

ATTACHMENT: Data for 2012 Annual Report of Standardized Procedures**2012 ANNUAL REPORT OF STANDARDIZED PROCEDURES
REFLECTING PRACTICES/PROCEDURES IN 2011****BOARD ACTION REQUESTED:**

APPROVE THE 2012 STANDARDIZED PROCEDURES REPORT AS SUBMITTED WITH THE FOLLOW-UP PLANS AND PROVIDE DIRECTION FOR THE 2013 REPORT INCLUDING FACILITIES TO REPORT AND THE REPORTING FORMAT.

BACKGROUND

The Alabama Board of Nursing Administrative Code, Chapter 610-X-6 -.12 includes rules for the practice beyond the basic nursing education of RNs and LPNS through the implementation of Standardized Procedures for practice beyond basic nursing education.

Practices that are beyond basic nursing education yet within the scope of nursing practice can be described in three (3) general groups according to the statute and regulations in effect:

- Prior to 1983
 - There were no rules defining requirements for instruction or supervised practice.
 - Nursing practices evolved, such as specific clinical procedures like dialysis or critical care, which required specific education and experience beyond basic nursing school
- 1983 – 2001
 - Nursing functions were recognized by the Alabama Board of Nursing between 1983 and 2001 as practice beyond basic education, under the rules in place at that time. Most of these approvals were published as position statements.
 - Some, but not all, of the functions described in position statements have been incorporated into basic nursing education.
- 2001 – Present
 - The Board of Nursing stopped issuing position statements in 2001 and previous position statements were archived.
 - After lengthy review of the standard of practice for RNs and LPNs, the Standardized Procedures Rule for practice beyond basic nursing education was adopted.

- Facilities wishing nurses to perform procedures beyond their basic education submit an application signed by the chief nursing administrator, the chief medical officer and chief executive. Accompanying this application must be the policy and procedure, the organized program of study, plan for supervised clinical practice and plan for demonstration of competency.
- A report from the chief nurse of the facility is submitted annually in a format specified by the Board that identifies the procedures performed by nurses, supervision required and limitations, if applicable.

Historical Formats and Results

- 2002
A survey in a checklist format was sent to the chief nurse asking them to identify practices beyond basic educational preparation used in their facilities. The checklist was developed based upon the Position Statements that had been issued by the Alabama Board of Nursing between 1982 and 2000. Procedures in the 2002 survey were separated only by RN and LPN.
- 2003
In November 2003, the reporting form asked the chief nurse to list standardized procedures performed in their facilities. As in the 2002 inaugural survey, procedures in the 2003 survey were separated only by RN and LPN.
- 2006 - Present
Beginning with the 2006 annual report, an on-line survey was developed and placed on the Alabama Board of Nursing website. Beginning with the 2006 report, the report was limited to hospitals, nursing homes, home health and hospice agencies, infusion companies, ambulatory surgery centers and dialysis centers. In the 2008 report, Medical Transport Companies were added.

At the request of facilities and agencies and with approval from the ABN, the report was separated by type of facility rather than by type of nurse. The report of standardized procedures in hospitals was further separated by the number of licensed beds.

ABN Administrative Code Rule 610-X-6-.12(6) requires the chief nursing officer to submit an annual report of standardized practices/procedures or practices/procedures beyond a nurse's basic education used in the facility/agency to the Board.

The report reflects data compiled from the submissions of the various facility and agency types in Alabama and is presented to promote congruence between nursing practice and nursing education.

Summary of Data

HOSPITALS

At the request of facilities and with approval from the ABN, the report of standardized procedures in hospitals was further separated by the number of licensed beds.

Hospitals <50 beds

In the Alabama hospitals with less than 50 beds, no new procedures were reported. Insertion and removal of nasogastric tubes increased in cumulative ranking from 7 to 3; changing and reinsertion of gastrostomy tubes decreased from 4 to 6; arterial punctures increased from 9 to 7; and cardioversion decreased from 5 to 8.

Hospitals 50-100 beds

In the Alabama hospitals with 50-100 beds, the procedure of wound assessment, care and management was added to the 2012 report by the CNOs.

Hospitals 101-300 beds

In the Alabama hospitals with 101-300 beds, the procedures of wound assessment, care and management and application and management of temporary external pacemakers were added to the current report by the CNOs.

Hospitals 301-400 beds

In the Alabama hospitals with 301-400 beds, the procedure of access, management of Central lines, ports and PICCs increased in cumulative ranking from 8 to 5; neonate nursing procedures decreased from 2 to 6; and application and management of temporary external pacemakers decreased from 6 to 8. The procedure of wound assessment, care and management was added to the 2012 report by the CNOs.

Hospitals >400 beds

In the Alabama hospitals with > 400 beds, the procedure of wound assessment, care and management was added to the 2012 report by the CNOs.

AMBULATORY SURGERY CENTERS

In Ambulatory Surgery Centers, no new procedures were reported. Infection control decreased in ranking from 2 to 9.

NURSING HOMES

There was no change reported in procedures or ranking of the procedures in the nursing homes.

HOME HEALTH

Management of chest and pleural-peritoneal tubes decreased in ranking from 6 to 8. Administration of longer Infusions (IGG, IVIG, Chemotherapy, Dobutamines and Inotropics) was added by the CNOs to the 2012 report.

HOSPICE

In the hospice agencies pain management to include po, sq, IV, rectal, transdermal medications and nebulized morphine increased in ranking from 4 to 1. Wound assessment, care and management decreased from 8 to 10.

MEDICAL TRANSPORT

Needle decompression of tension pneumothorax increased in ranking from 6 to 4 and cardioversion increased from 9 to 6.

ESRDs (End Stage Renal Dialysis Centers)

There was no change reported in procedures or ranking of the procedures in the ESRDs for the 2012 report.

INFUSION COMPANIES

Infusion companies continue to be non-regulated and difficulty continues with identification and completion of this report. The companies that reported increased the ranking of the application, care and maintenance of Wound Vacs® from 9 to 6.

STATE CORRECTIONS

The state correctional facilities contracted through Corizon Health began the reporting of standardized procedures beyond basic education with the 2008 Report. No new procedures were reported for the 2012 report.

Proposed FOLLOW-UP to the 2012 Annual Report of Standardized Procedures includes:

- Publish on the CNO page of the ABN website
- Publish in ABN's Annual Report
- Follow-up
 - Procedures reported from 7 facilities
 - Duties of LPN as ADON in 4 facilities
 - Duties of LPN in 1 facility