

**Louisiana State Board of Nursing  
Practice Committee Meeting Minutes  
October 20, 2009**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Deborah Olds, Chair, at 9:10 a.m. on October 20, 2009 in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.
- Roll Call**
- Committee Members Present**  
Patricia R. Johnson, MN, RN, Acting Chair  
Nora F. Steele, DNS, APRN, PNP, LSBN President  
Larry J. Haley, MSN, APRN, CRNA
- Committee Members Excused**  
Deborah D. Olds, MSN, RN, Chair
- Non-voting Board Members Excused**  
William S. LaCorte, M.D.  
Robert A. Bass, M.D.
- Staff Present**  
Margaret Griener, MPH, APRN, PNP, Director of Credentialing & Practice  
Jennifer Gueho, MSN, APRN, ANP, Credentialing Manager  
Brenda Kelt, Licensing Analyst, Recorder
- Guests**
- Linda “Bekki” Starns, RN, PICC Team – North Oaks Medical Center  
Margaret G. Mitchell, RN, Acadiana Health Alliance  
Jonea Lynn Thigpen, RN, Acadiana Health Alliance  
Raegan Carter Jones, Louisiana Department of Education  
Melanie V. Cooper, RN, Ascension Parish School Board  
Debra (Debbie) Gautreau, RN, Ascension Parish School Board  
Linda Guedry, RN, Ascension Parish School Board  
Jodi Sheets, RN, Ascension Parish School Board  
Jill Gautreau, RN, Ascension Parish School Board  
Jennifer Keller, RN, Ascension Parish School Board  
Dena Pinell, RN, Ascension Parish School Board  
Michele Giroir, RN, Ascension Parish School Board  
Dawn Hebert, RN, NP student  
Tana Clark, RN, NP student
- Reorder Agenda** Patricia Johnson, Acting Chair, reordered the agenda.
- Motion** by N. Steele, that the chair be allowed to reorder the agenda.
- Vote** Steele – yes, Haley - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the July 21, 2009 Practice Committee meeting.

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**Motion** by N. Steele, seconded, that the Committee approve the minutes of the July 21, 2009 Practice Committee.

**Vote** Steele – yes, Haley - yes. Motion carried.

### Old Business

**Agenda item 4.1** Proposed Rules LAC 46:XLVII.3707 regarding Registered Nurses and Peripherally Inserted Central Catheter (PICC) Insertion, Radiographic Verification of Placement and Removal.

The Director of Credentialing and Practice (M. Griener) advised that on September 16, 2009 the Board adopted a motion to move forward with changes in rulemaking regarding the insertion, placement and removal of PICC lines by a registered nurse, but that it is not within the scope of practice for an RN to verify PICC line catheter placement by radiographic verification prior to use, that radiographic determination must be done by a physician.

**Agenda item 4.2** Update on aesthetic and cosmetic procedures.

Director of Credentialing and Practice (M. Griener) advised Board staff having been working on this issue for some time to come to a consensus between Louisiana State Board of Nursing (LSBN) and Louisiana State Board of Medical Examiners (LSBME). A follow up meeting was planned with representatives from both agencies, but due to scheduling conflicts was not able to be held. Another meeting will be requested to continue the discussion between both parties.

**Agenda item 4.3** Direct Service Worker Registry, Medication Administration and Noncomplex Tasks. Status of joint rule promulgation with DHH.

Director of Credentialing and Practice (M. Griener) advised that the Board approved Draft 7 of the notice of intent by DHH (Department of Health and Hospitals) on “Direct Service Worker Registry Medication Administration and Noncomplex Tasks” regarding medication administration by trained direct service workers (DSW). Draft 7 of the notice of intent approved by the Board on September 16, 2009 included the removal of the 60 day grace period as recommended by the Practice Committee on July 21, 2009 Practice Committee. DHH has been advised of LSBN Board approval, and (DHH) will proceed with rule making.

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**Agenda item 4.4** Continued discussion regarding ON Q C-bloc pumps.

Director of Credentialing and Practice (M. Griener) explained that she met recently with the following interested parties regarding this topic:

Ms. Charla Johnson, RN with Our Lady of the Lake

Ms. Judy Larson, CRNA and current President of Louisiana Association of Nurse Anesthetists (LANA)

Mr. Gerald Pedersen, CRNA with Lane Regional Medical Center. Mr. Pedersen also sits on the Board for the Louisiana Association of Nurse Anesthetists (LANA).

Ms. Denise Dana, President of Louisiana State Nurses Association (LSNA)

All parties at the meeting were in agreement that it is within the scope of practice for a registered nurse to titrate the anesthetic drugs related to continuous peripheral nerve block. Several manufacturers make a similar type of delivery system. There is still discussion on how to proceed because the current practice act and rules do not provide for this practice

The Practice Committee agreed to keep this item on the agenda until it is resolved.

### New Business

#### Agenda item 5.1

Request for Opinion:

Acadiana Health Alliance (AHA) submitted request for multiple practice questions regarding scope of practice for registered nurses providing professional skilled nursing care for visits to a client's residence, provider's office, by phone or in a home office setting.

#### Issue 5.1a

Acadiana Health Alliance (AHA) seeks guidance on how to obtain licensure so the company can provide registered nursing services to chronically ill clients.

Petitioner (M. Mitchell) introduced herself and co-owner (L. Thigpen) to the committee. Both owners are licensed registered nurses with 40 years cumulative experience. Acadiana Health Alliance was founded to provide preventative and wellness care to chronically ill patients after discharge. The idea was to bridge the gap by providing nursing care that could help prevent the patient from becoming acutely ill and enter the costly cycle of emergent, inpatient care again. The company collaborates with a physician, working within any setting, to assist the client to maintain his/her independence at home.

Ms. Mitchell explained that although many chronically ill patients are elderly who have no living family member willing or able to assist them in the ADLs (assisted daily living), chronically ill patients can range any age. Their services include respite care for family members who need a break from the daily care of their chronically ill family members. The location/setting of services rendered by AHA can vary from the patient's home, telephonic nursing services and even bringing the patient to a health care provider.

Petitioner stated that they have been unable to obtain State licensure by DHH because their company does not fit into one of the current established categories. They are concerned that without State licensure they will have difficulties finding nurses who want to work for them as an unlicensed company. They are also seeking help to define and ensure that the services they provide are within their scope of practice as registered nurses.

M. Griener asked for clarification on the response AHA received from DHH regarding their request for licensure.

Ms. Mitchell explained that although they provide skilled nursing care, the definition of a Home Health Agency requires that a company provide two (2) skilled care services. Skilled home health care is provided under the order of a physician and includes two (2) skilled care services, including skilled nursing care at least one of the following: physical therapy, speech therapy, occupational therapy, medical social services or home health aide services. With this current definition, Home Health care is short term rehabilitative, where AHA is preventative/maintenance providing only the skilled nursing care portion, but for a longer period of time for chronically ill patients.

Petitioner stated they do not qualify for Case Management licensure either because as registered nurses they provide direct patient care. In researching what other States are doing in this field, petitioners located a company operating in Illinois (CareLink, Inc.) who provide similar services. The application for licensure this company filed in the State of Illinois allowed them to mark their services as both "Home Services Agency" and "Home Nursing Agency". Both Florida and California have similar options for licensure.

M. Griener suggested that they seek legal advice to set up their own LLC Corporation which is allowed for nursing practice, but asked petitioner for mechanism of payment and reimbursement for services without DHH licensure

Ms. Mitchell advised that unless the patient has a long term care insurance policy, most of AHA patients are paying out-of-pocket. There is a pilot program for Advantage Medicare plans geared toward insurance companies for telephonic nursing care, not direct patient care. AHA is not currently billing either Medicare or Medicaid at this time due primarily to the licensure issue.

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N.Steele asked petitioners as to reason why they cannot employ sitters and become a Home Health Agency. M. Mitchell explained that aside from the cost, which they have been advised by an attorney would be high; there is currently a moratorium on the establishment/licensure of new Home Health Agencies.

M. Griener explained that agency licensure isn't needed to provide skilled nursing care in the home setting, but that having the umbrella of a licensed company would certainly be advantageous. Another contact AHA might want to investigate would be on the Office of Citizens with Developmental Disabilities (OCDD) who recently reported on the DSW (Direct Service Worker) rules. The DSWs are going to need to be trained by registered nurses and AHA could provide their services to fill this need.

### Motion 5.1a

by N. Steele, seconded, that the Practice Committee recommends to the Board that Board staff write a letter of support to DHH (Erin Rabalais) to state that registered nurses who work within their scope of practice may provide the services in a home setting.

### Vote 5.1a

Steele – yes, Haley - yes. Motion carried.

### Issue 5.1b

Acadiana Health Alliance asks whether certification is required for a registered nurse in managing Coumadin and frequency of PTINR following physician ordered protocol.

M. Griener stated that LSBN rules already allow registered nurses to administer medication with standing orders, Coumadin management included. However, their company must have written policies and procedures in place and standing orders signed by the physician. AHA must explain to the patient the process of Coumadin management, the importance of regular bloodwork and adjustment of Coumadin levels and AHA personnel need to follow up with the patient to make sure that both the blood testing and dosage adjustments are occurring.

Petitioner (M. Mitchell) confirmed that they already have a protocol and standing orders from the physician on the Coumadin management.

### Issue 5.1c

Acadiana Health Alliance asks whether it is within the scope of practice for a PICC certified registered nurse to place PICC lines within an office setting without a physician present during insertion, as long as emergency services are available.

Petitioner (L. Thigpen) explained that AHA's office is located inside an Ambulatory Surgical Center in Lafayette, although they are a separate company, and they have five (5) patient rooms with beds, chair, TV and have other medical equipment such as a crash cart on site. However, AHA does not have a physician as part of their staff. A radiologist has agreed to do the chest X-rays to confirm PICC line placement. The radiologist's office is in the same building.

M. Griener advised that rules on PICC lines do not specifically state that a physician must be on-site during placement, however emergency services should be available. Ms. Griener asked if AHA personnel were looking to insert PICC lines in a home setting.

L. Thigpen responded not at present, although they have received inquiry calls from Long Term Care (LTC) hospitals about inserting PICC lines for them at their facility

Board member (L. Haley) expressed concern regarding possible contamination in providing off site PICC line placement in a bed side environment. The risks should be weighed carefully.

The Practice Committee deferred this particular portion of the petition until the rule making of PICC line placement is finalized.

**Agenda item 5.2**

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse to administer Focalin XR 10mg orally per physician's orders. (Ascension Parish School Board).

Petitioner (M. Cooper) explained that she works for the Ascension Parish School Board and has a special needs child in their school system that has a physician's order to open the capsule of Focalin and pour the drug dosage on the child's tongue. The physician's order is in direct conflict with a policy and procedure by the Ascension Parish School Board that states:

*"Never crush, open or empty the contents of a timed-released capsule into the food or liquid."*

Petitioner advised that the manufacturer of this drug recommends the opening of the capsule for sprinkling the beads/dosage onto apple sauce, but does not clearly endorse placing the drug directly on the patients tongue.

M. Griener advised that in an older nursing training manual dating back to 1996 it stated it was prohibited for RNs to delegate the opening of a capsule for medication administration to 'unlicensed personnel', but there is not a Board rule prohibiting a Registered Nurse from opening a capsule to administer a medication. During the course of one's career, an RN will come across situations that require the nurse to utilize professional judgment. If the manufacturer allows the capsule to be opened to pour the dosage onto apple sauce, there is obviously no clear prohibition on the part of the manufacturer in opening the capsule to administer the drug. M. Griener asked petitioner how long the child had been receiving the drug in this manner.

Petitioner stated the child is fairly new in their school system, but was advised that the child has been receiving the medication in this manner for the last two (2) years in Mississippi.

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Discussion ensued. Board member (P. Johnson) suggests that the petitioner weigh the consequences of not giving the medication to the student against requesting the exception to their policy so this drug can be provided to the child as ordered by the physician.

Board member (L. Haley) asked if they had consulted with the School Board regarding this issue. School Nurse Coordinator for Ascension Parish (D. Gautreau) advised that the attorney for their School Board recommended that they make an exception to the policy, but the RNs wanted an official opinion from the Board of Nursing to ensure they weren't exceeding their scope by opening the capsule.

**Motion 5.2**

by N. Steele, seconded, that the Practice Committee recommends that the Board that it is within the scope of practice for a registered nurse to administer Focalin XR 10 mg orally per physician's orders.

**Vote**

Steele – yes, Haley - yes. Motion carried.

**Adjournment**

A motion for adjournment was approved and seconded. The Committee adjourned at 10:20 a.m.



**Submitted by:**

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

Approved 4/21/2010