

**LOUISIANA STATE BOARD OF NURSING
17373 PERKINS ROAD
BATON ROUGE, LOUISIANA 70810**

MINUTES OF THE JUNE 13, 2012 BOARD MEETING

Call to Order: The regular meeting of the Louisiana State Board of Nursing was called to order at 9:00 am by D. Porche, on Wednesday, June 13, 2012, at the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.

Roll Call: The following Board members were in attendance:
Demetrius Porche, DNS, APRN, Ph.D, FNP, President
Carlene MacMillan, MN, RN, Vice President
Patricia Prechter, Ed.D, MSN, RN, Alternate Officer
Lucie Agosta, Ph.D., RNC,
Larry Haley, MSN, CRNA
Jolie Harris, MSN, RN
Patricia Johnson, MN, RN, CNA
Sue Westbrook, DNS, RN

The following Board members were not in attendance:
Nancy Davis, MN,RN, NE-BC
William LaCorte, M.D. Ex-Officio Member
Robert Bass, M.D., Ex-Officio Member

The following staff members were in attendance:
Barbara Morvant, MN, RN, Executive Director
Rickie Callegan, MN, RN, Director of Investigations
Cynthia Bienemy, PhD, RN, Director of the Center for Nursing
Patricia Dufrene, MSN, RN, Director of Education and Licensure
Joy Peterson, BSN, RN, Director of Hearings
Danielle Smith, RN, MSN, Director of Monitoring/RNP
Cindi York, RN, MSN, CGRN, Director, Credentialing and Practice
Jennifer Alleman APRN, FNP-BC, APRN Compliance Officer
E. Wade Shows, Board Attorney
Suzanne C. Armand, Court Reporter
Marcia Carter, Administrative Assistant
Brenda Kelt, Licensing Analyst
Kathie Pohlman, Social Worker
Kim Justice, Administrative Assistant

Introduction: Dr. Porche established that a quorum of the Board was present.

Motion: by C. MacMillan, seconded, to adopt the agenda with the ability to reorder the agenda.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S.

Westbrook-yes

Motion Carried.

Minute Approval

Motion: by Dr. Prechter, seconded, to approve the Minutes of the April 13, 2012 Board Meeting

Voice Vote: L. Agosta-yes; N. Davis-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

EDUCATION/EXAMINATION ISSUES

AGENDA ITEM 4.1

**LOUISIANA-MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION
REQUEST FOR REAPPROVAL AS CONTINUING EDUCATION PROVIDER**

04/25/2011 LSBN staff received Louisiana-Mississippi Hospice and Palliative Care Organization CE Application for Reapproval for review. Packet reviewed by LSBN staff and found to be complete.

Motion: by P. Prechter, seconded, that the Board reapproves the Louisiana Mississippi Hospice and Palliative Care Organization [Provider #46] as continuing education provider recognized by the Louisiana State Board of Nursing effective June 13, 2012 to June 13, 2016.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 4.2

**LAKE CHARLES MEMORIAL HOSPITAL REQUEST FOR REAPPROVAL AS CE
PROVIDER**

4/18/12 LSBN staff received Lake Charles Memorial Hospital CE Application for Reapproval for review. Packet reviewed by LSBN staff and found to be comprehensive and complete.

Motion: by Dr. Prechter, seconded, that the Board reapprove Lake Charles Memorial Hospital [Provider # 25] as a Continuing Education provider

recognized by the Louisiana State Board of Nursing effective June 13, 2012- June 13, 2014.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 4.3

LA/DHH/OCDD GREATER NEW ORLEANS RESOURCE CENTER ON DEVELOPMENTAL DISABILITIES REQUEST FOR REAPPROVAL AS CONTINUING EDUCATION PROVIDER

4/25/12 LSBN staff received the LA/DHH/OCDD Greater New Orleans Resource Center on Developmental Disabilities CE Application for Reapproval for review. Packet reviewed by LSBN Staff and found name change with this application from application previously approved under: DHH/OCD Greater New Orleans Behavioral/Health Resource Center on Developmental Disabilities.

Motion: by Dr. Prechter, seconded, that the Board reapprove the LA/DHH/OCDD Greater New Orleans Resource Center on Developmental Disabilities [Provider # 49] as a Continuing Education provider recognized by the Louisiana State Board of Nursing effective June 13, 2012- June 13, 2016

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 4.4

SOUTHEASTERN LOUISIANA UNIVERSITY BACCALAUREATE OF SCIENCE IN NURSING DEGREE PROGRAM –CCNE SITE VISIT REPORT

On March 3-7, 2012 Southeastern Louisiana University's Bachelor of Science Nursing Program was reviewed by CCNE. Standards were all met. P. Dufrene submitted LSBN staff report that all standards were met.

Motion: by Dr. Prechter, seconded, that the Board accept the Site Visit report on Southeastern Louisiana University School of Nursing Baccalaureate of Science in Nursing Degree and continue Full approval status to be reviewed annually with annual reports

Voice Vote: L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion carried.

AGENDA ITEM 4.5

WILLIAM CAREY UNIVERSITY BACCALAUREATE OF SCIENCE IN NURSING DEGREE PROGRAM – LSBN/SCNE SITE VISIT

LSBN staff participated jointly in a CCNE reaccreditation from 4/18/12 to 4/20/12. P. Dufrene submitted LSBN staff report that reflects all Standards all met with exception of NCLEX pass rate above 80%. William Cary remains on conditional approval for second consecutive calendar year.

Motion: by Dr. Prechter, seconded, that the Board accept the LSBN Site Visit report on William Carey University School of Nursing Baccalaureate of Science in Nursing Degree and continue Conditional approval status to be reviewed with 2011-2012 annual report.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 4.6

INTERIM REPORTS CONCERNING CONDITIONAL APPROVAL SECONDARY TO NCLEX PASS RATES

No Action Required

1. Fletcher Community College

Fletcher Community Colleges submitted interim report which matter is for consideration under Agenda 4.11 and 4.12

Interim Report Attached Addressed in Agenda Item 4.11

2. Grambling State University

On April 16, 2012 LSBN staff received interim report submitted in response to action on annual report. Parts I IV- reflects response to late submission clarifications of areas of conflict, confusing or insufficient data in order to formulate the LSBN Annual Report. Part V speaks to NCLEX pass rate.

Listed items to be implemented:

1. Implementation of Admission test for applicants beginning Spring 2013
2. Kaplan exams at each level
3. Six (6) Progression exams (52% percentile required all levels, all exams)
4. Kaplan Exit (52% percentile required)
5. Live Kaplan Review for Level 5
6. Live HURST Review for Levels 4 and 5
7. Curriculum mandates- computer lab resources and simulation
8. HESI Exit benchmark of 880 to be implemented Spring 2012
9. Remediation and enhancement session all levels
10. Weekend retreat/review for all unsuccessful fall 2011 candidates

Notations:

1. Number 1 was to be implemented Spring 2012
2. Progression and Exit exam strategies were implemented in the fall 2011. According to interim report June 2011, these changes were to be implemented in 2007.
3. As noted below, the NCLEX scores continue to fall below the benchmark

NCLEX Results:

2006- 42.5
2007 - 75
2008- 90.83
2009- 82.82
2010- 79.61
2011 - 69.12
2012- 59.38 (1st quarter)
50.0 (April 2012)

As of June 12, 2012, they are at 57.4. There were 42 tests taken, and 24 taking test for first time passed and 18 failed.

Dr. Rhonda Hensley, was present representing Dr. Potter, Interim Associate Dean for Grambling School of Nursing, she brought a letter from Dr. Potter addressing the board, stating that there is a new administration team at Gambling. Dr. Potter is the Interim Associate Dean in the School of Nursing. Dr. Jamil Norman has just been appointed as the BSN Program Director, who has a long history in nursing education. Dr. Potter addressed the progress goals to increase the NCLEX-RN pass rates of their graduates. The program head hired a nursing education consultant who has been very actively involved in helping Dr. Potter and faculty. Dr. Hensley stated that they are very committed to making the program work and appreciate the Board for helping and supporting them along the way.

3. William Carey University

On April 10, 2012 LSBN staff received interim report submitted in response to action on annual report.

After being placed on conditional approval in 2011, WCU administrators implemented changes to curriculum and remediation measures to improve student success. These were previously submitted to the Board. There was an increase from 66.67% to 74.51%

The new strategies outlined were implemented for the Graduates of February 2012. These strategies resulted in 3 of the graduates passing thus raising the NCLEX pass rates to 100% at the end of April 2012. These strategies included:

1. Remediation plan
2. Exit Interview (discuss study plans)
3. NCLEX RN review books supplied to Library for student use and check out
4. NCLEX3500
5. Concept review sessions
6. Faculty contracts include use of ATI materials and review activities

Additional strategies are being incorporated for the April 2012 graduates:

1. Utilizing ATI practice exam with mandated score of 90% in level 5,
2. ATI comprehensive RN predictor after each final
3. 6th term review/remediation plan preceptorship.

NCLEX Results:

2010- 66.67

2011- 74.51

2012- 100 (1st quarter- 3 students)

As of June 12, 2012, the NCLEX-RN pass rate was are at 75%. Eight were tested, 6 passed.

Ms. Dufrene reported that this was the 2nd year that both Grambling and William Carey have reached conditional approval. If not improved by the next annual report, it will be the third year.

Dr. Janet Williams addressed the Board, stating that as long as the group which graduates in August is as successful as their predictor scores indicate, they will be above the 80% standard.

AGENDA ITEM 4.7

COMPLIANCE/STATUS REPORTS FOR OUT-OF-STATE SCHOOLS WITH APRN LOUISIANA CLINICAL APPROVAL

No Action Required

Ms. Dufrene gave an update on the out-of-state schools with APRN Louisiana Clinical Approval.

Nine (9) Out-of-State Schools have been approved to offer APRN clinical experiences in Louisiana since September 2011. One program (University of Cincinnati) was granted conditional approval and required to submit detailed course syllabi for clinicals taught in Louisiana.

Programs were instructed to submit documents reflecting compliance with standards to LSBN. Education Department has received and reviewed 119 packets regarding 50 different students for fall 2011 and Spring 2012 form. LSBN staff reported the following concerns:

Graceland University

Graceland University granted conditional approval pending qualified faculty. Faculty are currently in process of applying licensure by endorsement.

University of Cincinnati

University of Cincinnati granted conditional approval pending submission of course syllabi and faculty qualifications. The requested documents have been submitted. Faculty are currently in the process of applying for licensure by endorsement. 5/24/12- submitted deficient information including requested syllabi and faculty qualifications. Met all requirements. Updated status to full approval effective May 2012-May 2014.

University of South Alabama

P. Dufrene reported that 2 faculty are not qualified; 1 faculty for adult Gero the need for faculty to student and 1 assigned to both NNP and PNP. Staff discussed with Rosemary Rhoades regarding submitting endorsement application before assigning more students to these faculty as they do not have an APRN License in Louisiana.

Vanderbilt University

The PNP faculty forms submitted after faculty who do not hold a APRN license in Louisiana and no record of faculty application for license.

Discussion

AGENDA ITEM 4.8

NICHOLLS STATE UNIVERSITY INTENT TO DEVELOP A GRADUATE PROGRAM UNDER THE AUSPICES OF THE ICMSN

On 5/2/2012 LSBN staff received letter of recommendation and proposal submitted to Board of Regents (BOR) for inclusion of Nicholls State University in the ICMSN. The proposal will be reviewed at the BOR meeting on 5/24/2012.

On 5/4/2012- LSBN staff received a letter of intent and request for guidance for developing a graduate program under ICMSN,

Subsequent to these to letters, Ms Morvant and Ms Dufrene spoke with Dr. Westbrook via telephone regarding her requests. It was determined that since Nicholls State University does not currently have an existing graduate program, they would be required to seek approval by LSBN. It was further discussed that it appears that most of the information could be pulled from the BOR proposal when creating the LSBN proposal. It was further discussed that Ms Dufrene would review the proposal sent to BOR and notify Dr. Westbrook of information not found in the BOR proposal. Dr. Westbrook was requested to submit proposal no later than 2 week in advance of the Board meeting to allow for full staff review and feedback prior to the meeting.

LSBN reviewed BOR proposal and developed a checklist for in state graduate program requirements.

On May 16, 2012 LSBN staff emailed a completed checklist for graduate program proposal review identifying items required for the LSBN proposal that were not included in the BOR proposal.

On May 25, 2012 Dr. Westbrook notified LSBN staff regarding need to wait until August meeting for Proposal. Staff and Dr. Westbrook agreed on presenting Letter of Intent at June meeting and Program Proposal at August meeting to allow time for gathering information not included in the BOR proposal.

Motion: by Dr. Prechter, seconded, that the Board acknowledge the letter of intent from Nicholls State University to develop a graduate program under the auspices of the ICMSN.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; Westbrook-recused

Motion Carried.

AGENDA ITEM 4.9

SOUTHERN UNIVERSITY BATON ROUGE INTENT TO INITIATE A RN-BSN DEGREE PROGRAM FALL 2012

A letter of intent was received on May 17, 2012.

Motion: by Dr. Prechter, seconded, that the Board acknowledge the letter of intent from Southern University Baton Rouge to initiate an online RN-BSN

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 4.10

SOUTHERN UNIVERSITY BATON ROUGE INTENT TO INITIATE A POST-MASTER'S DOCTOR OF NURSING PRACTICE (DNP) DEGREE PROGRAM FALL 2012

On May 8, 2012, LSBN staff received the letter of intent and program implementation information for the Post-Masters DNP. The letter reflected that students admitted to the Nurse Practitioner Tracks of the DNP will have an unencumbered APRN license;

On May 8, 2012 LSBN Staff reviewed and requested clarification of the following:

Identification of Specialty Tracks of Study to be offered
Confirmation that Non APRN graduates of any non-licensure Tracks will not be eligible to apply for Licensure in Louisiana upon completion of program

On May 17, 2012 LSBN staff received letter of clarification:
Concentration is Family Nurse Practitioner
Non-APRN applicants are not eligible to enroll.

Motion: by Dr. Prechter, seconded, that the Board acknowledge the letter of intent from Southern University Baton Rouge to initiate a Post-master's Doctorate of Nursing Practice Degree Fall 2012 for the concentration of Family Nurse Practitioner.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion carried.

AGENDA ITEM 4.11

EMERGENCY RULES (LAC 46:XLVII.3533.E.) REGARDING SCHOOLS OF NURSING EXHAUSTING INITIAL APPROVAL AND NOT MEETING STANDARDS FOR FULL APPROVAL

Staff submitted to the LSBN draft proposal rules LAC 46:XLVII.3533.E.3 programs regarding not achieving full approval within two years following the program's eligibility to apply for full approval shall submit a report to the Board and appear before the Board where the Board will give notification to the parent institution that:

a. The program is extended for additional one year period post eligibility for full approval. At the end of the one year extended initial approval, if the program meets standards, program may petition for full approval. If the program remains ineligible for full approval at the end of the

additional year, the program shall initiate phase out of the program

i.. A plan shall be submitted to phase out the existing nursing program to include:

- a. dateline for final admission of students to the existing program;
- b. plan for the normal progression of students in the existing program;
- c. contingency plan for students who cannot follow the normal progression sequence in the existing program (i.e., failures, illness, etc);
- d. the projected date of graduation for the final class of the existing program.

ii. All students shall have assistance with transfers to the new nursing programs or to another program of choice. A list of the names of these students shall be submitted to the Board.

iii. The following records of the existing program shall be retained:

- a. students' applications to the program (when applicable);
- b. students' final transcripts;
- c. all curricula plans offered, including catalog course descriptions;
- d. rosters of all graduation classes and dates of graduations.

iv. The board shall be notified of the arrangements for the administrative control and storage of the permanent program and student records; or

b. The program should not admit any new students in the nursing sequence, and shall initiate phase out of the program as outlined in LAC46XLVII.3533.E. a-b.

Ms. Dufrene requested that the Board adopt the Emergency Rules and initiate for rulemaking regarding schools of nursing exhausting initial approval and not meeting standards for full approval.

This action is required because eminent peril to public health, safety or welfare requires adoption of this rule. Current rules are silent for programs that have exhausted two years approval past eligibility for approval.

Motion: by Dr. Prechter, seconded, that the Board adopt the Emergency Rules and initiate for rulemaking regarding schools of nursing exhausting initial approval and not meeting standards for full approval.

Dr. Porche reminded Board members they have five days to take action to present to the Legislature, the Governor, the Attorney General, and Speaker of the House and the President of the Senate to ensure the Board's justifications as to why the Board felt it was eminent to pass these Emergency Rules. Upon approval, Staff will immediately start working on the matter.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes
MacMillan- yes

Motion Carried.

AGENDA ITEM 4.12

FLETCHER TECHNICAL COLLEGE ABILITY TO CONTINUE ASN PROGRAM

Public Hearing was held on April 11, 2012 regarding FTCC status of initial approval since program was initiated. FTCC was eligible for full approval in September 2009, but has not met standards due to poor NCLEX pass rates, thereby exhausting ability to remain on initial approval (LAC46:XLVII.3533.E.2)

NCLEX Pass rate history is as follows:

2009- 75 %

2010- 71.43 %

2011 - 72.97 %

2012- Unchanged, no new NCLEX results

Motion: by Dr. Prechter, seconded that the Board resume the Public Hearing for Fletcher Technical College.

Voice Vote: L. Agosta-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; Westbrook -yes

Motion carried.

AGENDA ITEM 4.13

ANNOUNCEMENT/INFORMATION

1. Baton Rouge Community College Change in Administration - On April 12, 2012, LSBN received notification of change of administration at Baton Rouge Community College. Dr. Andrea Lewis Mill has been appointed Chancellor, replacing Dr. James F. Horton, who had been serving as Interim Chancellor.

NURSE PRACTICE ISSUES

AGENDA ITEM 6.1

PETITION FOR RULE CHANGE

Subchapter B. Rule Making Process; Declaratory Statements/Advisory Opinions, §3319. Adoption of Rules and Regulations, A.2.d.i. states: “Any interested person may petition the board, requesting the promulgation, revision or repeal of rules and regulations which would affect that person.”

PETITIONER REQUESTS THE BOARD ADOPT THE PROPOSED CHANGES TO CHAPTER 37, §3707. PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) INSERTION AND REMOVAL:

§3707.B.5. catheter tip placement confirmed by radiographic methods must be determined by a physician prior to initiation of therapy.

§3707.C.1.d. techniques for placement of PICC lines may include ultrasound techniques and other Federal Drug Administration approved technologies.

(The underlined sections indicated above are requested by Petitioner to be added to the current LSBN Rule §3707 regarding PICC lines)

Ms. York announced that she had received an additional letter of support from the petitioner and a copy was distributed out to Board members present. Ms. York presented information regarding this request as follows:

Subchapter B. Rule Making Process; Declaratory Statements/Advisory Opinions, §3319. Adoption of Rules and Regulations, A.2.d.i. states: “Any interested person may petition the board, requesting the promulgation, revision or repeal of rules and regulations which would affect that person.”

Initial request for Opinion or Declaratory Statement submitted by Carol Gonzales, RN. In her petition, Ms. Gonzales requested rule changes which will enable utilization of Federal Drug Administration (FDA) approved technology, in addition to chest x-ray, to confirm tip placement of PICCs. Petitioner states rule changes will result in (a) immediate release of the PICC line for use, which helps reduce time to initiate infusion therapy; (b) reduce nurse time spent on PICC tip repositioning and improve efficiency associated with PICC tip positioning; (c) eliminate costs associated with chest x-ray confirmations; and (d) eliminate x-ray exposure to patient and clinician. Petitioner further states that unsuccessful PICC placements will be referred to the Interventional Radiology Department for placement via fluoroscopy. The Infusion Nursing Standards (INS) of Practice #35.8 states “tip location of a Central Vascular Access Device (CVAD) shall be determined radiographically or by other approved technologies prior to initiation of infusion therapy”. Petitioner will introduce FDA approved PICC insertion technology that could be utilized by specially trained Registered Nurses to determine real time catheter tip location information using the patient’s cardiac electrical activity. This technology would serve as an alternative to chest x-ray and fluoroscopy for those patients who qualify.

Historically, the Gold Standard for determining PICC tip location is Chest X-RAY read by a Physician or Radiologist. EKG guided technology for verification of PICC tip is well documented in Europe and received FDA approval for use in the United States in late 2010. Research indicates that utilization of EKG technology for PICC placement will save patients the cost and exposure of a chest x-ray, decrease the number of repositioning procedures and decrease wait time for use. Literature revealed 95% - 100% accuracy with EKG method for placing PICC lines and was recently noted to have the potential of becoming the safest and cheapest method to confirm tip position. This technology does have some limitations in that it cannot be used reliably in patients with atrial fibrillation or other supraventricular arrhythmias. Research also points to limitations of chest x-rays such as radiographic interpretation variations and landmarks utilized by individual radiologists; however, in addition to PICC tip verification, chest x-rays may be utilized to rule out the presence of pneumothorax. Information has been submitted by petitioner that indicates some states have begun employing EKG technology for PICC placement. This information has been submitted with the board member’s packet for

review; however, Ms. York does not have official, detailed reports that verify the data. After researching state boards of nursing websites, it was determined that the following states have current practice opinions that endorse the current gold standard of chest x-ray: Maryland, North Carolina, Virginia, Arizona, South Dakota, Kentucky, California, Maine, Nevada, New Hampshire, Oregon, and Wyoming.

STAFF'S RECOMMENDATION:

The Infusion Nursing Society standards indicate that a PICC catheter tip location must be confirmed either radiographically or by other approved technologies prior to initiation of infusion therapy. The request for rule changes submitted by petitioner could eliminate the need for chest x-ray following placement of a PICC line in a substantial number of patients; however, adopting these rule changes would represent a deviation from the current standards of practice. Staff feels more evidence based research studies are needed that support the safety and efficacy of utilizing technology other than the standard chest x-ray. Staff also feels more champion supporters are needed such as other registered nurses, directors of nursing, hospital administrators, physicians, and/or radiologists. Furthermore, staff feels the board may appreciate data to clearly address any fiscal impact the rule changes may have on patients and other stakeholders.

At this time, it is the staff's recommendation that the Petition for Rule Change to Chapter 37, §3707.B.5 and §3707.C.1.d be denied based on insufficient studies and the need for more substantial supporting testimony.

Ms. Carol Gonzales, Manager of the IV Team at the Interim LSU Public Hospital, and Dr. Michael Hanemann, with the LSUHSC Department of Radiology, addressed the Board regarding the Petition for Rule Change to Chapter 37.

In answer to a question by Dr. Hanemann, Ms. York stated that the list of states which were provided in her presentation represent those states who currently require chest x-ray to verify placement of PICC tips.

Ms. Gonzales stated that they have been placing PICCs for approximately 20 years, and looking for ways to do things better to make it safer for the patient. Ms. Gonzales stated that it does eliminate some of the x-ray exposure for the patient. It doesn't require extensive training. It would be just an extra step to the procedure which is already being done when placing the PICC lines. The time involved with getting chest x-rays could potentially cause a delay, sometimes being hours to days to get PICC lines released for use. With this procedure, it can be done immediately. Also in addition to what they are already doing, which is ultra sound guided insertion with a micro introducer, there are lower risks for complications. It is understood that x-ray can't be totally eliminated altogether, because there will always be some situations where the x-rays are needed, but wanted to make this another option for the hospitals.

Dr. Porche asked for clarification that the procedure is not eliminating replacing one over the other, but just providing this as another option. Ms. Gonzales stated that this was correct.

Dr. Hanemann addressed the Board in support, stating the goal is for the optimal care of the patient. This technology has supplanted the other technology, the x-ray technology, in many states and they are using this procedure every day: It is modeled after EKG technology. The

studies show that no one who reviewed both found chest x-ray superior to the other on a technical basis. This technology would maintain sterility of the field. Dr. Hanemann requested that if the item is not approved, that the Board hold the matter pending more evidence and reconvene.

Dr. Porche stated that if the Board approves this technology today, there are still existing rules that discuss the issue of verification of placement of the PICC line prior to the utilization.

Dr. Hanemann reported that this technology has been done preliminarily in addition to the normal way and there has been no significant discrepancy.

Dr. Porche stated that he has looked extensively at the literature, and that the testimony presented is correct in that the state is at the point of some changes in standards with technology evolution. There is also a lot of literature supporting chest x-ray and a small body of literature developing using this technology. Dr. Porche stated that he feels at LSBN needs a model to look at the level of research and the level of the evidence in being able to compare with evolution of standards.

Discussion ensued

Motion: by C. MacMillan, seconded, to defer matter for further study.

Discussion ensued.

Dr. Porche asked that it be included that when studying the matter, the Board looks at different populations and across different types of settings and units within the acute care and outpatient settings.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA ITEM 6.2

REQUEST FOR OPINION:

WHETHER IT IS WITHIN THE SCOPE OF PRACTICE FOR A PEDIATRIC NURSE PRACTITIONER TO PROVIDE CARE (SPECIFICALLY SCREENING) TO PATIENTS OVER THE AGE OF 21 IN THE LONG TERM EFFECTS CLINIC AT TULANE UNIVERISTY HOSPITAL AND CLINICS IN ORDER TO MEET THE NEEDS OF THE UNIQUE POPULATION OF SURVIVORS OF CHILDHOOD CANCERS.

Ms. Alleman reported that there was an initial request for Declaratory Statement or Advisory Opinion on Nursing Practice submitted via email February 14, 2012 with a final revision April 17, 2012 by: Jeanne Katharyn Dispenza APRN, CPNP-BC, 834 Waterton Court, Baton Rouge, Louisiana 70819.

In an initial question submitted via email, Ms. Dispenza desired to participate in a research study and inquired as to if she could “*legally assess and document said assessment in the PNP role if the patient falls outside the age limit of 21 if specifically agreed upon in the collaborative practice agreement by myself and the physician with specific guidelines on limitations of care that would be provided to these patients.*” Ms Dispenza later clarified that the intention of the efforts is to assist Cure Search Children’s Oncology Group to develop a data base from which to expand their resources for their Long Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. This is a growing group as more children are surviving into adulthood, and resources for providing follow up care are needed

Board staff recommends the following:

That it is within the scope of practice for a certified pediatric nurse practitioner licensed in Louisiana to provide services to patients over the age of 21 who are survivors of childhood cancers for the purposes of transition to adult care and screening for late effects of cancer treatments provided the pediatric nurse practitioner has the knowledge, skills, and abilities to do so. Prior to providing such services, the pediatric nurse practitioner must submit a collaborative practice agreement for approval to the Louisiana State Board of Nursing (as per RS 37:913(8) and (9) and LAC 46:XLVII.4513.B) which includes these parameters of practice, reflects the mutual agreement with the collaborating physician(s), and identifies mechanisms for establishing and maintaining primary care services for the patients.

Ms. Dispenza clarified that the clinic will be a long-term effects clinics. The population of these patients is growing as more people are surviving childhood cancers. These types of clinics are being required due to the fact that a lot of adult practitioners, primary care practitioners, pediatric and adult oncologist are not comfortable, education-wise, addressing the specialized issues that some of these patients present with. In this clinic the goal would be to screen these patients every six months to annually, getting a thorough history and physical exam of the patient, ordering diagnostics, labs, x-rays, CTs based on specific guidelines. They would not stand as the primary care provider for these patients and will adopt a policy stating such. They will be screening the patient for specific issues that they are potentially at risk for, educating the patients and their families and their primary care providers.

Discussion ensued.

In response to a question by Dr. Prechter, Dr. Porche clarified that this is an opinion and not a declaratory statement and site specific. Jennifer Alleman clarified that the recommendation includes a collaborative practice agreement that identifies mechanisms for establishing and maintaining primary care services. The collaborative practice agreement would still come to Board staff for evaluation.

Motion: by C. MacMillan, seconded, that it is within the scope of practice for a certified pediatric nurse practitioner licensed in Louisiana to provide services to patients over the age of 21 who are survivors of childhood cancers for the purposes of transition to adult care and screening for late effects of cancer treatments provided the pediatric nurse practitioner has the knowledge, skills, and abilities to do so. Prior to providing such services, the pediatric nurse practitioner must submit a collaborative practice agreement for approval to the Louisiana State

Board of Nursing (as per RS 37:913(8) and (9) and LAC 46:XLVII.4513.B) which includes these parameters of practice, reflects the mutual agreement with the collaborating physician(s), and identifies mechanisms for establishing and maintaining primary care services for the patients.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

(BREAK)

COMPLIANCE ISSUES

AGENDA ITEM 5.1

POLICY STATEMENT: CONTROLLED MEDICATIONS IN A PROFESSIONAL POPULATION-PALMETTO ADDICTION RECOVERY CENTER

No action required.

Ms. Smith introduced Dr. Jay Weiss, ASAM Certified Psychiatrist for Palmetto Addiction Recovery Services who will present the Policy Statement: Controlled Medications in a Professional Population. Board members received a copy of the Policy statement.

Dr. Weiss addressed the Board stating that Palmetto does not recommend use of controlled medications in professionals. Dr. Weiss commented that there is an epidemic of prescription drug abuse, addiction, dependence, and impairment throughout the country. Dr. Weiss gave an historical overview of the use of drugs for pain, and the developing need to control these medications for use resulting in an epidemic of controlled mediations.

In their professional opinion, Palmetto believes the overwhelming evidence is that if you are on a controlled medication, this would impair cognitive skills and executive function. Their letter states that if you are practicing a profession, controlled medication should not be taken, and out of the practice of the profession until off the medication.

Discussion ensued.

CREDENTIALLING

BOARD AGENDA ITEM 3.1

REQUEST FOR APPROVAL OF NEW DISCIPLINARY POLICY

Ms. York presented Item 3.1 and recommended approval of new policy: Guidelines for Discipline when Individual has Failed to Submit Required Documentation for Changes in Prescriptive Authority in Timeframe Established in NPA, Rules and Regulations.

LSBN has previously adopted Rules and Regulations, Title 46, Professional and Occupational Standards, Part XLVII. Nurses, Chapter 45, Advanced Practice Registered Nurses, §4513.D. Prescriptive and Distributing Authority.

Staff's recommendation is based on current rules and regulations Title 46, Professional and Occupational Standards, Part XLVII. Nurses, Chapter 45, Advanced Practice Registered Nurses, §4513.D.7. Changes in Prescriptive Authority. Said rule states:

“prior to change with the collaborating physician, or physicians or coverage physician, when applicable, the APRN shall notify the board in writing requesting approval of such changes and submit a new collaborative practice agreement. The APRN shall notify the board in writing within 30 days of all changes regarding practice sites. Failure to notify the board may result in disciplinary action”.

Staff submits it is necessary to enforce this rule to ensure compliance and wishes to receive guidance from Board members by way of a new policy entitled ‘Guidelines for Discipline When Individual has Failed to Submit Required Documentation for Changes in Prescriptive Authority in Timeframe Established in NPA, Rules and Regulations.’

Motion: by L. Agosta, seconded, that the Board approves new policy: Guidelines for Discipline when Individual has Failed to Submit Required Documentation for Changes in Prescriptive Authority in Timeframe Established in NPA, Rules and Regulations.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P. Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

REPORT OF THE PRESIDENT

Dr. Porche has been in contact weekly with Ms. Morvant, via conference calls and discussions of LSBN activities. The Succession Planning Committee has a draft of a position description for the Executive Director and are in the process of looking at the job position description. Dr. Porche and Ms. Morvant have been planning a Strategic Planning Retreat for the LSBN members and the staff. LSBN members have received notification and the date is confirmed. Dr. Porche will be representing the Board along with Ms. Morvant and possibly other staff members at the National Council of State Boards of Nursing Meeting in August.

REPORT OF THE VICE-PRESIDENT

APRIL 2012 FINANCIAL REPORT

C. MacMillan presented the April 2012 Financial Report.

REPORT OF THE EXECUTIVE DIRECTOR

Ms. Morvant reported that educational issues continue to be considerable as well as the number of applications for new students. In the open investigations, the Board staff are continuing to work to meet the goal of getting all complaints resolved within the 24 months from receipt. There has been tremendous stride, representing a lot of work from investigative, director and legal counsel staff as well as Board members. Since I last Board meeting, her efforts have focused some personnel matters which Ms. Morvant has kept the President, informed as well as, the Legislative Session.

AGENDA ITEM 2.1

2011/2012 BUDGET REVISION

Ms. Morvant reported that Board members had adopted the 2011/2012 budget revisions at the last Board meeting. In the revisions, there was a typographical error. For purposes of the audit and that the records reflect that the intent of the Board was to adopt those revisions, Ms. Morvant requested that the Board adopt the corrected amount from 159 to 159,000.

Motion: by C. MacMillan, seconded, that the Board accept the corrections of the April 2012 approved revised budget for 2011/2012 due to a clerical error as follows: Revenue Item 4100-07 entered as 159 should have been entered as 159,094.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion carried.

AGENDA ITEM 2.1

AUDIT COMPLIANCE REPORT

Ms. Morvant reported that the Louisiana Licensing Budget Act requires that the LSBN adopt the Audit Report by resolution.

As required by Legislative Auditor's Office, the completed questionnaire and a copy of the adoption instrument must be given to the auditor at the beginning of the Annual Audit. Board members are to report if there are any errors in the questionnaire. There has been no areas of fiscal mismanagement to her knowledge or that has come to the attention of LSBN.

Motion: by C. MacMillan, seconded, that the Board adopt by resolution the Audit Compliance Report.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-

yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

AGENDA 7.1

LOUISIANA CENTER FOR NURSING UPDATE

Dr. Bienemy updated the Board regarding the Louisiana Center for Nursing and the Louisiana Action Coalition. The 2011 LSBN annual report was submitted to Board members along with the Nursing Education Capacity and Supply Report.

Dr. Bienemy reported that, De. Jennifer Nooney, consultant for the Demand Study and the Forecasting study, will not be able to renew her contract with LSBN due to a potential conflict of interest. Dr. Nooney is currently employed by the Health Resources and Services Administration (HRSA), in the Office of Healthcare Workforce Analysis and she is exploring the development of a Forecasting Model for HRSA and have been advised by HRSA's Ethics department that it could be a potential conflict of interest to work on a forecasting model for one state when they are exploring the development of a model for all states.

Dr. Bienemy has been in communication with, the Louisiana Workforce Commission, about their, forecasting model. In the next month or so LCN will be giving a presentation to LWC's leadership group to share information about the work that LCN is doing and to talk about collaborating on some projects in the future.

On May 25th, the Core Leadership Team for the Louisiana Action Coalition had a very productive face-to-face meeting at LSBN. The focus of the meeting was to review the Strategic maps for the Action Coalition along with the five strategic priorities. The main priority being to develop a strong infrastructure for the Action Coalition along with five strategic priorities. The main priority being to develop a strong infrastructure for the Action Coalition. The Rapides Foundation has awarded the Action Coalition a challenge grant of \$150,000. At the Nursing Summit on March 16th, almost \$6000.00 in donations toward the challenge grant was collected. This challenge has to be met by December 31st.

The Robert Wood Johnson Foundation will be releasing an RFP for a \$150,000.00 challenge grant for Action Coalition states on July 2nd and LAC plans to pursue this funding opportunity.

NATIONAL COUNCIL STATE BOARDS OF NURSING

NCSBN LAUNCHES NEW CONSUMER EDUCATION INITIATIVE ABOUT APRNs

Ms. Morvant reported the launch of the new video. NCSBN will air in the New Orleans area.

AGENDA ITEM 9.1

2012 LEGISLATIVE SESSION REPORT

The 2012 Legislative Session Report was distributed to Board members.

Ms. Morvant provided LSBN copies of a report on the high and low priority bills that were tracked during the 2012 Legislative Session. Ms. Morvant highlighted outcomes or specific bills as follows:

HB947 the LSBN and the Louisiana State Nurses Association worked very hard to monitor and to remove the limiting language against the LSBN within this bill. The extension of the practice of licensed midwives bill had proceeded through the House with the LSBN's restrictions removed. HB947 was voluntarily deferred by the Senate Committee.

Representative Landry amended the licensed midwifery bill SB320, known as the doctor title bill, therefore SB320 includes not only the statutory authority that individuals have to demonstrate their credentials with the use of titles, it also incorporate all the licensed midwifery bill.

SB769 (formerly SB692) -Ms. Morvant reported that she working along with LSNA, was will able to get an amendment to require joint rule making by LSBN and the Board of Elementary and Secondary Education (BESE) regarding training and competency of diabetes care attendants. There was bitter opposition from the American Diabetes Association to such an amendment

HB540 a bill to authorize unlicensed persons to administer and stock doses of Epipen. That bill failed. SB119 required the nurse to administer and stock doses of Epipen. At the last minute, the author of HB590 amended SB 119 to incorporate HB 540.

SB124 was a bill that exempts LSBN from certain time limitations for disciplinary. This has passed

Treatment Center

Ms. MacMillan raised a question regarding relapse rate related to the criteria for treatment centers. It was noted that the staff could prepare reports as requested by the LSBN Board.

Dr. Porche stated that the Board will go into Executive Session to hear the report on ongoing litigation, then immediately go into open session to reconvene the Special Call meeting regarding Fletcher Technical College.

Motion: by C. MacMillan, seconded, to go into Executive Session for the purpose of receiving the Report on Litigation.

Voice Vote: L. Agosta-yes; L. Haley-yes; J. Harris- yes, P, Johnson-yes; P. Prechter-yes; D. Porche-yes; S. Westbrook-yes

Motion Carried.

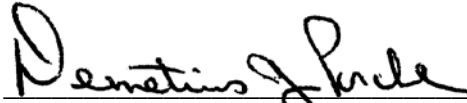
The Board resumed in Open Session at 12:00 p.m.

Motion: by C. MacMillan, seconded, to adjourn the meeting of the LSBN

Voice Vote: L. Agosta-yes; N. Davis-yes; L. Haley-yes; C. MacMillan-yes; J. Harris-yes, D. Porche-yes; P. Prechter-yes; S. Westbrook-yes

Motion Carried.

ADJOURNMENT: The meeting adjourned at 12:00 p.m.



**DEMETRIUS PORCHE, PRESIDENT
LOUISIANA STATE BOARD OF NURSING**