

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

Fiscal Year 2014
November 12, 2013
Regular Meeting

1. CALL TO ORDER

Cynthia Messer, MSN, RN, CNM called the meeting to order at 6:05pm on November 12, 2013.

The following Committee members were present at the meeting:

Cynthia Messer, MSN, RN, CNM
Grace Grau, MSN, CRNP
B. Jerome Harrison, MD
Beverly Flowers Jordan, MD
Paul Nagrodzki, MD

Carol Stewart, MSN, CRNP, was absent from the meeting with prior notice:

Staff members attending the meeting included:

For the Alabama Board of Nursing:

Charlene Cotton, MSN, RN, Advanced Practice Consultant
Kristine Jordan, Administrative Assistant
Peggy Benson, RN, MHA, MSN, Deputy Director of Alabama Board of Nursing

For the Alabama Board of Medical Examiners:

Pat Ward, RN, Inspector
Deana Bozeman, Collaborative Practice Administration

Visitors attending the meeting:

Dr. Maarten Wybenga
CRNP Amy Wybenga

2. DECLARATION OF QUORUM

A quorum was declared with two nurse members and three 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 November 12, Dr. Nagrodzki moved that the Committee adopt the Agenda, as presented. Ms. Grau seconded. Motion carried without objection.

5. REVIEW OF MINUTES

On November 12, Dr. Nagrodzki moved that the Joint Committee adopt the minutes of September 18, 2013 as distributed with corrections. Ms. Grau seconded. Motion carried without objection.

6. OLD BUSINESS

A. Additional Duties for CRNP/CNM

Background:

An updated list provides for current information when considering skill procedures requests for CRNP and CNM. RN practice does not need to be listed on the Procedure list for additional duties that exceed the Standard Protocol for CRNP/CNM. RN practice skills previously listed as a "0" on the grid have been deleted. The following skills/procedures listed below have been deleted from the additional skills/duties list as well.

- External Cardiac Pacing
- Femoral Venipuncture for blood sample
- Chest Tube/Pleural Catheter Removal
- Neonatal Umbilical Artery And Vein Catheterization
- Intrathecal Admin Of Chemotherapy Via Omayo Reservoir
- Hemapheresis, Stem Cell collection and Leukopheresis

The above listed skills have been identified as RN practice and are covered under the Standardized Procedure regulations for the Alabama Board of Nursing, requiring facility policy, didactic instruction and demonstrated competence of the individual.

On November 12, the Joint Committee members received the report as information.

7. NEW BUSINESS.

A. Standard Protocols

All Advanced Practice Nurses (APRN) are educationally prepared to provide a scope of services across the health wellness-illness continuum to at least one population focus as defined by nationally recognized role and population-focused competencies and the attainment of national certification in each specialty.

The benefit of adding these skills/procedures to the standard protocol for each Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM) specialty would be to ensure greater consistency in the application review process and to recognize the evolving role of the Advanced Practice Nurse through the inclusion of expanded basic skills/procedures in the standard protocol.

CNM Standard Protocol and CRNP Standard Protocol

Information distributed to the Committee Members included revised Standard Protocol formatted for CNM and each CRNP Specialty. Each revised protocol includes procedures that have been ranked 2 or 3 on the old reference table. The revised protocols do not include Orthopaedic Specialty Protocol procedures for Joint Injections or Trigger Point Injections.

- Acute Care CRNP
- Adult Care CRNP
- Adult Psych and Mental Health CRNP
- Certified Nurse Midwife
- Family CRNP
- Family Psych and Mental Health CRNP
- Gerontology CRNP

- Hospice and Palliative Care CRNP
- Oncology CRNP
- Neonatal CRNP
- Pediatric Acute Care CRNP
- Pediatric CRNP
- Women's Health CRNP

Dr. Harrison moved that the Joint Committee table these topics until the ABME board and Credentialing Committee can review; indicating that because the topics are comprehensive and he would like for the boards to have time for thorough review.

Ms. Cotton asked for clarification of Dr. Harrison's motion to table the presentation. She requested the Joint Committee to review the documents and provide input. Ms. Benson pointed out that the Board of Nursing will be reviewing the documents at their meeting on Thursday November 14, and it would be helpful to have the Joint Committee's discussion on the proposals. Ms. Benson acknowledged that ABME and ABME Credential Committee want to review the proposals carefully, together with the Joint Committee. The proposals are presented to the Joint Committee as a starting point, for input and recommendations. This is the deliberative review process so that the Joint Committee members can make a recommendation to both boards for consideration.

Ms. Benson pointed out that these revisions are an opportunity to help APNs understand their role potential and limits. Better clarity in the application and approval process will also help credentialing agencies and hospitals understand the role of the APN. The proposed changes do not mean that CRNPs and CNMs may immediately start doing procedures. There is a provision stating that didactic education, supervised practice and documentation of competency validation are required. Dr. Harrison acknowledged the need for streamlined description of activities for particular NP specialties.

Ms. Benson and Ms. Cotton developed the documents by looking at the skill/procedures list, identifying the basic level procedures that could be easily applied to the CRNP and/or CNM standard protocol. All these skills having been approved by the Alabama Board of Medical Examiners and ABN for with the Joint Committee's ranking system since 1997. Ms. Benson concurred that it is a cumbersome system and stated the revision would help APNs to apply appropriately for additional duties that pertain to their clinical practice.

Dr. Harrison stated that he has encountered NPs who state they are checked off for specific procedure. However, the patient's situation may indicate it would be more appropriate for the physician to handle the procedure. Ms. Benson agreed and reiterated that there is a provision stating that CRNP/CNMs may perform or assist with laboratory procedures that are consistent with specialty certification and the collaborative agreement practice location. The collaborating physician may determine procedure X will not be done in this practice, and procedure Y is permitted. Ms. Benson emphasized that listing a procedure is on the Standard Protocol does not mean the CRNP/CNM may do the technique without validation of competency, education and training.

Ms. Grau stated that is a good example of an opportunity for the collaborating physician to discuss and provide instruction about a procedure, indications, contra-

indications and adverse outcomes, limitations of a method.

Dr. Nagrodzki noted the list includes 'Sclerotherapy of Telangiectasis with Hypertonic Saline' that is no longer in use and should be deleted.

Dr. Jordan asked about Pelvic Floor Rehab with Electrical Stimulation and Biofeedback and Vagal Nerve Stimulator Interrogation in the Pediatric specialty list. Ms. Cotton stated that Vagal Nerve Stimulator Interrogation started in Pediatrics, when the Children's Hospital Pediatric Neurology services brought the request before the boards. Pediatric NPs treat patients up to age 21, and may be in a situation where they need to perform pelvic floor retraining.

Dr. Nagrodzki will email suggestions and recommendations to Ms. Benson to be distribute to Joint Committee members prior to the next Joint Committee meeting.

On November 12, Dr. Harrison, moved that the Joint Committee table items until the ABME board and Credentialing Committee can review and discuss the proposed standard protocol for each CRNP/CNM specialty certification with skill/procedures classified as level 2 and 3 as presented with the exclusion of the Orthopaedic Specialty protocol skills, until the next Joint Committee meeting in February. Ms. Grau seconded. Motion carried without objection.

B. Specialty Protocols

The Alabama Board of Nursing website currently provides the information on Specialty Protocols, but in varied formats. These documents present a new look consistent with the planned application format for our new on-line system.

The Alabama Board of Medical Examiners and Alabama Board of Nursing previously approved the skill/procedures list for Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM), listing Specialty Skills with a ranking system. Ranking Level 4, 5, 6 & 8 (excluding 7) are skills/procedures generally allowed for the specialty practice with documentation of training of the Advanced Practice Nurse by the collaborative practice physician.

The Neonatal and Women's Health Specialty protocols include invasive procedures that are taught in the graduate nursing education programs and tested on the national certification exam. These procedures have historically been approved for individual applicants with the designated certification.

The Critical Care protocols, Middle Level and Advanced Level, are available to CRNPs of several specialties when they practice in critical care settings. These skills/procedures are advanced level procedures. Minor changes have been made for consistency with the new Standard Protocols

Specialty Protocols

- Neonatal
- Women's Health
- Critical Care Middle Level
- Critical Care Advanced Level

- Orthopaedic
- Midwifery Expanded Specialty

The instructions with the current application form provide overview on the process for requesting specialty protocols. The planned on-line application will direct the CNM or CRNP to the appropriate Standard Protocol, then display specialty protocols appropriate for the individual. The Joint Committee review process for individual applications would remain the same.

Dr. Harrison requested clarification on the requirements for the title of Hospice Palliative Care NP. Ms. Cotton stated that the Hospice and Palliative Care certification is a sub specialty. UAB at one time had a NP curriculum for Hospice and Palliative Care, but that topic is integrated into the curriculum for Adult Gerontological Nurse Practitioner.

On November 12, Dr. Harrison, moved that the Joint Committee table the proposal until the ABME and Credentialing Committee can review and discuss the proposed changes to the currently approved Specialty Protocols, and bring the results to the Joint Committee in February. Ms. Grau seconded. Motion carried without objection.

C. Alabama Board of Nursing Website – Information and FAQs

The Advanced Practice Nursing (APN) Frequently Asked Question document was posted on the ABN website under the Advanced Practice tab as a resource for APNs and others. The application date deadlines and Joint Committee meeting dates were posted under the Advanced Practice tab as well to ensure that appropriate notice is given for application deadlines.

Ms. Grau proposed a section of the website with a list of Joint Committee members and minutes of the meetings. Ms. Benson will look into posting a list of members on the website. Ms. Cotton indicated the Joint Committee actions are reflected in the ABN minutes, because the ABN board actions are based on the Joint Committee recommendations. There are times the Committee makes a recommendation but the board will take a different action, which may be referred back to the committee for further review. A listing of the Joint Committee members is listed in the ABN Annual report.

On November 12, the Joint Committee members received the report as information.

D. Standard, Specialty and Controlled Drug Formularies / Protocols

The Standard Formulary was previously approved as one document, with selections for five specialty drug classifications. The revised documents separate the Standard Formulary from the Specialty Formulary. This will support a systematic application process and provide greater consistency in the review process for applications. The Controlled Substance Formulary was adopted by the Board of Medical Examiners in October. The Joint Committee approval process for Standard and Specialty Formularies remains the same.

The on-line application process will provide the choice of standard formulary, or specialty formulary. Information for Controlled Substance formulary will direct the user to ABME website.

Only in the past two to three years has the physician been required to submit a personal letter to the Board of Medical Examiners to support the request for specialty formulary. This has created a burden on the agencies and specialty practices that legitimately use additional formulary like antineoplastic agents. Ms. Cotton asked if BME would consider dropping the requirement of the letter and statement for specialty formulary requests, especially where the formulary is appropriate to the physician's clinical specialty. Applications are reviewed by the ABN, ABME, and Joint Committee. If the request for specific drugs is not consistent with the proposed practice, then request further information to support the request.

Dr. Nagrodzki stated that there are cases when physicians request drugs that are outside their specialty. These are the ones who would need to be individually reviewed as they come through. An example would be for a request for hormone pellet insertion for a doctor who is an Anesthesiologist. This should be individually reviewed with a letter and explanation of the practice plan.

Dr. Nagrodzki questioned what would be the disadvantage of not having a letter from the physician. Dr. Harrison indicated that adoption of the Anti-rheumatic formulary and removal of Gold, he no longer has an objection, and recommends we do away with that second letter.

Ms. Ward asked for clarification that the letter and statement currently required by ABME would only be necessary upon request if CRNP and physician specialties were in question.

On November 12, Dr. Harrison, moved that the Joint Committee recommend removal of the requirement for physician's letter of request in addition to the new format for Standard Formulary, Specialty Formulary, and Controlled Substance Protocol for CRNP and CNM. If the collaborating physician specialty is not appropriate to the formulary request, then further information should be requested. Ms. Grau seconded. Motion carried without objection.

Previous approval for Gold Compounds and Heavy Metals.

1. Background:

Both Boards accepted the Committee's recommendation to delete Gold Compounds and Heavy Metals from the available specialty drug classifications. The ABN surveyed the CRNPs currently allowed to prescribe these medications. Only one practice, Dr. Richard Jones in Tuscaloosa, is requesting to maintain the CRNP prescribing authority for Gold Compounds. The CRNPs reported that they do not currently have any patients receiving gold therapy.

On November 12, Dr. Harrison, moved that the Joint Committee recommend to withdraw approval to prescribe Gold Compounds for CRNPs in collaboration. Dr. Nagrodzki seconded. Motion carried without objection.

Heavy Metals: In the past two years, applications for Heavy Metals have specified

the request to prescribe (a) Intravenous Iron dextran and (b) Desferal® (deferoxamine) chelating agent for iron storage disorders.

Only two collaborations have historic approval for "Heavy Metals" that did not identify specific drugs for the CRNP prescribing protocol. One practice, Carol Frazier 1-032839 and Dr. David Zinn MD9347, acknowledged that the only use in their renal practice was intravenous iron for anemia. The other practice, Karen Kirby and Dr. Timothy Martin, reported they do not currently have any patients receiving iron injections or infusion, and no longer prescribe Gold or other heavy metals.

On November 12, Dr. Nagrodzki moved to continue previously approved formulary for heavy metals in collaborative practice. Ms. Grau seconded. Motion carried without objection.

8. APPLICATIONS FOR COLLABORATIVE PRACTICE

The roster includes all collaborative practice applications that were complete by October 23, 2013. Item numbers refer to the published roster.

A. Physician Fee Unpaid

As of November 12, 2013, there were no physician fees unpaid to the Alabama Board of Medical Examiners fee.

B. Terminated during Temporary Approval

As of October 23, 2013, the following applicants reported termination of collaboration prior to Joint Committee re and Board action.

Period	Nurse	RN License	Physician	Physician License
9/9/2013 to 10/4/2013	Armstrong, Adrienne	1-104297	Allen, Andrew	14635
8/29/2013 to 9/13/2013	Berry, Kellen	1-111884	Cranford, James	10465
8/29/2013 to 10/01/2013	Walker, Angela	1-110012	Spiegel, Williams	22863

On November 12, Dr. Jordan moved that the Joint Committee approve the applications for collaborative practice as listed noting the indicated dates of temporary approval and termination. Dr. Nagrodzki seconded. Motion carried without objection.

C. Standard Protocol, Standard Formulary

Items 1 -59 Fast Track with Covering Physician(s)
 Items 60 - 99 No Covering Physician

D. Standard Protocol, Standard Formulary, Remote Sites

Items 100 - 129 Covering Physician(s)
 Items 131 - 145 No Covering Physician

E. Standard Protocol, Standard Formulary, No Prescriptive Privileges

Items 162

Remote Sites, No Covering Physician

On November 12, Ms. Grau moved that the Joint Committee approve the new collaborative practice agreements, items 1 – 145, as stated in the application, excluding those items in 8B that have been terminated. Dr. Jordan seconded. Motion carried without objection

9. REVIEW OF INDIVIDUAL APPLICATIONS

The roster includes all collaborative practice applications that were complete by October 23, 2013 for Collaborative Practice agreements with Additional Duties and/or Restricted Drug Formulary.

A. Standard Protocol, Standard Formulary, Additional Duties and Restricted Drug Classifications

Items 146 – 148

Additional Skills, Covering

B. Modify Existing Collaborative Practice Applications.

Items 149 - 124

Additional Practice Site

Items 125 – 186

Additional Skills, and / or Restricted Drugs

On November 12, Ms. Grau moved for approval of the collaborative practice agreements, items 146 – 186, as stated in the roster. Dr. Jordan seconded. Motion carried without objection.

10. INFORMATION AND OTHER BUSINESS**A. Scope of Practice Discussion**

Dr. Harrison asked for specific information on the scope of practice RNs, in order to address a few situations where the RN will state that an activity or function is "not in my scope of practice."

Peggy Benson stated that Standards of Practice in the Administrative Code for RNs and LPN are posted on the ABN website, and cover a lot of the duties. Ms. Benson suggested if the RN states the procedure is not in his or her scope of practice, then have the RN show you where it is not in RN scope of practice. Make the nurse do the research and learn what they can and cannot do. If the procedure is beyond basic education for RN, the Standardized Procedures for RN practice requires facility policy, education and competency requirements with approval by Chief Nursing Officer, Medical Director and CEO. Ms. Benson offered further assistance to address Dr. Harrison's question.

Ms. Grau indicated that in her observation of clinic practices, the RNs sometimes state it is not in their scope of practice because they do not have the knowledge to do the procedure.

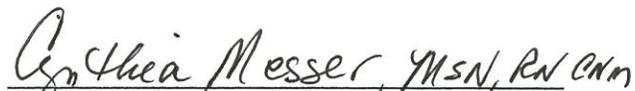
11. NEXT MEETING DATE

The next meeting of the Joint Committee will be on Tuesday, February 18, 2014 at

6:00 p.m. at the Board of Medical Examiners located at 848 Washington Ave, Montgomery, Alabama.

12. ADJOURNMENT

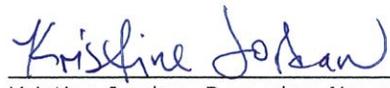
On November 12, Ms. Grau moved for adjournment. Dr. Jordan seconded. Motion carried without objection. The Joint Committee meeting adjourned at 7:00 p.m. on November 12, 2013.


Cynthia Messer, MSN, RN, CNM, Chairperson


Date of Approval

Submitted by:


Charlene Cotton
Alabama Board of Nursing


Kristine Jordan, Recorder, November 12, 2013
Alabama Board of Nursing

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