

BACKGROUND AND DATA SUMMARY
for
2011 ANNUAL REPORT OF STANDARDIZED PROCEDURES
Reflecting Practices/Procedures in 2010

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.

DATA SUMMARY

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, the most frequent procedure beyond basic education reported as being performed for the past six (6) years has been Resuscitation involving defibrillation. Other procedures beyond basic education that have consistently remained in the top 10 include arterial puncture, endotracheal intubation, cardioversion; access and management of central lines including PICCS and ports, reinsertion of gastrostomy tubes in a mature site insertion, insertion and removal of nasogastric tubes by LPNs, application of temporary external pacemakers, moderate sedation, and changing and reinsertion of tracheotomy tubes in a mature site. Changing and reinsertion of mature tracheotomy tubes and changing and reinsertion of mature gastrostomy tubes reversed frequency positions for the 2011 report.

Hospitals 50-100 beds

In the Alabama hospitals with 50-100 beds, the most frequent procedure beyond basic education reported as being performed for the past six (6) years has been Resuscitation involving defibrillation. Other procedures beyond basic education that have consistently remained in the top 10 include cardioversion, access and management of central lines including PICCS and ports;

reinsertion of gastrostomy tubes in a mature site, insertion and removal of nasogastric tubes by LPNs, application of temporary external pacemakers, moderate sedation, and changing and reinsertion of tracheotomy tubes in a mature site. Two procedures were added to the current report by the CNOs: Endotracheal intubation and IV access beyond basic education including intraosseous, external jugular and access in the neonate.

Hospitals 101-300 beds

In the Alabama hospitals with 101-300 beds, the most frequent procedure beyond basic education reported as being performed for the past six (6) years has been Resuscitation involving defibrillation. Other procedures beyond basic education that have consistently remained in the top 10 include obtaining cardiac outputs through hemodynamic monitoring and pulmonary artery catheters; cardioversion; administration of chemotherapy; access and management of central lines including PICCS and ports; insertion, management and removal of endotracheal tubes; labor and delivery nursing procedures, neonate nursing procedures and moderate sedation. Changing and reinsertion of tracheotomy tubes was added to the current report by the CNOs.

Hospitals 301-400 beds

In the Alabama hospitals with 301-400 beds, the most frequent procedure beyond basic education reported as being performed for the past two reporting periods was CRRT and Dialysis. Other procedures beyond basic education that have consistently remained in the top 10 include neonate nursing procedures, care and removal of arterial/venous catheter sheaths; cardioversion; administration of chemotherapy; moderate sedation; application of temporary external pacemakers; resuscitation; labor and delivery nursing procedures. The access, management of central lines, ports and PICCs, and obtaining cardiac outputs through hemodynamic monitoring and pulmonary artery catheters reversed frequency positions for the 2011 report.

Hospitals >400 beds

In the Alabama hospitals with > 400 beds, the most frequent procedure beyond basic education reported as being performed for the past four (4) years has been access and management of central lines including PICCS and ports.

Other procedures beyond basic education that have consistently remained in the top 10 include care and removal of arterial/venous catheter sheaths; administration of chemotherapy; labor and delivery nursing procedures; obtaining cardiac outputs through hemodynamic monitoring and pulmonary artery catheters; resuscitation; moderate

sedation; surgery nursing procedures. Management of Epidural Catheters which was added by the chief nursing officers for the 2010 report increased in frequency in the 2011 report.

AMBULATORY SURGERY CENTERS

Moderate sedation continues in the 2011 report as the most frequently occurring standardized procedure in ambulatory surgery center. Other procedures beyond basic education that have consistently remained in the top 10 include the circulating nurse activities and procedures; infection control; scrub nurse activities and procedures; equipment and patient safety procedures; resuscitation involving defibrillation; specimen handling and management; surgical counts of needles, sponges, sharps and instruments; performing 12 lead EKGs; and operating and assisting with equipment.

NURSING HOMES

After five (5) years, reinsertion of a suprapubic catheter in a mature site replaced reinsertion of a gastrostomy tube in a mature site as the most frequent procedure performed in Alabama nursing homes. These procedures are followed by access, care and management of central lines including PICCs and ports, applications and management of Wound Vacs, insertion of nasogastric tubes by LPNs, changing and reinsertion of mature tracheostomy tubes and debridement of pressure ulcers.

HOME HEALTH

Reinsertion of suprapubic catheters in mature sites and reinsertion of gastrostomy tubes in mature sites are the most frequent procedure in Alabama home health agencies. These procedure are followed by access and management of central lines including PICCS and ports; care and maintenance of wound vacs®; chest and pleural-peritoneal tube management; emergency changing and reinsertion of tracheostomy tubes; administration of local anesthetics with IV/SQ/IM injections; insertion and removal of nasogastric tubes; wound staging and enzymatic and chemical debridement of pressure ulcers.

HOSPICE

In the hospice agencies in Alabama, the most frequent procedure beyond basic education reported was reinsertion of gastrostomy tubes in mature sites. Other procedures reported included pain management to include po, sq, IV, rectal, transdermal medications and nebulized morphine; reinsertion of suprapubic catheters in mature sites; and the changing and reinsertion of tracheostomy tubes in mature sites; wound assessment and care; chemical and enzymatic wound debridement; insertion and removal of nasogastric tubes; management and care of ostomies and colostomies; and care and maintenance of wound vacs®. Added by hospice CNOs for the 2011 report was care and maintenance of chest tubes and Pleurex drains.

MEDICAL TRANSPORT

Medical Transport Companies including the helicopters that provide ACLS and trauma care at accident scenes as well as on transport from one facility to another, and the airplanes and ground ambulances that provide transport from one facility to another began the reporting of standardized procedures beyond basic education with the 2008 Report. The top procedure beyond basic education reported the last four (4) years was Airway Management including nasal and endotracheal intubation, combitube, LMA (Laryngeal mask airways) and King Airway insertion. Other procedures beyond basic education performed include IV access by intraosseous, external jugular and umbilical; mechanical ventilation; needle decompression of tension pneumothorax, needle cricothyrotomy; gastric decompression; rapid sequence intubation or drug assisted intubation; resuscitation including ACLS, PALS and NRP; and administration of neuromuscular blockers and paralytics.

ESRDs (End Stage Renal Dialysis Centers)

In the ESRDs in Alabama, the most frequent procedure performed for the four years of reporting was the initiation and termination of hemodialysis through permanent catheter and vascular access. Other procedures reported included operation of equipment; infection control including handling hazard/biohazard material; administration of medication, fluid, blood, and thrombolytic agents; equipment and solution safety; monitoring and treatment of dialysis emergencies, removal of central venous catheters, peritoneal dialysis and resuscitation.

INFUSION COMPANIES

For the last two (2) years, the most frequent procedure reported by Infusion Companies that reported was Chemotherapy administration. In the previous four (4) years, the top procedure had been PICC insertion, care, maintenance and removal. Other procedures reported include care, maintenance and access of central lines, ports and VADS; administration of longer infusions, IGG, IVIG, TNP, Remicade and first dose antibiotics, intrathecal and epidural patient management. For the last two reports, CNOs have reported changing and reinserting suprapubic catheters and gastrostomy tubes, and the application, care and maintenance of Wound Vacs®. For the 2011 report, CNOs added SubQ infusions.

STATE CORRECTIONS

The state correctional facilities contracted through Corizon Health began the reporting of standardized procedures beyond basic education with the 2008 Report. The following list of procedures has been consistent over all reporting periods.