

ALABAMA BOARD OF NURSING

REGULAR BOARD MEETING

Fiscal Year 2009-2010

Suite 326, RSA Plaza

770 Washington Ave

Montgomery, Alabama

April 15, 2010

I. CALL TO ORDER

A. Roll Call

The meeting was called to order at 9:00 a.m. on April 15, 2010. The following Board members were present: Pamela Autrey, PhD., MSN, RN, President; Sylvia Nobles, MSN, CRNP, Vice-President; Sharon Pugh, LPN, Secretary; Melissa Bullard, LPN; Monica Cauley, MSN, RN; Maggie Lee Hopkins, LPN; Lynda F. LaRue, RN, ADN, CMTE; Martha G. Lavender, RN, DSN; Amy Price, MSN, RN; Gregory D. Pugliese, JD; and E. Laura Wright, MNA, CRNA. Genell Lee, MSN, RN, JD, Executive Officer and Leslie Vinson, Executive Secretary/Recorder were present. Staff members attending portions of the meeting were: Mary Ed Davis, MSN, RN, Voluntary Disciplinary Alternative Program; Katie Drake-Speer, MSN, RN, Education; Carolyn Morgan, MSN, RN, Practice/Continuing Education; Cathy Boden, MSN, RN, Legal Nurse Consultant; LaDonna Patton, MSN, RN, Legal Nurse Consultant; and Alice Maples Henley, Deputy Attorney General/General Counsel.

B. Declaration of Quorum

A quorum was declared with eleven Board members present. Gregory Howard, LPN, and Cathy Dearman, RN, PhD, were not present.

C. Statement of Compliance with Open Meetings Act

Prior notice of this meeting was posted on the Secretary of State's web site in accordance with the Alabama Open Meetings Act.

D. Review of Agenda

1. Additions, Modifications, Reordering

2. Adoption of Agenda

On April 15, Ms. Pugh moved that the Board approve the Agenda. Ms. Wright seconded. Motion carried without objection.

II. STANDARDIZED PROCEDURES

A. IV Push of Designated Medications by LPNs – Decatur General

Ms. Morgan reported Decatur General Medical Center requests approval for the intravenous administration of defined medications in a peripheral line by a licensed practical nurse. Decatur General Medical Center has defined the medications that LPNs under RN supervision to patients 18 years and older may administer IV push through a peripheral catheter as: Pepcid; Demerol; Dilaudid; Morphine; Toradol; Phenergan; Reglan; Zofran; and Nexium.

Ms. Morgan provided copies of the standardized procedure application; policies and procedures; IVP Medication Pocket Guide; organized program of study; competency checklist; summary of ABN approved medications for LPN IV push by facility; and summary of facilities approved by ABN for LPNs to administer IV push medications for the Board's information and review.

The Board reviewed and discussed the standardized procedure request.

On April 15, Ms. Nobles moved that the Board approve the standardized procedure application from Decatur General Medical Center for LPNs to administer the medications defined in the application by IV push under the supervision on an RN. Ms. Pugh seconded. Motion carried without objection.

III. POLICY

A. Review of ABN Administrative Code, Chapter 610-X-13, VDAP

Ms. Henley reported that the Board reviews regulations every three years. The last time the VDAP rules were amended was December 2005. Revisions were not suggested until now because staff was waiting for the other rules to be considered. After a review of the proposed rules, there are some significant issues related to the rules that the Board needs to discuss.

The Board requires participation in 12-step meetings. Staff has been asked to substitute a 12-step meeting with a faith-based program known as "Celebrate Recovery". Celebrate Recovery has eight principles based on the beatitudes and started in Pastor Rick Warren's church. The issue is whether if there are insufficient 12-step meetings available is attendance at one or more Celebrate Recovery meetings per week an acceptable substitute.

Ms. Henley provided copies of Celebrate Recovery's Eight Recovery Principles based on the Beatitudes for the Board's information.

Ms. Henley reported that the Board has a guideline for staff that felony convictions within five years are not offered any settlement and must go to an administrative hearing. The issue is whether individuals with pending felony charges be allowed to enter VDAP if the arrest/offense occurred within five years.

The Board also discussed DUI/DWIs, the issue of taking medications prescribed for another, monitoring nurses who live out of state, treatment provider requirements, and lifetime monitoring for individuals addicted to opiates.

Ms. Henley provided copies of the current ABN Administrative Code, Chapter 610-X-13; the proposed revisions to ABN Administrative Code, Chapter 610-X-13; the proposed application for substance use disorders treatment providers; proposed requirements for substance use disorders treatment providers; the twelve steps; current Staff Guidelines for Informal Disposition of Cases; and "*Nurses with Chemical Dependency: Promoting Successful Treatment and Reentry*" for the Board's information and review.

After discussion, the Board decided to postpone review of the VDAP rules until the May Board meeting to give them time to consider the issues.

B. Final certification, ABN Administrative Code, Rule 610-X-7-.04, RNFA

Ms. Morgan reported that the Board enacted the new ABN Administrative Code, Chapter 610-X-7, in November 2009 and a correction of an error in Rule 610-X-7-.04, Registered Nurse as Surgical First Assistant (RNFA) was presented to the Board in February 2010. The proposed rule change was posted on the

Board's web site and published in the February 26, 2010 *Alabama Administrative Monthly*. No public comments were received.

On April 15, Dr. Lavender moved that the Board approve, as final certification, amendment to ABN Administrative Code, Rule 610-X-7-.04, Registered Nurse as Surgical First Assistant (RNFA). Ms. Hopkins seconded. Motion carried without objection.

IV. OPEN FORUM

A. Hearing Officer Mark Wilkerson

Mark Wilkerson, Hearing Officer introduced himself to the Board and answered questions.

V. EXECUTIVE OFFICER

A. Courtesy Continuing Education Providers

Ms. Morgan reported that the ABN was directed by statute to develop a continuing education program. The Board was granted statutory authority to contract with organizations who could provide continuing education for nurses.

One of the strategies used by the Board was the granting of courtesy provider numbers to national and regional associations. The courtesy providers were not required to submit applications for approval nor documentation of meeting the standards of the ABN Administrative Code, Chapter 610-X-10, Continuing Education for License Renewal.

Once the Board started receiving electronic transmission of CE records, the courtesy providers created some issues. While the system is not supposed to allow licensees to input ABNP numbers, those who receive a certificate from a courtesy provider are supposed to input the provider number. Courtesy providers create confusion for the licensees as to the input of the ABNP numbers.

Ms. Lee reported that the National Council of State Board's of Nursing, Inc. (NCSBN) is a courtesy provider and is only approved by the ABN. If the Board discontinues their provider number, staff and Board members could not count CE credit earned from NCSBN.

Ms. Morgan provided a list of the courtesy CE providers for the Board's information.

On April 15, Ms. Nobles moved that the Board discontinue use of courtesy provider numbers with the exception of NCSBN. Dr. Lavender seconded. Motion carried without objection.

B. Legislative Update

Ms. Lee provided copies of the ASNA Legislative Update for the Board's information.

C. Dual Licensure or Approval

Ms. Morgan reported that during the course of the 2009 LPN CE Audit, the issue of dual licensure became an issue. An LPN who is also licensed as an RN attempted to use her RN CE for LPN license renewal. She indicated she swiped her RN card only and planned to use the CE for both RN and LPN renewal. Not all of the CE would count as some of it was earned during the RN earning period and not the LPN earning period.

The situation identified that the Board has not addressed what to do with dual licensure. A query of the licensing database revealed that there are eighty-one individuals who hold active RN and LPN licenses. There are eighteen who hold more than one advanced practice approval.

The issue is whether those holding dual licensure have to earn CE for each license separately or can the CE earned be used for both. The staff had discussions with split decisions. The two groups were: (1) each individual is required to earn twenty-four contact hours for a two year period so if the individual has two licenses, the maximum earned should be twenty-four contact hours regardless of whether it is for one or two licenses; and (2) each individual with a license is required to earn twenty-four contact hours to renew that license. Thus, someone with two licenses is required to earn twenty-four contact hours per license for a total of forty-eight to renew both licenses.

As for advanced practice approvals, CRNPs, CNMs, and CRNAs are required to have six hours of pharmacology specific to their practice. If an individual has two approvals (CRNP and CNM; CRNA and CRNP; CRNA and CNM), is the individual required to have twelve hours of pharmacology CE (six as CRNP and six as CNM; six in anesthesia and six for CRNP practice; six in anesthesia and six in CNM practice)?

The regulations specific for endorsement and reinstatement of a lapsed license do not allow continuing education to be used more than once. Thus, someone who is required to submit twenty-four contact hours of continuing education for endorsement or reinstatement of a lapsed license is prohibited from using those same hours for renewal of the license. Allowing an individual to use CE more than once (for dual license renewal for example) goes against the principles established in the rules that CE can only be used for one license at a time.

Ms. Morgan provided copies of RNs, LPNs and advanced practice nurses with dual licenses for the Board's information and review.

The Board discussed the issue of continuing education for licensees with dual licenses. If an RN plans to use CE for both the RN and LPN license, they must swipe both license cards or enter it into both individual CE records.

On April 15, Ms. Price moved that the Board allow licensees to use CE for both licenses as long as the CE is accrued within the earning period. Dr. Lavender seconded. Motion carried with one opposition (Ms. Bullard).

D. ABN Logo

Ms. Lee reported that the NCSBN offered a service to member Boards to assist with the development of logos for use in letterhead and official communications. The current logo was selected by the Board and has been in use since its development.

Richard Pasley of the IT staff uses a MAC computer for graphics used in the Annual Report to the Governor, and other graphics used within the agency. He has worked on logos over the course of time. The logo is used on letterhead, envelopes, the web site and any other document that requires the Board's visual brand.

Ms. Lee provided copies of several different logos for the Board's review.

The Board reviewed each logo.

On April 15, Ms. Nobles moved that the Board adopt the logo under "more logos". Mr. Pugliese seconded. Motion carried without objection.

VI. EDUCATION

A. Lawson State Community College: Update on Progress for Continued Deficiency

Ms. Drake-Speer reported that Lawson State Community College's ADN program received a Notice of Deficiency for an NCLEX-RN® pass rate of 68.3% for FY 2008. The program received an expected date of correction of September 30, 2010. The Board reviewed and accepted the required plan of improvement at its May 2009 meeting. Lawson State received a Notice of Continued Deficiency for a FY 2009 NCLEX-RN® pass rate of 79%. A follow-up progress report specifically addressing the previous plan of improvement was discussed at the Board's January 2010 meeting.

Dr. Rebecca Ephraim, Interim Chair ADN Program, provided a progress update and answered questions from the Board.

Dr. Sheila Marable, Associate Dean, and Katrina Swain, Interim Chair PN Program, were also present.

B. Radical Transformation of Nursing Education – Carnegie Foundation Report

Ms. Drake-Speer reported that The Carnegie Foundation for the Advancement of Teaching supported a series of studies known as the Preparation for the Profession Program. The nursing study is one in the series of studies that also looked at professional education in law, clergy, engineering, and medicine. Authors Patricia Benner, Molly Sutphen, Victoria Leonard and Lisa Day in the book, *Educating Nurses: A Call for Radical Transformation* explores the strengths and weaknesses in profession nursing education. In stage one of the study, researchers visited nine schools of nursing with reputations for excellence in teaching nursing.

The onsite visits to schools involved orientation and overview, classroom and clinical observations, student and faculty focus group interviews. Following the analysis of the site visits researchers developed two surveys, one for faculty and one for students with questions on teaching and learning. National surveys were conducted in collaboration with the National League for Nursing, the American Association of College of Nursing and the National Student Nurse's Association.

The authors identify three major findings that have informed the focus of the book and their recommendations: 1) U.S. nursing programs are very effective in forming professional identity and ethical comportment; 2) Clinical practice assignments provide

powerful learning experiences, especially in those programs where educators integrate clinical and classroom teaching; and 3) U.S. nursing programs are not generally effective in teaching nursing science, natural sciences, social sciences, technology, and humanities.

The authors recommend that there should be four essential shifts in how educators think about teaching and their approach to fostering student learning: 1) Shift from a focus on covering decontextualized knowledge to an emphasis on teaching for a sense of salience, situated cognition, and action in particular situations; 2) Shift from a sharp separation of clinical and classroom teaching to integration of classroom and clinical teaching; 3) Shift from an emphasis on critical thinking to an emphasis on clinical reasoning and multiple ways of thinking that include critical thinking; and 4) Shift from an emphasis on socialization and role taking to an emphasis on formation.

Other recommendations presented as needed to transform nursing education to meet today's needs are: 1) come to agreement about a set of clinically relevant prerequisites; need to address variation in quality and content; 2) require the BSN for entry into practice; 3) develop local articulation programs to ensure a smooth, timely transition from the ADN to BSN; 4) develop more ADN-to-MSN programs; 5) recruit a more diverse faculty and student body; 6) provide more financial aid, whether from public or private sources, for all students, at all levels; 7) introduce pre-nursing students to nursing early in their education; 8) broaden the clinical experience; 9) preserve post-clinical conferences and small patient care assignments; 10) develop pedagogies that keep students focused on the patient's experience; 11) vary the means of assessing student performance; 12) promote and support learning the skills of inquiry and research; 13) redesign the ethics curricula; 14) support students in becoming agents of change; 15) fully support ongoing faculty development for all who educate student nurses; 16) include teacher education courses in master's and doctoral programs; 17) provide opportunities for educators to learn how to teach students to reflect on their practice; 18) support faculty in learning how to coach; 19) support educators in learning how to use narrative pedagogies; 20) provide faculty with resources to stay clinically current; 21) improve the work environment for staff nurses, and support them in learning to teach; 22) address the faculty shortage; 23) develop clinical residencies for all new graduates; 24) change the requirements for licensure, "we recommend that boards of registered nurses require graduates who pass the NCELX-RN after 2012 must earn a master's degree within ten years"; 25) require performance assessments for licensure; and 26) cooperate on accreditation.

The Board reviewed and discussed each recommendation.

VII. ADVANCED PRACTICE AND PRACTICE

A. Collaborative Practice Applications

Ms. Cotton reported that the roster includes twenty–nine applications for collaborative practice which meet the following criteria: 1) collaborative practice; 2) prescriptive privileges for standard formulary; 3) covering physicians; 4) no remote practice sites; 5) standard CRNP protocol with no additional duties; or 6) physician applicants who have met all ABME qualifications.

The application for Loretta Lee, CRNP, and Cary Petry, MD, terminated the collaboration after receiving temporary approval.

Applications for remote site practice, additional skills and/or restricted drugs will be presented to the Joint Committee in May 2010.

Ms. Cotton provided copies of the roster of applications for the Board's review and approval.

On April 15, Ms. Nobles moved that the Board approve the applicants for collaborative practice as listed in the published roster. Ms. Hopkins seconded. Motion carried without objection.

VIII. NEXT MEETING: May 20-21, 2010, 9:00 A.M., Suite 326, RSA Plaza

IX. PETITION FOR REHEARING: Gina Tvrdy

Ms. Henley reported the Board indefinitely suspended Ms. Tvrdy's at the March Board meeting. Ms. Tvrdy's sent additional evidence after the administrative hearing that the Hearing Officer did not review. Ms. Tvrdy resides in Hawaii and the Hawaii Board of Nursing will not grant her a license if she has a suspended or revoked license in another state.

Ms. Tvrdy requested a Rehearing and if granted, that the additional information be considered as additional evidence.

Ms. Henley provided copies of the Hearing Officer's Recommendation on the Rehearing Request.

The Board reviewed and discussed the request.

On April 15, Ms. Wright moved that the Board grant the Rehearing. Dr. Lavender seconded. Motion carried without objection.

On April 15, Ms. Nobles moved that the Board accept the Hearing Officer's Recommendation and place Ms. Tvrdy's license on probation for a period of twelve months, with illegal/illicit drug-use stipulations, with such probation being stayed until such time as Ms. Tvrdy activates her Alabama license; affirming, with the exception of the aforementioned disciplinary provisions, all Findings of Fact and Conclusions of Law contained in the underlying Order. Ms. Pugh seconded. Motion carried without objection.

X. OTHER

- Dr. Autrey welcomed the students from Alabama Southern Community College and Southern Union State Community College.

XI. BOARD MEETING DEBRIEFING

XII. ADJOURNMENT

The meeting adjourned at 2:15 p.m. on April 15, 2010.

Pamela Autrey, President

Sharon Pugh, Secretary

Submitted by: _____
Leslie Vinson, Recorder
4/15/2010