

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
October 23, 2007**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by James Harper, Chair, at 9:03 a.m. on October 23, 2007 in the Mississippi Queen 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
Patricia Johnson, MN, RN
- Committee Members Excused**
Michelle Oswald, MSN, APRN, CRNA
- Committee Members Absent**
Gerald Bryant, MSN, RN
- Non-voting Board Members Excused**
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 Germond, Credentialing Manager
Brenda Kelt, Licensing Analyst
Wanda Green, Administrative Services Assistant
- Guests** Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners (LANP)
Joan S. Smith, RN, Vernon Parish Schools
Shannon W. Bergeron, RN, Lafayette General Hospital
Nita T. Krehbiel, RN, Lafayette General Hospital
Linda M. Starns, RN, North Oaks Medical Center
Becky Cohen, Nursing Student, Baton Rouge General School of Nursing
- 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. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the July 24, 2007 Practice Committee meeting.
- Motion** by D. Olds, seconded, that the Committee approve the minutes of the July 24, 2007 Practice Committee.
- Vote** Olds - yes, Johnson - yes. Motion carried.

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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 she and Ms. Morvant discussed this issue with DHH and Dr. Marier, Executive Director with the Louisiana State Board of Medical Examiners (LSBME), The statute continues to allow for physician delegation to the unlicensed care giver (Direct Service Workers); however the rule change was never promulgated. The position by LSBME is that physician delegation is not appropriate in this situation. A meeting was held with Kathy Kliebert, Assistant Secretary of the Office for Citizens with Developmental Disabilities (OCDD), and also met with Jeanne Abadie, Chief Advocate for disabled individuals, but we have not heard anything further from DHH concerning the situation.

B. Morvant stated that she was expecting communications from Erin Rabalais, Health Standards Section Manager with DHH, but had not received it yet.

M. Griener stated that the current statute states that Direct Service Workers can give medications in the home under certain circumstances, although the rules were not promulgated. This is a difficult situation for the nurses and will need to address again for resolution.

Agenda item 4.2

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

J. Harper reported that the initial EMTALA committee meeting was held yesterday, October 22, 2007. Each of the following five associations and agencies directed to sit on the committee by HCR 202 were contacted to attend the committee meeting, and each provided a representative:

- 1) Louisiana State Nurses Association – Dr. Joe Ann Clark, Executive Director.
- 2) Louisiana State Board of Medical Examiners – Dr. Robert Marier, Executive Director.
- 3) Rural Hospital Coalition – Mr. Jack Stolier, attorney.
- 4) Louisiana Department of Health and Hospitals, Medicaid Director's office – Ms. Erin Rabalais, Health Standards Section Manager.
- 5) Louisiana State Medical Society – Dr. Chris Trevino.

J. Harper stated that the committee determined it will need to meet again sometime in either December or January as this is a very complicated issue. Further information will be requested for consideration by the committee from the rural hospitals who had requested the legislation. The committee would like input from the physicians and nurses who work in the emergency department of those hospitals in addition to the administrators of those facilities.

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J. Harper stated that HCR 202 directed the committee 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. He advised that Ms. Griener with LSBN will establish the date for the next meeting and advise the EMTALA committee members.

New Business

Agenda item 5.1

Whether it is within the scope of practice for an RN to delegate to an LPN the counting of carbs. Also whether it is within the scope of practice for an RN to delegate to an LPN the administration of insulin via the insulin pump. (Vernon Parish School Nurses).

J. Smith stated that within the Vernon Parish School system there are 19 schools with 6 registered nurses and 6 licensed practical nurses and we're seeing more and more children on insulin pumps. The pumps all have to be used before lunch and there simply aren't enough RNs in all areas to personally administer insulin via the insulin pump during that period.

M. Griener reported that she had requested Vernon Parish School send in this petition for opinion, but she has received calls from many other schools throughout the state who have also expressed interest in this issue. The schools have hired LPNs to assist in the management of the children, and currently we do not have an opinion by the Louisiana State Board of Nursing that stated that an RN could delegate the counting of carbs and delivering the bolus of insulin via an insulin pump. M. Griener explained that the actual bolus of insulin is the bolus on the pump which is for subcutaneous tissue (under the skin) not an IV bolus.

J. Harper asked Ms. Smith how many children were involved.

J. Smith reported that they have several pumps among the 19 schools in the school system. A couple of the children are older students who can operate the pump themselves, but they also are seeing much younger children needing to use the pumps, including 1 currently in kindergarten and pre-school. The orders for a couple of the children specify that the nurse needs to go to lunch with the child to figure out how much they ate to count the carbs, which takes a lot of time.

J. Smith explained that the insulin pump is easy to use, you put in the blood sugar, you enter the carbs and the instrument does everything else.

M. Griener confirmed that the child can do it themselves if they are old enough to train to use the pump effectively and the parents are doing it at home.

M. Griener stated that Ms. Griener added that all of the RNs she has spoken to in various parish school systems, are in support of this because they can not manage the growing numbers of children coming into school with diabetes.

M. Griener reported that nationally, the management of children with Diabetes I, which is primarily what we're addressing, is very much in discussion and states are all handling it differently. California for example currently allows an unlicensed person to do this, which has resulted in a lawsuit filed by the American Nurses Association.

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J. Harper asked to clarify that in a hospital setting, the delegation of this function to an LPN is allowed.

M. Griener confirmed, yes it's currently allowed in a hospital setting. What we're reviewing now is to allow the RN to delegate this to LPNs in a school setting.

Motion

by D. Olds, seconded, that the Practice Committee recommends to the Board that it is within the scope of practice for an RN to delegate to an LPN the counting of carbs and the administration of insulin via the insulin pump.

Vote

Olds - yes, Johnson - yes. Motion carried.

Agenda item 5.2

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)

S. Bergeron and N. Krehbiel introduced themselves to the committee as RNs and part of the PICC team at Lafayette General Medical Center.

S. Bergeron stated they perform about 80 PICC lines per month and that they look at every single X-ray. They attended a class held recently in Houston regarding where the tip of the PICC line should be located on a patient. She reported that occasionally when they do a PICC line the radiologist is not available to read the X-ray which results in the patient having to wait for their medication.

D. Olds asked if they were aware of how many states were currently allowing this practice.

L. Starns, RN with North Oaks Medical Center advised that there are approximately 15 states that are already allowing this.

N. Krehbiel added that the RNs already check the X-ray carefully and if they see the tip is not correctly placed they reposition it right away if needed, because if it's not read for several hours and keep sterile a catheter exchange is required. Since so many lines are placed at night when radiologists are not always available, it's a problem to wait for consult to release the line to allow the patient to start therapy.

D. Olds asked if these hospitals that allow this now, are there certain protocols to cover issues to insure that the RN would not authorize use of the line if there were other complications such as multiple lines or a pace-maker.

S. Bergeron advised that they would continue to bring the X-ray to the radiologists for release of the line if the patient has a pace-maker or central line. She believes that the states that allow RNs to do this, do not allow it for pediatric patients and outpatients that it still needs to be read by a radiologists before the patient leaves the facility.

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D. Olds asked with this course they attended, did they obtain recognized certification.

S. Bergeron advised that they received 8 nursing contact hours for completing the course.

B. Morvant asked if there was actual nationally recognized certification on PICC line nursing.

S. Bergeron and N. Krehbiel advised they were not aware of any type of certification in this area, but rather continuing education in the form of contact hours.

L. Starns confirmed that although there is no certification in this area, only the qualification by contact hours and courses.

D. Olds asked about the winter 2002 article entitled “A process toward certifying registered nurses to read chest X-rays” from the Journal of Vascular Access Devices publication provided in the committee packet.

S. Bergeron explained they supplied the article with their petition, but that there was a more recent article that just came out in the fall 2007 JAVA (Journal of the Association for Vascular Access) entitled “Taking the Leap from PICC Placement to Tip Placement” that explains the importance of tip placement and possible complications of the PICC line. S. Bergeron stated that the RNs would like to verify the tip placement without having to wait for the radiologists.

P. Johnson asked do the radiologists still read the X-ray later to confirm the RN placed the tip correctly.

S. Bergeron stated, yes, that in Washington state the radiologists still have to read the X-rays within 24 hours.

D. Olds asked for clarification on the states allowing RNs to interpret the X-rays for PICC line placement.

S. Bergeron presented a copy of the handout of the course “RN-Performed Radiographic Confirmation of Peripherally Inserted Central Catheters” given by Jamie Bowen with the Oregon Health and Sciences University Hospital that showed there are currently 17 states allowing RN performed radiographic interpretation of PICCs. The states listed are: Arizona, Arkansas, California, Colorado, Georgia, Indiana, Kentucky, Michigan, Minnesota, Missouri, New Jersey, Nevada, North Carolina, Ohio, Oregon, Texas, and Washington.

J. Harper asked how long on average are the patients without IV access prior to finding placement.

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S. Bergeron stated usually a few hours, but in the evenings sometimes it may happen they have to wait overnight. If the radiologist is busy with a trauma case, the reading of their X-rays to check a line has to wait.

J. Harper asked about what percentage of PICC line placements are done after hours.

S. Bergeron said about 5 % to 10 % because the RNs try very hard to get them done between 8:00 am to 4:00 pm. They do about 2 every weekend.

J. Harper inquired if their facility has a radiologist on staff 24/7.

S. Bergeron advised that no, they do not. The facility uses Night Hawk in Australia, but response time can be very slow since it's not an emergent issue. So if the PICC line is done in the evening, then they have to wait for the next morning for the radiologists, or take the films and run them over to the emergency room for the ER physician to read them.

J. Harper asked if they had CT scans MRIs at their facility, and who reads those films over the weekend.

S. Bergeron advised that Night Hawk reads those as well, but likewise, response is not timely.

J. Harper asked if the Texas Board of Nursing allows RNs to do this because he had spoken with a businessman who operates a PICC line company in that state and was advised that it's not allowed in by the Texas BON.

S. Bergeron stated that she had been advised in the class that it had been approved by the Texas Board of Nursing.

P. Johnson asked how many PICC nurses in there facility.

S. Bergeron advised they have 4 PICC line nurses and all 4 had attended the PICC line class in Houston.

P. Johnson stated that she's surprised that the radiologists are willing to support this.

S. Bergeron stated that at her facility the radiologists are in support of it because they are comfortable with their RN skills and know they would come to them when in doubt.

D. Olds advised that at her facility that the radiologists are busy with more complex procedures, that with the PICC line placements increasing, especially for home therapy and outpatient, it takes a lot of time to put these in and it would free up there time if the RNs could do the PICC line placement.

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N. Krehbiel stated when they have a line that they can't go down, because of a couple of mal-positions at neck, they'll go down to fluoroscopy and the physician will come in with them and let them position their lines with the fluoroscope so they can watch it go down. But the radiologist is there.

P. Johnson stated that it sounded as if the RNs were already verifying the PICC line if they were reading the X-ray and repositioning if needed.

J. Harper pointed out that it's similar to placement of feeding tubes, the nurse can institute feedings until the radiologists has verified the placement. It's really the release to begin infusion therapy we addressing here.

J. Harper asked if the nurses had any policies and procedures in place on this or if they had prepared any drafts for committee review.

S. Bergeron responded no, they would have to develop it.

J. Harper stated this would be an important component in standardizing this throughout the state. Mr. Harper suggested that more research and validation of which state boards of nursing have actually approved this is needed for the committee to review the request.

M. Griener agreed that more data is needed, and mentioned that the last conference call she participated, only Washington State Board of Nursing had approved it. More research would be needed to verify which states have approved it and how, whether by rule change or opinion, etc. as well as a draft of policies and procedures drafted by the Lafayette General group for committee review.

M. Griener also advised that the term "reading an X-ray" is not within the scope of practice for an RN.

Motion

by P. Johnson, seconded, that the Practice Committee recommends to the Board this request for opinion be deferred for consideration at the next meeting and direct the staff to research other state boards of nursing opinions and information about this issue. Also, that the hospital requesting the opinion provide proposed policies for the training of the specialty trained PICC line nurses.

Vote

Olds - yes, Johnson - yes. Motion carried.

Agenda item 6.1

Announcements/Communications:

House Bill No. 246 (Act No. 293): Medication Attendants in Licensed Nursing Homes.

M. Griener reported that the bill directed DHH Health Standards Section to write rules to accompany the bill to allow Medication Attendants (MACs) certified in our state. The people who served on the committee were Joe Donchess Louisiana Nursing Home Association, LPN Board, the LSNA, a representative from the Adult Advocacy for the Elderly, Pharmacy Board member and myself.

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M. Griener explained that the curriculum for the training of the MACs is 100 hours, with 60 didactic theory hours and 40 clinical. The program will be run through existing vo-tech schools and community colleges throughout the state. RNs will oversee the teaching process and theory, but LPNs will act as instructors.

M. Griener advised that she attempted to have the RNs acting as instructors, but that she did not have support from the committee. The LPNs will be supervising the MACs on a daily basis, it could be an RN, but most medication administration in nursing homes is currently being performed by LPNs.

M. Griener reported that DHH will hire a Program Manager will function out of DHH/Health Standards who will run the program. The committee included many of the checks and balances that LSBN wanted for the Medication Attendants program such as:

1. Must have a criminal background check.
2. Must have an 80% pass rate on the examination.
3. The applicant has to be working as a CNA (certified nursing assistant) for a minimum of one (1) year.
4. The applicant has to be recommended by the nursing home administrator or facility manager they worked as a CNA to enter the program.
5. The medication attendant can not have another assignment patient assigned to him/her.
6. They couldn't give dangerous drugs like digoxin without checking with the nurse and could not administer controlled substances.

M. Griener advised that the last meeting was October 19, 2007 and that she'll share a copy of the final document once it's been published. The plan is for the proposed rules to be published in the November Louisiana register and promulgated in March 2008

Adjournment

The Committee adjourned at 10:20 a.m.



Submitted by:

Margaret Griener, Director - Credentialing and Practice

Approved 1/22/2008