

ALABAMA BOARD OF NURSING

REGULAR BOARD MEETING

Fiscal Year 2009-2010

Suite 350, RSA Plaza

770 Washington Ave

Montgomery, Alabama

June 17, 2010

I. CALL TO ORDER

A. Roll Call

The meeting was called to order at 9:00 a.m. on June 17, 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; Catherine Dearman, RN, PhD; Maggie Lee Hopkins, LPN; Gregory Howard, 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: Charlene Cotton, MSN, RN, Advanced Practice; 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; Katie Wetherbee, Assistant General Counsel; and Alice Maples Henley, Deputy Attorney General/General Counsel.

B. Declaration of Quorum

A quorum was declared with thirteen Board members 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 June 17, Dr. Lavender moved that the Board approve the Agenda, as amended. Ms. Price seconded. Motion carried without objection.

II. POLICY

A. ABN Administrative Code, Chapter 610-X-13, Voluntary Disciplinary Alternative Program

Ms. Henley reported that the Board reviews regulations every three years. Changes were made to ABN Administrative Code, Chapter 610-X-13, Voluntary Disciplinary Alternative Program, in 2005. It is proposed that Chapter 610-X-13 be revised to: (1) define key terms, including VDAP Agreement, Continuing Care/Aftercare, Treatment Recommendations, Comprehensive Evaluation, ASAM Criteria, Mental Condition, and Substance Use Disorder; (2) revise and clarify the requirements for Board-recognized substance use disorder treatment providers; (3) revise terminology to be consistent with current terminology used in DSM- IV-TR; (4) revise the eligibility criteria, causes for denial of entry to VDAP, and causes for termination of the VDAP Agreement; (5) revise the wording regarding mental and physical condition to be consistent with that used in the statute; and (6) include definitions in the chapter, to be consistent with other chapters of the ABN Administrative Code.

Ms. Henley provided copies of the proposed revisions for the Board's information and review.

The Board reviewed the proposed revisions and made minor changes.

On June 17, Dr. Lavender moved that the Board approve the amendments to the ABN Administrative Code, Chapter 610-X-13, Voluntary Disciplinary Alternative Program. Mr. Howard seconded. Motion carried without objection.

B. ABN Administrative Code, Chapter 610-X-2-13, Definitions, Voluntary Disciplinary Alternative Program

Ms. Henley reported that the Board reviews regulations every three years. Changes were made to ABN Administrative Code, Chapter 610-X-13, Voluntary Disciplinary Alternative Program, in

2005. The VDAP definitions have been amended and have been placed at the beginning of Chapter 610-X-13.

Ms. Henley provided copies of the proposed amendments for the Board's information and review.

The Board reviewed and discussed the proposed amendments.

On June 17, Ms. Nobles moved that the Board approve amendments to ABN Administrative Code, Rule 610-X-2-13, Definitions, Voluntary Disciplinary Alternative Program. Ms. Price seconded. Motion carried without objection.

C. ABN Administrative Code, Chapter 610-X-3, Nursing Education Programs

Ms. Drake-Speer reported that the Board reviews regulations every three years. Changes were made to ABN Administrative Code, Chapter 610-X-3, Nursing Education Programs in 2007. Board staff and the Executive Officer reviewed the current chapter and drafted proposed changes. The proposed changes address: (1) adding definitions for Faculty and Nursing Program Administrator; (2) clarifying approval by State of Alabama agencies; (3) adding to notification of changes related to the program or governance body; (4) adding to minimum faculty qualifications; (5) addressing the Board's Annual Standardized procedure reports; (6) delivery of instruction by distance education methods; (7) out of state programs conducting clinical experience in Alabama; (8) additions to the requirements for establishing a new program; and (9) Board Review of Nursing Education Programs.

Ms. Drake-Speer provided copies of the proposed changes for the Board's information and review.

The Board reviewed the changes and provided input.

Ms. Lee reported that ABN Administrative Code, Chapter 610-X-3, Nursing Education Programs will be revised based on the Board's input and will be reviewed again at the July 2010 Board meeting.

D. ABN Administrative Code, Chapter 610-X-5, Advanced Practice Nursing-Collaborative Practice

Ms. Cotton reported that the Board reviews regulations every three years. The Board adopted changes to ABN Administrative Code, Chapter 610-X-5, Advanced Practice Nursing-Collaborative

Practice in 2007 and 2008. The definitions are presently in Chapter 610-X-2-.05.

The Joint Committee and the Alabama Board of Medical Examiners (ABME) is charged to recommend rules governing collaborative practice for adoption by both Boards. At the May meeting, the Joint Committee identified proposed changes to ABN Administrative Code, Chapter 610-X-5 and 610-X-2-.05.

Ms. Cotton reported that the Joint Committee could not reach consensus for changes to the following sections: (1) definition of readily available physician coverage; (2) limitation on CRNP and CNM personnel for each physician; and (3) requirement for physician to be on-site with the CRNP/CNM at least 10% of the CRNP/CNM scheduled practice hours.

Ms. Cotton provided copies of the proposed amendments for the Board's information and review.

The Board reviewed the proposed amendments and provided input.

Ms. Cotton reported that the final draft will be considered at the July 20 Joint Committee meeting. If the Committee recommends approval, the amendments will be reviewed again at the August Board meeting.

Ms. Price was not present for the discussion.

III. ADVANCED PRACTICE

A. Collaborative Practice Applications

Ms. Cotton reported that the roster includes thirty-six applications for collaborative practice that meet the following criteria: (1) collaborative practice; (2) prescriptive privileges for standard formulary; (3) covering physician(s); (4) no remote practice sites; (5) standard CRNP protocol with no additional duties and (6) the physician applicants have met all ABME qualifications.

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

On June 17, Ms. Nobles moved that the Board approve the applicants for collaborative practice as listed in the roster. Ms. Wright seconded. Motion carried without objection.

Ms. Price and Mr. Pugliese were not present for the discussion or vote.

B. Review of Standard Protocol and Specialty Protocols

Ms. Cotton reported that the protocols are published in the application for collaborative practice and posted on the ABN web site under Advanced Practice. The protocols were revised in July 2007, to clarify procedures that do not require approval as additional duties.

Requests from CRNP and CNM for additional duties must be approved by the Board of Nursing, as being within the legal scope of practice for a CRNP or CNM. If the procedure is not approved by the Board of Nursing, the requesting nurse is notified of the denial. The Board may decline to consider the same or similar request for one year.

If approved by the Board of Nursing, the ABN refers the request to the Joint Committee for approval as additional duty based on individual requests, or as an addition to the standard protocol. Usually, the physician members take the request to the Board of Medical Examiners for direction. The ABME can prohibit physicians from delegating procedures that are deemed "medical practice." Although the ABME does not have the legal authority to define nursing practice, if the collaborating physician is prohibited from delegating the procedure, the ABME opinion has the effect of prohibiting CRNP or CNM practice.

In the past three years, physicians in specialty practice submitted statements supporting the approval of qualified CRNPs and CNMs to perform procedures that had been expressly prohibited from CRNP and CNM practice: cervical colposcopy and joint injections. The ABME considered the recommendations and changed their policies.

Introduction of the Pediatric Acute Care Nurse Practitioner certification prompted review of critical care procedures, including central line placement, in comparison with Neonatal Nurse Practitioners.

In March 2010, the BME adopted a job description for PAs in cardiac surgical practice, and recommended the adoption of the task list for CRNP practice, also. The Core Privileges include some procedures that previously required individual request and approval as additional duties. However, the ABME stipulated that

the applicant must perform the specified procedure twenty or more times under supervision of the physician to achieve Board approval, and continue with high frequency of procedures for annual maintenance. Procedures that access the thoracic cavity are in the Advanced Level group.

Several of the procedures had been previously approved for CRNP practice with less rigorous requirements and did not have a requirement for annual documentation. The physician members asserted that the new criteria applied only to new applicants. It was not clear if CRNPs previously approved to perform the procedures would have to meet the annual maintenance targets, and maintain the documentation.

Each CRNP Specialty Protocol recognizes procedures that are essential to the specialty for nurse practitioner, and are required in the specialty's graduate nursing education and certification standards. The CRNP certified in the designated specialty will be authorized to perform the procedures within an approved collaborative practice. As with all aspects of nursing practice, the CRNP who lacks current proficiency is responsible and accountable for obtaining sufficient guidance, education or supervision as necessary for safe practice prior to performing a procedure authorized by the Specialty Protocol.

Ms. Cotton provided copies of the standard protocol for CRNP and CNM; Specialty protocols for CRNP: NNP and WHNP; ABME Cardiac Surgical Procedures; CNM Protocol and changes for additional duties; CRNP protocol and changes for additional duties; colposcopy and joint injections; and the December 2009 CRNP and CNM skills for the Board's information and review.

The Board reviewed and discussed the information provided.

On June 17, Ms. Nobles moved that the Board approve the changes to the standard protocol for CRNP. Ms. Pugh seconded. Motion carried without objection.

On June 17, Ms. Wright moved that the Board approve the specialty protocol for Adult Acute Care Nurse Practitioners. Ms. Hopkins seconded. Motion carried.

Ms. Price and Mr. Pugliese were not present for the discussion or vote.

IV. NATIONAL COUNCIL OF STATE BOARDS OF NURSING

A. Delegate Assembly Recommendations

Ms. Lee reported that the National Council of State Boards of Nursing (NCSBN) meets in August 2010 in Portland, Oregon. Delegates, elected at the May meeting, for the ABN are Amy Price and Melissa Bullard. Alternate delegates are Martha Lavender and Sharon Pugh. The Board typically discusses the items anticipated to arise at the Delegate Assembly in order for the delegates to have an understanding of the Board's views on certain topics.

The first recommendation is to adopt proposed revisions to the NCSBN bylaws. If a candidate is running for office without opposition, the bylaws change would not require a ballot but election by acclamation. The concept of election by acclamation is repeated under Article VII, Leadership Succession Committee.

The second recommendation is to adopt the proposed revision to the NCSBN Mission Statement. Feedback was obtained from the membership throughout the year.

The third recommendation is to adopt the proposed 2011-2013 strategic initiatives. Some questions about the initiatives are specific to number three and number five. Number three states, "NCSBN provides state of the art competence assessments." Since there has not been a resolution as to how to measure competence, how can that be an initiative to jump ahead to assessments? Number five states, "NCSBN optimizes nursing regulation through efficient use of technology." Although it is unclear what is meant by this initiative as written, the word "accurate" should be included. Having efficient use of technology does not matter if it is inaccurate unless the meaning of "efficient" is interpreted to include value, quality, and accuracy as well as efficient.

The fourth recommendation is to approve the College of Licensed Practical nurses of British Columbia as an association member of NCSBN. There are no comments for this particular recommendation.

The fifth recommendation is to adopt the proposed revisions to Chapter III and Chapter IX of the NCSBN Model Practice Act and Administrative Rules. The question raised by the Board at the May 2010 meeting regarding the evidence to support that the nurse-patient relationship no longer applies if there has been two years since interaction with a mental health patient was sent to NCSBN.

Delegates may want to raise that question when the Discipline Resources Committee is providing its report.

The sixth recommendation is to adopt the proposed guiding principles for continued competence. The principles do not seem to support the recommended strategic initiative that the NCSBN provides “state of the art competence assessments.” There seems to be a disconnect between the guiding principles and the strategic initiative. The only item in the guiding principles that seems to relate is the “culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.”

Under the NCLEX® examination committee, the recommendation is to adopt the proposed 2011 NCLEX-PN® test plan. The committee action is supported by the recent practice analysis.

Ms. Lee provided copies of the Summary of Recommendations; the proposed Bylaws revisions; the proposed Mission, Value and Vision statement; the proposed 2011-2013 Strategic Initiatives; the Guiding Principles for Continued Competence; the proposed Sexual Misconduct Model Practice Rules; the proposed 2011 NCLEX-PN® Test Plan; and the Slate of Candidates for the Board’s information and review.

The Board reviewed and discussed the information provided.

Ms. Lee asked that the Board members send any input to her or the delegates.

Ms. Price and Mr. Pugliese were not present for the discussion.

V. OPEN FORUM

A. Update on Research Issues from the Southern Nursing Research Society (SNRS) 2010 Annual Meeting: Dr. Kathy Ellison

The open forum was deleted from the agenda.

VI. EDUCATION

A. Letter of Intent and Feasibility Study: ITT Technical Institute, Madison, Alabama

Ms. Drake-Speer reported that ITT Technical Institute submitted a

letter of intent and a feasibility study to begin an associate degree program in Madison, Alabama. ITT is a private postsecondary institution owned and operated by ITT Educational Services, Inc. The Accrediting Council for Independent Colleges and Schools accredits them. Information submitted for review complies with ABN Administrative Code, Rule 610-3-X-.06, Establishing a New Program.

The program's timeline indicates November 2010 as the date to begin admitting students. Although the curriculum plan is not required at this stage, they have submitted the program outline and course descriptions.

Ms. Drake-Speer reported that it is a nine quarter program and the intent is to admit thirty students per quarter.

Ms. Drake-Speer provided copies of the letter of intent and feasibility study for the Board's information and review.

Nita Young, MSN, RN, Program Chair, and Peggy Keene, MSN, RN, were present and answered questions from the Board.

Ms. Drake-Speer reported that the next step is for ITT Technical Institute to submit the application for Board approval.

Ms. Price was not present for the discussion.

VII. NEXT MEETING DATE

The next Board meeting is July 15-16, 2010, Suite 350, RSA Plaza.

VIII. OTHER

- Ms. Lee reported that the Department of Industrial Relations (DIR) conducted a site visit for unemployment taxation at a plastic surgeon office in North Alabama and told them that CRNAs could not be self employed. Ms. Lee contacted the DIR and sent them copies of the statute and rules.
- Dr. Autrey welcomed Dr. Catherine Dearman to the Board.
- Ms. Lee introduced Brent Speer, RSA; Ed Burquez, TriCor; and Jeff Allen, Moffitt.
- Ms. Maples introduced Katie Wetherbee, Assistant General Counsel.

IX. BOARD MEETING DEBRIEFING

- The Board reported that they liked the new Board room.
- Dr. Autrey reported that she will not be able to attend the July Board meeting. Ms. Nobles will act as Board President.

X. ADJOURNMENT

The meeting adjourned at 3:40 p.m. on June 17, 2010.

Pamela Autrey, President

Sharon Pugh, Secretary

Submitted by: _____
Leslie Vinson, Recorder
6/17/2010