

JOINT COMMITTEE for ADVANCED PRACTICE NURSING
Alabama Board of Nursing and Alabama Board of Medical Examiners
770 Washington Ave
Montgomery, Alabama

Fiscal Year 2014
June 17, 2014
Regular Meeting

1. CALL TO ORDER

Cynthia Messer, MSN, RN, CNM called the meeting to order at 6:00pm on June 17, 2014.

The following Committee members were present at the meeting:

Cynthia Messer, MSN, RN, CNM
Carol Stewart, MSN, CRNP
Beverly Flowers Jordan, MD
John S. Meigs Jr., MD

Dr. Meigs was appointed by the Board of Medical Examiners to fill the unexpired term of Dr. B. Jerome Harrison, MD effective immediately.

The following Committee members were absent from the meeting:

Grace Grau, MSN, CRNP
B. Jerome Harrison, MD
Paul Nagrodzki, MD

Staff members attending the meeting included:

For the Alabama Board of Nursing:
Peggy Benson, Deputy Director
Charlene Cotton, Advanced Practice Consultant
Kristine Jordan, Administrative Assistant

Alabama Board of Medical Examiners:
Pat Ward, Collaborative Practice Inspector
Linda Stripling, Collaborative Practice Administration

2. DECLARATION OF QUORUM

A quorum was declared with two nurse members and two physician members present.

3. STATEMENT OF COMPLIANCE WITH OPEN MEETINGS ACT

Prior notice of this meeting was given in accordance with the Alabama Open Meetings Act.

4. ADOPTION OF AGENDA

On June 17, Ms. Stewart moved for amendment of the Agenda with the addition of item 7 D for Analyn Blair CRNP. Dr. Jordan seconded. Motion carried without objection.

On June 17, Ms. Stewart moved for adoption of the amended Agenda. Dr. Jordan seconded. Motion carried without objection.

5. REVIEW OF MINUTES

On June 17, Ms. Stewart moved that the Joint Committee adopt the minutes of April 15, 2014 as distributed. Dr. Jordan seconded. Motion carried without objection.

6. OLD BUSINESS

A. Draft Rule 610-X-5-.08: Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioners.

At the February 2014 meeting, the Joint Committee discussed possible changes to the Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM) collaborative practice rules. The requirement for CRNP at all levels of experience to be present with the collaborating physician for 10% of their practice time has been a topic of conversation with CRNPs for a long time. Recognition of a difference between the novice and the expert would likely be professionally acceptable to nurses. The rules recognize the experience level of the advanced practice nurse and could contribute to collaborative nursing practice remaining current with best practices across the country.

Dr. Jordan questioned a contradiction between the exception for the physician's principle practice site in 6 (a) and the overall requirement for 10% time together with the physician.

Mrs. Benson agreed and will review for clarification.

Dr. Meigs indicated that the ABME Credentials Committee discussed this proposal. Dr. Meigs also, passed along that Dr. Nagrodzki's comments and preference to have more time to go over the changes.

Mrs. Benson agreed and stated ABN will hold the proposal to ensure everyone is in agreement and that we have a strong rule. Mrs. Benson indicated that she is open to any communication, questions or discussions between meetings.

On June 17, Dr. Jordan moved to table the proposed the rule 610-X-5-.08: Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioner. Ms. Stewart seconded. Motion carried without objection

B. Draft Rule 610-X-5-.19: Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives.

At the February 2014 meeting, the Joint Committee discussed possible changes to the Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM) collaborative practice rules. The requirement for CNM at all levels of experience to be present with the collaborating physician for 10% of their practice time has been a topic of conversation with CNMs for a long time. Recognition of a difference between the novice and the expert would likely be professionally acceptable to nurses. The rules recognize the experience level of the advanced practice nurse and could contribute to collaborative nursing practice remaining current with best practices across the country.

On June 17, Dr. Jordan moved to table the proposed the rule 610-X-5-.08: Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives. Ms. Stewart seconded. Motion carried without objection.

C. Draft Rule 610-X-5-.11: Prescriptions and Medication Orders by Certified Registered Nurse Practitioners.

The Joint Committee met in February 2014 and discussed current issues related to off label prescribing as well as prescribing non-FDA approved treatments and drugs by Certified Registered Nurse Practitioners (CRNP). The attached draft rules were developed for consideration and recommendation.

The proposal recognizes the appropriate use of off label prescribing and provides a mechanism

for the CRNP to do so with guidance of the physician. These recommendations are consistent with prescribing practices at other Boards of Nursing. The proposal provides direction to the CRNP and collaborating physician in determining when it would be appropriate for the CRNP to prescribe medication for purposes that are not presently identified in manufacturers FDA-approved guidelines. Also, the proposal identifies parameters for adding non-FDA approved medications to the CRNP's formulary.

The cost associated with the new rules would be minimal and the nurse would be responsible for demonstrating that the rules were met.

On June 17, Dr. Jordan moved to table the proposed the rule 610-X-5-.11: Prescriptions and Medication Orders by Certified Registered Nurse Practitioners. Ms. Stewart seconded. Motion carried without objection.

D. Draft Rule 610-X-5-.22: Prescriptions and Medication Orders by Certified Nurse Midwives.

The Joint Committee met in February 2014 and discussed current issues related to off label prescribing as well as prescribing non-FDA approved treatments and drugs by Certified Nurse Midwives (CNM). The attached draft rules were developed for consideration and recommendation.

The proposal recognizes the appropriate use of off label prescribing and provides a mechanism for the CNM to do so with guidance of the physician. These recommendations are consistent with prescribing practices at other Boards of Nursing. The proposal provides direction to the CNM and collaborating physician in determining when it would be appropriate for the CNM to prescribe medication for purposes that are not presently identified in manufacturers FDA-approved guidelines. Also, the proposal identifies parameters for adding non-FDA approved medications to the CNM's formulary.

The cost associated with the new rules would be minimal and the nurse would be responsible for demonstrating that the rules were met.

On June 17, Dr. Jordan moved to table the proposed the rule 610-X-5-22: Prescriptions and Medication Orders by Certified Nurse Midwives. Ms. Stewart seconded. Motion carried without objection.

7. NEW BUSINESS.

A. Editorial Corrections: Critical Care Protocols, Mid-Level and Advanced

Recommended Adjustments to the Advanced Critical Care Specialty Protocols:

1. Deleting Internal Jugular central venous line.

Recommended Adjustments to the Mid-Level Critical Care Specialty protocol:

1. Add Central venous line insertion, Internal Jugular
 - a. Requirements for total demonstrated procedures allow 50 total supervised procedures for initial approval including all four vascular line placement procedures.
 - b. Annual maintenance requires a combined total of 20 procedures including at least one demonstration for each vascular line
2. Add the alternative requirements for total demonstrated procedures in vascular line placement.

- a. The BME also allows supervised procedures to be performed in simulation lab for no more than 50% of each type of line.
- b. There must be at least one live patient event for each type of line

Ms. Cotton stated the reason behind making the recommended changes is that in December 2013 and January 2014, the template that she worked from for the Mid-Level Critical Care Specialty Protocol and Advanced Critical Care Specialty Protocol did not include information adopted by the Board of Medical Examiners in March 2013.

Ms. Cotton also indicated in regards, to the corrected protocols for the Central Venous Line insertion, Internal Jugular on the Mid-Level protocol. In turn, ABN's document perpetuated old verbiage, which created some challenges for this roster, because people were trying to request CVL for Internal Jugular lines in that it was listed as in the Advance Critical Care protocols.

Dr. Jordan asked for clarification on the 'one live patient' for each site for the different type of CVLs. In that no more than half can be simulated, and/or that each and every one has to be demonstrated on a live person.

Ms. Cotton stated that for each of the all four CVL sites. There must be at least one live patient for each procedure, in addition to simulated training.

On June 17, Dr. Jordan moved that the Joint Committee approve the corrections to the Advance Critical Care Specialty Protocols deleting CVL Internal Jugular. Ms. Stewart seconded. Motion carried without objection.

B. Alabama Board of Nursing On-line Services for CRNP & CNM

The Alabama Board of Nursing implemented new on-line services for CRNPs and CNMs related to collaborative practice. The Advanced Practice page of www.abn.alabama.gov has been reorganized with a new menu and updated documents, under the guidance of Peggy Benson, ABN Deputy Director.

Mrs. Benson and Ms. Cotton described the resources available on the ABN Advance Practice web page. There was general discussion about the convenient access to essential information, requirements, Advance Practice NPs specialty certification and FAQ's.

Mrs. Benson demonstrated the resources available for Advanced Practice Nursing, plus topics pertinent to all licensed nurses and their employers. Showing how the Advance Practice tab has a drop down for several items of interest for the CRNP, Physician and admin personnel.

Ms. Cotton showed that anyone may subscribe to the 'Advanced Practice Email Listing'. Also, indicating that subscribers receive general Advance practice announcements directly from the Board of Nursing.

On June 17, The Joint Committee received as information.

C. Review application request from Sheila Boulter, CRNP and James Wiley MD, 14295

Sheila Boulter is certified for Family Psychiatric – Mental Health Nurse Practitioner and is qualified to treat patients of all ages. Dr. Wiley, James is a pediatrician and his practice focuses on patients with ADHD and related psychiatric disorders.

Ms. Cotton indicated that as stated in their letters, their practice will address only patients with ADHD and related mental health disorders. This is a case where the NP and Physician specialties overlap, but do not match. .

Ms. Ward indicated this was on the ABME agenda and they are recommending this agreement go forward.

On June 17, Ms. Stewart moved the Joint Committee approve the collaborative practice application for Sheila Bouler, 1-142885 and James Wiley, MD, 14295. Dr. Jordan seconded. Motion carried without objection.

D. Review application request from Analyn Blair CRNP and Blake Pearson MD

The collaborative practice application for Analyn Blair, CRNP (1-116589) and Blake Pearson, MD (27251) was posted on the April 2014 roster, but the request of an additional duty for 'Ventricular Peritoneal Shunt Re-Programming was not included.

Ms. Cotton stated the agreement was approved by the ABME on the March 19, 2014. The CRNP has been performing the procedure under immediate supervision of the collaborating physician, a neurosurgeon; this is within the RN scope of practice. They are requesting approval for the CRNP to reprogram devices at the direction of the physician but without the immediate supervision

On June 17, Dr. Meigs moved the Joint Committee approve the collaborative practice application for Analyn Blair, CRNP (1-116589) and Blake Pearson, MD (27251) with additional duty for 'Ventricular Peritoneal Shunt Re-Programming. Dr. Jordan seconded. Motion carried without objection.

8. APPLICATIONS FOR COLLABORATIVE PRACTICE

The roster includes all collaborative practice applications that were complete by March 24, 2014. Item numbers refer to the published roster.

A. Physician Fee Unpaid

Alabama Board of Medical Examiners staff provided an update on the unpaid fees as of June 17, 2014.

Roster #	Nurse	RN License	Physician	Physician License
45-1	Rana Davis	1-097280	Christopher Bailey	32486
94-1	D'Arcy Hughes-Cosby	1-099653	Ajit Naidu	29028
97-1	Margaret Ivey	1-019394	Rosalyn Morgan	12244
131-1	Linda McAdams	1-054912	Keith Roberts	25746
137-1	Alexander Mikolaschek	1-107266	Kapil Veeravalli	32714
145-1	Michael Mosley	1-100021	Jay Ripka	14557
155-1	Darshna Patel	1-131005	Kara A. Sands	30011
199-1	Ashton Tureaud	1-117908	Sarah Nafziger	23580
213-1	Kimberly Wilson	1-078924	Jerill K. Thomas	22507
229-2	Kelly Hansard	1-097277	Jacqueline Crespon	20565
233-2	Brandie Jolly	1-125063	Nitin Widhani	29846

On June 17, Dr. Jordan moved that the Joint Committee defer action on each application for collaborative practice due to non-payment to the Alabama Board of Medical Examiners. Ms. Stewart seconded. Motion carried without objection.

B. Terminated during Temporary Approval

As of June 14, 2014, the following applicants reported termination or withdrawal of collaboration prior to Joint Committee Review meeting action.

Prior to publication of the roster (not listed on roster)

Period	Nurse	RN License	Physician	Physician License
4/16/2014 to 5/12/2014	Davis, Cody	1-109209	Ferguson, Edward	16741
5/6/2014 to 5/14/2014	Harris, Dan	1-044722	Hurst, Elton	13278
3/25/2014 to 5/20/2014	Hester, Nina	1-047048	Spangler, Daniel	11528
3/25/2014 to 5/20/2014	Malone, Melanie	1-087247	Spangler, Daniel	11528
5/1/2014 to 5/6/2014	Mollohan, Kristine	1-055332	Faizullah, Syed	23507
4/23/2014 to 5/14/2014	Odom, Vivian	1-062778	Pavlakovic, David	22143
4/29/2014 to 5/9/2014	Pilling, Emily	1-126802	William, Shirley	22947
5/8/2014 to 5/15/2014	Ponder, Sandra	1-036985	Watkins, Marc	25785
4/14/2014 To 4/21/2014	Snow, Joni	1-077157	Scherlis, Morris	19205
4/23/2014 to 5/13/2014	Watson, Donna	1-029084	Albin, Lonnie	20176

After the roster was published:

Roster #	Period	Nurse	RN License	Physician	Phys License	Note
06 -1	5/19/2014 to 6/16/2014	Bailey, Harley	1-117620	Anastas, Cynthia	25344	Withdrawn, never commenced
31 -1	5/1/2014 to 5/30/2014	Christian, Joshua	1-124990	Kamal.Sakina	16537	Terminated
50 -1	4/25/2014 to 6/16/2014	Doyle, Robin	1-068843	Tucker, John	16639	Withdrawn, never commenced
87 -1	5/12/2014 to 06/09/2014	Sparks, Tamala	1-070362	Junkins, Jason	21962	Terminated
96 -1	4/4/2014 to 4/24/2014	Hunter, Amy	1-097247	Tucker, John	16639	Terminated
214 -1	No temp issued	Wilson, Jonathan	1-143647	Horak, Richard	26959	Withdrawn, never commenced
210 -1	4/23/2014 to 6/16/2014	Williams, Stephanie	1-120329	Still, Christine	21703	Withdrawn, never commenced

On June 17, Ms. Stewart moved that the Joint Committee approve the applications for collaborative practice for the period from date of temporary approval through date of termination, as stated. Dr. Meigs seconded. Motion carried without objection.

C. Standard Protocol, Standard Formulary, with/without Remote locations and/or Covering Physician.

Items 1 – 214, Standard Protocol, Standard Formulary, with/without Remote Locations, and/or, Covering Physicians.

Dr. Jordan asked for clarification on the 'principle practice site' designation for 55-1 and 142-1.

Ms. Cotton clarified that the 'yes' for principle practice site is in relation to the 'physicians principle practice site' and not the NPs location.

Dr. Jordan also indicated on 75-1 and 76-1 in particular, that we have talked about it previously, but found it interesting that this NP has 80 hours per week for collaboration this seems like a lot of hours. This seems like an extreme amount of hours between two locations. Questioning do we as a Joint Committee have liability for approving two collaborations with the amount of work hours indicated?

Ms. Cotton indicated this NP is reinstated after lapsed Educational Specialty Certificate. There is no detail in the collaboration that would tell us, if they are working 7 days on and 7 days off.

Mrs. Benson stated the NP will be notified to enter the correct weekly hours.

On June 17, Ms. Stewart moved that the Joint Committee approve the applications for Standard Protocol, Standard Formulary, with/without Remote Locations, and/or Covering Physicians items 1-214, as listed in the roster, excluding those items in 8A that have been deferred and 8B that have been terminated. Dr. Jordan seconded. Motion carried without objection.

D. Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications.

Items 215 – 247, Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications

Ms. Ward asked for confirmation on 237-2 and 238-2 for the removal of orthopedic specialty protocol.

On June 17, Dr. Jordan moved for approval of applications for Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications, items 215 -247 as stated in the application with the corrections for item 237-2 and 238-2, excluding those items in 8A that have been deferred. Ms. Stewart seconded. Motion carried without objection

E. Modify Existing Collaborative Practice, Additional Locations, Duties and/or Restricted Drug Classifications.

Items 248 – 313, Modify Existing Collaborative Practice, Additional Locations, Duties and/or Restricted Drug Classifications

On June 17, Dr. Jordan moved for approval of the applications to Modify Existing Collaborative Practice for Additional Locations, Duties and/or Restricted Drug Classifications, items 248-313 as stated in the application with the corrections for item 253, 275 and 276. Ms. Stewart seconded. Motion carried without objection.

9. INFORMATION AND OTHER BUSINESS

A. Applications being submitted with Hormone Pellet insertion.

Ms. Ward indicated that the ABME is sending a packet to the physicians for more information on those with 'Hormone Pellet' insertion requests. The consent form is one item of particular concern to the physician Board members.

Mrs. Benson stated that this has been a mounting concern for the ABN as well, because of the complaints that are being received. For Example, one report indicated adverse effects where the patients had some deep intramuscular abscesses needing medical treatment.

Ms. Stewart raised concerns about the faulty clinical techniques or underlying condition in the patient.

Dr. Jordan agreed and that there should be more investigation into the complaint to determine actual cause of the complications.

Mrs. Benson asked the Committee is this something they want to continue to approve or if they would like the individual 'Hormone Pellet' skill be removed at this time to prevent further requests. Plus, possible set it up as an individual request per skill template, to be able to ask for additional information and/or send a packet like Ms. Ward described which includes the 'Informed Consent' form.

Nurse	RN License	Action for Hormone Pellet Requests
Bentley, Susan	1-031194	Pending. Deferred at Board Meeting
Brantley, Amanda	1-090284	Approved 2013
Byrd, Jennifer	1-118405	Approval 2013
Hester, Misty	1-094526	Pending. Deferred at Board meeting
Hill, Carrie	1-093824	Pending. Deferred at Board Meeting
Lambert, Jennifer	1-101314	Approved 2013
Lovelady, Leslie	1-104451	Approval 2013
Miller, Diantha	1-054953	Approval 2013 Currently Not approved
Thompson, Misty	1-090635	Approved 2013

On June 17, Dr. Jordan moved for the Joint Committee to remove 'Hormone Pellet Insertion' as an option for individual requested skill and requiring the new skill template application for each incoming request. Ms. Stewart seconded. Motion carried without objection.

B. Applications being submitted without the physician's knowledge and consequences.

Mrs. Benson explained that recently ABN had an application, where the NP had never spoken with or met the collaborating physician. The application was completed by administrative personnel, after an informal discussion in which, the physician agreed to 'consider' the collaboration. Subsequently, the physician called BME and ABN to state his objection and terminate the collaboration. The NP was advised of her individual responsibility to meet with the

collaboration physician prior to submitting an application to the ABN.

Ms. Cotton stated ABN has posted a notice on the website that the application should be submitted by the CRNP or CNM in conjunction with the physician and not by administrative personnel.

10. NEXT MEETING DATE

The next meeting of the Joint Committee will be on Tuesday August 19, 2014
At the Board of Medical Examiners, 848 Washington Ave, AL Montgomery, Alabama

11. ADJOURNMENT

Ms. Stewart moved for adjournment. Dr. Jordan seconded. The Joint Committee meeting adjourned at 7:20 p.m. on June 17, 2014.

Cynthia Messer, MSN, RN, CNM, Chairperson

8 - 19 - 14
Date of Approval

Lorray Stewart, MSN
Acting Chair

Submitted by:

Charlene B Cotton

Charlene Cotton
Alabama Board of Nursing

Kristine Jordan

Kristine Jordan, Recorder, June 17, 2014
Alabama Board of Nursing