letters were submitted in reference to this agenda item. The first letter dated July 23, 2007 from attorney Tiffany Thornton with Keogh, Cox & Wilson, representative for Spine Diagnostics Center of Baton Rouge, which stated:

“Please allow this correspondence to serve as formal Request for Continue the agenda items of the July 24, 2007 Practice Committee meeting regarding the above referenced matter. We wish to continue these items until further notice, in light of the request to table this matter pending the ongoing court litigation.”

The second letter dated July 23, 2007 is to Ms. Morvant from Mr. E. Wade Shows, attorney for LSBN. Essentially Mr. Show’s letter is advising that no action is needed by the Practice Committee at this time.

Agenda item 5.3

Agenda item 5.3: Request for opinion:

Whether it is within the scope of practice for an RN to insert Intraosseous (IO) infusion device. (Lane Regional Medical Center)

B. Conerly, Director of ER Department, reported that intraosseous infusion devices have become more prevalent due to changes in ACLS guidelines recommending that medical personnel not allow insertion of an IV to interfere with CPR. We see from of these IO infusion devices coming in from the field being used by paramedics. The ACLS guidelines specify that if you can’t get an IV in within 30 seconds, to give up the attempt to start the IV, and that central lines interfere with CPR. There are several types of IO devices on the market. Previously in our hospital we have used a bone marrow needle which was seldom used. . B. Conerly advised that Lane Regional Medical Center investigated various types with their medical staff and found a device called a Bone Injection Gun (BIG) which requires simple motor skills using landmarks and is disposable after use. The medical staff/RN finds the landmark, which is right below the tibial tuberosity, squeeze the trigger of the BIG, which automatically injects to the proper depth into the bone marrow in order to attach the pressure bag which is needed for any intraosseous infusion.

B. Conerly provided a quick demonstration of the device in a piece of rigid foam for committee members. B. Conerly explained that it would not be used frequently, but within code teams within the hospital or ICU, its use would be invaluable. The device also comes in a pediatric version where the depth is adjusted based on the age of the patient.

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M. Griener reported that in preparing research for the Practice committee, North Carolina has approved the use of an IO device by an RN use as within the Scope of Practice in an emergency situation. Nebraska has a similar opinion that although *“...intraosseous cannulation is not within the scope of practice for the RN. In an emergency situation and the unavailability of a qualified licensed practitioner, it is appropriate for the RN to perform any procedure that may be considered a life-saving measure until a qualified practitioner is available.”*

M. Griener explained that since the topic is considered an emergency, some states didn't issue individual opinions.

J. Harper asked Mr. Conerly if there would be a use for this IO device in a non-emergency situation at their hospital. The material submitted to the committee show it can be used to administer a range of medications, included antibiotics.

B. Conerly responded, no. His experience and interest in obtaining an opinion would be for patients in a life threatening situation where the nurse needs IV access. He envisions that once a patient has become stabilized, the physician would opt to put in a central line or a more permanent type of IV. However, it could be utilized for an initial dose of antibiotics for septic patient.

P. Griener added that it could also be used for a child with an overwhelming infection who may be in shock and intravenous access is limited.

B. Conerly added that in their research into intraosseous devices, the Bone Injection Gun (BIG) he demonstrated was developed by a company after doing research by the Israeli army who uses this device for field medical use.

J. Harper asked Mr. Conerly if they would be establishing practice protocols and policies and procedures to outline the training needed to utilize the device.

B. Conerly advised it would incorporate appropriate training and added their training program involves the physicians training their emergency room staff.

Motion

by M. Oswalt, seconded, that Practice Committee recommends to the Board that it is within the scope of practice for an RN to insert intraosseous infusion devices based on ACLS protocols, in an emergency situation, provided that the RN demonstrates the knowledge, skills and abilities to perform the procedure and provided training and competencies are demonstrated.

Vote

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

Agenda item 6.1

Announcements/Communications:

Attorney General's letter and opinion issued to the Louisiana Department of Health and Hospitals on nurse practitioners and prescriptive authority in a psychiatric hospital setting. Opinion No. 07-0133.

M. Griener stated in 2006 legislative session Senate bill 624 passed which allowed for medical psychologists and psychiatric mental health nurse practitioners to fully practice in state psychiatric facilities. Previous to this, there was legislation that only

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allowed a physician to write prescriptions, perform therapy, to diagnosis and treat patients in these facilities. The new Senate bill 624 states that the nurse practitioner who managing the patients in the psychiatric facility would be a psychiatric mental health nurse practitioners.

M. Griener stated that an opinion was requested by DHH regarding the practice approval of prescriptive authority for non-psychiatric mental health nurse practitioners.

M. Griener reported that the Attorney General issued an opinion stating that it had to be a psychiatric nurse practitioner and that a 'simple' nurse practitioner, as they termed it, may not prescribe medications to a patient in a mental hospital. This opinion would prohibit a family nurse practitioner or adult nurse practitioner from practicing in a mental health facility. M. Griener advised a copy of the opinion was given to Mr. Shows, the Board's attorney, for review.

J. Nickens stated that it's unfortunate that neither LANP nor LSBN were contacted by the Attorney General's office prior to the opinion being issued in order to allow for input. When she worked at the Hunt Correctional Center, she would not order psychiatric medications for prisoners, but pointed out that psychiatric mental health nurse practitioners do not know all facets of the family role.

M. Griener stated that Mr. Shows advised that there are options and that LSBN could ask the Attorney General to revisit the opinion.

J. Harper reported that after review, the Practice Committee makes the recommendation for Ms. Morvant and Ms. Griener with legal counsel; contact the Attorney General's office to request a meeting for more information regarding this act.

M. Griener reported that Ms. Morvant will present another item at the Board meeting regarding Senate Concurrent Resolution 109 by Senator Schedler that sets up a scope of practice committee that can be called by the Chairpersons of the Senate Health and Welfare committee or by House Health and Welfare committee. There were several scopes of practice issues raised at the last legislative session. One was regarding CRNAs related to interventional pain management but many other areas had representatives there such as Optometrists and Podiatrists, and several other bills were introduced regarding scope of practice issues. Essentially the resolution says that they would be setting up a committee that would deal with scope of practice issues, and report back to the President of the Senate and Speaker of the House by January 2008.

There were no other announcements or issues to be addressed.

Adjournment

The Committee adjourned at 9:55 a.m.



Submitted by:

Margaret Griener, Director - Credentialing and Practice