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

Fiscal Year 2014
February 18, 2014
Regular Meeting

1. CALL TO ORDER

Cynthia Messer, MSN, RN, CNM called the meeting to order at 6:00pm on February 18, 2013.

The following Committee members were present at the meeting:
Carol Stewart, MSN, CRNP
Cynthia Messer, MSN, RN, CNM
Grace Grau, MSN, CRNP
B. Jerome Harrison, MD
Beverly Flowers Jordan, MD
Paul Nagrodzki, MD

The following Committee members left the meeting early at 6:35 pm:
B. Jerome Harrison, MD

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, Deputy Director of Alabama Board of Nursing

For the Alabama Board of Medical Examiners:
Cheryl Thomas, MSM, RN, Collaborative Practice Inspector
Lisa Stripling, Collaborative Practice Administration

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 February 18, Dr. Nagrodzki moved that the Committee adopt the Agenda, as presented. Ms. Grau seconded. Motion carried without objection.

5. REVIEW OF MINUTES

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

6. OLD BUSINESS

None

7. NEW BUSINESS.

A. 1. RN Practice Skills and Revised List of Additional Duties

Mrs. Benson reported that the following skills/procedures listed below have been deleted from the additional skills/duties list. The skills below have been identified as RN practice and are covered under the Standardized Procedure process at the ABN.

- Baclofen Intrathecal Pump, Refill
- Intrauterine Insemination
- Bone Marrow Aspiration and Biopsy
- Vagal Nerve Stimulator, Interrogation of, with and without voltage change
- Needle Decompression, Tension Pneumothorax
- Amino-infusion

Background:
RN practice does not need require approval.

Benefits and Consequences:
The updated list will provide for improved communication and skill review.

On review of the Additional Duties listing, Dr. Nagrodzki suggested that the following skills be deleted

- Sphenopalatine Ganglion Block
- Admin of Anesthetics – Peripheral blocks

Ms. Cotton stated that the Admin of Anesthetic skill five or six years ago, with the peripheral block procedure were on the prohibited list, because it was considered a CRNA practice. Then about five years ago, when we were asked to clarify digital blocks for the purpose of minor suturing etc… with the CRNAs on the board they defined very narrowly the digital block as an exception to the peripheral block limitation.

Dr. Harrison indicated, he was in favor for keeping the defined digital block and the removal from list the Admin of Anesthetics – Peripheral block. Dr. Nagrodzki agreed.

On February 18, the Joint Committee received the RN skill listing as information and made recommendations for changes for the additional duties spreadsheet. Mrs. Benson to make the recommended changes.

A. 2. Review of Prohibited Additional Duties for CRNP - CNM

Review the skill/procedures prohibited for CRNP and CNM practice, rated "(5)" (Do Not Allow).

Background:
The Joint Committee and ABN previously approved the skill/procedures list for Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwifes (CNM). This list has been classified as Do Not Allow. Annual review provides opportunity for

the Joint Committee to address changes in practice and make recommendations to both Boards.

Mrs. Benson indicated the overview of the listed skill/procedures in grid format for easy of removal or additions in future annual reviews.

Dr. Harrison indicated that the Cryotherapy / Cryosurgery (unspecified procedures) should be removed. This is because it seems confusing that we allow some cryotherapy with specific procedures.

Ms. Cotton stated that in the past only those Cryotherapy / Cryosurgery (unspecified procedures) were denied this is a legacy from 1997. Whereas, we have whittled away and those applicants that requested Cryotherapy and included the specific where, when and what were approved.

Dr. Harrison also indicated the need to remove the line for Shave/Cautery of Superficial Lesions (no biopsy). For the same reason, as long as they are specifying with a biopsy proven desiccation, etc... they are approved.

Mrs. Benson agreed this would help clarify the skill placement in the future, as well; she briefed the Joint Committee members on the proposed additional duty request template that will give consistent information for every request. The Template will be online, the applicant will have to follow and fill in the information to include specify location, rational, procedures, etc....

On February 18, the Joint Committee received as information and made recommendations for changes related to the additional skills "Do Not Allow".

A. 3. Proposed Addition of Skills to Standard Protocols for CNM and CRNP according to Specialty Certification.

Review proposed additional skills to Standard Protocol and additional Skills for each specialty certification.

Background:
The Joint Committee and ABN previously approved skills and procedures for Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwifes (CNM), which could be easily applied to the CRNP and/or CNM standard protocol. The recommended skill/procedures would be added to the Standard Protocol for each specialty.

As always, the collaborative physician determines if the skill or procedure is appropriate for the practice and practice site. The physician ensures the education, training/competency validation of the skill/procedure prior to the CRNP/CNM performing the skill/procedure. The CRNP/CNMs are responsible for maintaining documentation of education, training and competency validation at the practice site

Benefits and Consequences:
The benefit of adding these skills/procedures to the standard protocol for each CRNP/CNM certification specialty would be to ensure greater consistency in the application review process. It will also recognize the evolving role of the Advanced

Practice Nurse through the inclusion of expanded basic skills/procedures in the standard protocol. Many of these procedures have historically been approved with few to no exclusions.

Mrs. Benson stated that in reviewing the skills left over from our last discussion with the standard protocol changes she saw that many skills remained that could be considered for the standard protocol. A list of recommended skills was provided to the committee based on each certification specialty that could be included in each standard protocol. The skills that were left over would be for individual request.

Dr. Harrison recommended that the following skills be moved or modified from the Standard protocol to the individual request section due to trained potential training concerns, practice site issues and physician experience with the procedure...

- 'Veinwave© Thermocoagulation' (individual request)
- 'Ultra-Violet, Maintenance and Direction' (individual request)
- 'Chemical Peels' should not be in the standard protocol (individual request)
- 'Total Parenteral Nutrition TPN Initiation" should be modified as "not to include writing the formula".

Mrs. Benson reminded the members that on the standard protocol. NPs must have the physician's approval, be in the appropriate practice site. The NPs must have the education and training from the physician prior to performing the procedure. The NPs do not have 'Carte Blanc' for every skill on the list, it must be appropriate for the practice.

Dr. Jordan expressed the concern about a historical perspective about approval on the standard protocols and skill approval.

Mrs. Benson answered that all the standard protocol and specialty protocols will be posted on online and will clearly outline that the physician must agree to the procedure. Training must have occurred prior to performing the procedure. Mrs. Benson agreed to strengthen that language on the standard protocol.

Ms. Stewart reminded the committee that as collaborative MD practice agreements change that the protocols must be requested again. The skill does not go with the nurse and are not transferable.

Dr. Jordan requested that 'Random Fine Needle Aspiration of the Breast' be removed from the additional duties request list as well.

Ms. Ward asked for clarification on how this was being processed, that the NP would request the standard protocol for Family Nurse, and that means it will include all the skills that are on the standard list.

Mrs. Benson stated correct but they cannot get the standard protocol for Family unless they have the certification for Family NP.

Ms. Cotton added that they are eligible to perform the standard procedures if they have the training, knowledge, competency validation and all other criteria for that procedure in agreement with the collaborating physician and practice site.

Mrs. Benson re-identified the items needing to be moved to the individual request list

and affirmed a new listing will be sent to each member for double check of their requests.

Dr. Harrison thinks this will make things so much simpler and glad as a committee that we can move forward in helping advance practice application process.

Dr. Nagrodzki indicated he liked the standard language format set up.

Mrs. Benson identified that the roll out will include a letter that explains the process and reinforces that just because it is on the list does not mean that NP can do the procedure without the education, training and collaborative physician authorization and competency to supervise. That ABN is planning to put the information in the ABN newsletter, placing it on the website, sending out an email by list serve and some education to the credentialing personnel. That the goal eventually is to have Charlene Cotton do site visits to validate the education, and supervised training and documentation to ensure the safety of the public.

Dr. Jordan stated that the standard protocol listing could be printed out and then both the NP and physician would initial each skill listed that was authorized for the agreement and kept on file.

On February 18, Dr. Harrison, moved that the Joint Committee approve moving skills from the old list of Additional Duties to the Standard Protocol for each specialty certification. The remaining skills that are not listed on the Standard or Specialty Protocol will require individual application request consistent with specialty certification. Ms. Stewart seconded. Motion carried without objection.

B. Alabama Board of Nursing Rules for Collaborative Practice

For the Joint Committee to review the current rules related to collaborative agreement requirements for "Time together" and recommend changes to the Collaborative Practice rules in the Administrative Code for Nursing 610-X-5 related to 10% time together for collaboration and 10% Quality.

Background:
Alabama Administrative Code section from 610-X-5 Collaborative Practice Related to Medical Oversight and Quality Improvement

The ABN collaborative practice rules have not been undated since 2006 and are in need of review related to changes in healthcare delivery and nursing practice.

The recommendations are based on Dr. Patricia Brenner's theory of skill acquisition in five stages of clinical competence ("novice to expert") and recognize that at least 10,000 hours (5 years full-time) of nursing practice are needed to move to the expert level.

Dr. Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base (factual knowledge, "knowing that") as well as a multitude of experiences. She further explains that the development of knowledge in applied disciplines such as medicine and nursing is composed of the extension of practical knowledge ("knowing how") through further study, research and the characterization and understanding of the

"know how" of clinical experience.

The Expert categorization includes nursing performance that is fluid, flexible, and highly proficient.

Benefits and Consequences:
Reviewing and revising the ABN Collaborative Practice rules will aid in collaborative nursing practice remaining current with best practices across the country.

Mrs. Benson gave a brief overview and indicated this was as a starting point in discussing the oversight rules for collaborative practice. The discussion would enable us to determine what direction the Joint Committee wanted to move in.

The following suggestions were made:

- Dr. Nagrodzki indicated he had trouble following paragraphs A and B in relation to the 'less than 30 hours/ more than 30 hours' ruling. These paragraphs related to part-time agreements.
- Dr. Harrison was concerned related to the 5-year language for Full-time and liked the 10,000 hours as a landmark of expert categorization so that part-time CRNP/CNM could reach the exemption as well. Ms. Stewart agreed.

Mrs. Benson reminded everyone that this is a starting point for dialogue on possible ways to change the 'Collaborative Practice Related to Medical Oversight and Quality Improvement' rules.

Dr. Harrison provided another scenario of what if an NP after working with a physician for over 10,000 hours was considered an expert, then moves to a new physician, is the NP still and expert with no oversight?

Ms. Stewart contributed that the NP would still have the 10,000 hour that would not be lost.

Dr. Jordan indicated that the new physician does not know what that 10,000 hours was with or what the experience the NP really has.

Dr. Harrison confirmed that the NP would not know the processes used with in the practice for the new physician or location. Many physicians feel that some things should be handled with consistency within their practice. For example if a diabetic patient came in everyone in the office starts the patient on the same meds given the same lab work.

Mrs. Benson provides another example of an NP that has practiced as a Family NP and has really about 20,000 hours accumulated with 5 or 6 different physicians, because of the clinic the NP works at it is the physicians turn over. So, when does the NP get recognized as an expert?

Dr. Harrison indicated this is the place where the need of maybe only one year oversight with the new physician and then they are recognized at the exemption level again.

Dr. Nagrodzki suggested that in the adverse outcome monitoring should to be looked at on a monthly basis instead of quarterly.

On February 18, the Joint Committee members received as information along with suggestions for drafting a new purposed ruling. Mrs. Benson is to bring back the draft rules to the committee.

8. APPLICATIONS FOR COLLABORATIVE PRACTICE

The roster includes all collaborative practice applications that were complete by January 27, 2014. Item numbers refer to the published roster.

A. Physician Fee Unpaid

As of February 18, 2014, there were physician fees unpaid to the Alabama Board of Medical Examiners fee.

Physician Fees that were not paid as of February 18, 2014

Fast Track

23 Huron, Marsha, 1-028925 Carter, Ronda 24825
32 Mourtada, Hala 1-183194 Williams, Charlie 11718

Remote Sites

8 Bartlett, Donya,1-142746 Cullison, James 32439
16 Browning, Harvey, 1-118907 Ng, Chonn 31837
61 Loyd, Joyce, 1-083029 Banach, Daniel 23409
69 Morris, Kristina, 1-134406 Aguayo, Edith 25842

On February 18, Dr. Jordan moved that the Joint Committee defer action on each application for collaborative practice for failure of payment to the Alabama Board of Medical Examiners. Ms. Stewart seconded. Motion carried without objection.

B. Terminated during Temporary Approval

As of January 27, 2014, the following applicants reported termination or withdrawal of collaboration prior to Joint Committee Review meeting action.

Applications Terminated by the CRNP or Physician prior to board action:

Period	Nurse	RN License	Physician	Physician License
10/25/2013 to 12/18/2013	Hunt, Virginia	1-136183	Waples, John Michael	21807
18/3/2013 to 1/5/2014	Huskey, Betty	1-188928	Sanders, William	2996
11/25/2013 to 01/07/2014	Littlejohn, Nakia	1-111424	Spriggs, Daniel	13749
10/28/2013 to 12/16/2013	Sutton, Andrea	1-059933	Bullock, Gary	DO-0729

Application Terminate or Withdrawn by the CRNP or Physician after the Roster was published:

After Roster was Published	Item	Nurse	RN License	Physician	Physician License
12/18/2013 to 2/13/2014	6	Austin, Rory	1-142999	Hassell, James	20370
11/5/2013 to	10	Baucum, Malinda	1-098736	Soong, Weily	27204

1/15/2014					
11/20/2013 to 1/28/2014	58	Little, Valerie	1-094911	Chandra, Rite	26862
Never Commenced	107	Turner, Kristy	1-119279	Voss, Asha	23245

ABN withdrew application for (Item #29, Section 2) CRNP Dickerson, Rebecca 1-093181 with physician Johnson, Michael, 20179, pending additional information about the proposed collaboration.

On February 18, Dr. Jordan moved that the Joint Committee approve the applications for collaborative practice as listed noting the indicated dates of temporary approval, withdrawals and terminations. Dr. Nagrodzki seconded. Motion carried without objection.

A. Standard Protocol, Standard Formulary, Fast Track
Items 1 – 44 Fast Track

On February 18, Dr. Jordan moved that the Joint Committee approve the new collaborative practice agreements, items 1-44 Fast Track, as stated in the application, excluding those items in 8A that have been deferred and 8B that have been terminated . Ms. Grau seconded. Motion carried without objection

B. Standard Protocol, Standard Formulary, All Others – Remote Locations, and / or with/without, Covering Physicians.
Items 1 – 113 All Others

On February 18, Ms. Grau moved that the Joint Committee approve the new collaborative practice agreements, items 1 – 113, as stated in the application, excluding those items in 8A that have been deferred and 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 January 27, 2014 for Collaborative Practice agreements with Additional Duties and/or Restricted Drug Formulary.

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

Items 1 – 22 New

On February 18, Ms. Stewart moved for approval of the collaborative practice agreements, items 1 – 22, as stated in the roster with changes, excluding those items in 8A that have been deferred and 8B that have been terminated. Dr. Nagrodzki seconded. Motion carried without objection.

B. Modify Existing Collaborative Practice
Refer to the Roster and attachments for review of currently approved agreements with requests to for Additional Locations, Duties and Restricted Drug Classifications

Items 23 - 59 Modified

Item # 23 CRNP Alexander, Faye (1-110573) and Dr. Boyett, Joseph (DO-0530) additional skills for Arthrocentesis and Joint injections of shoulder, elbow, knee and greater trochanteric bursa are approved. **Plantar Fascia Injection was not approved by BME.**

Item # 54 CRNP Thompson, Sara (1-097727) and Dr. Smith, Jeffrey (18400) additional skills for Arthrocentesis and Joint injections of shoulder, elbow, knee and greater trochanteric bursa are approved. **Carpometacarpal joint Injection was not approved by BME.**

Item # 39 CRNP Lot, Madelaine (1-122739) and Dr. Smith, Jeffrey (18400) additional skills for Arthrocentesis and Joint injections of shoulder, elbow, knee and greater trochanteric bursa are approved. **Carpometacarpal joint Injection was not approved by BME.**

On February 18, Dr. Nagrodzki moved for approval of the collaborative practice agreements, items 23 – 59, as stated in the roster with changes, excluding those items in 8A that have been deferred and 8B that have been terminated. Dr. Ms. Stewart seconded. Motion carried without objection.

10. INFORMATION AND OTHER BUSINESS

A. Discussion on Off Label Prescribing.

Ms. Cotton brought up to remind everyone as they are reviewing the documents to keep in mind the standard formulary indicates that all written prescriptions must adhere to the standard, recommended doses of legend drugs, as identified in the Physicians' Desk Reference or the product information insert, not to exceed the recommended treatment regimen periods.

Mrs. Benson stated that this comes into play from some off label prescribing issues that have come up recently for items like vitamins supplements.

Ms. Cotton indicated one situation where nutritional therapy and vitamin supplements were recommended to a patient by an NP. However, vitamins are recognized as over the counter food supplements. Another, concern indicated is the solicitation of hormone pellet insertion.

Mrs. Benson stated that recently the ABN had become aware of an AP nurse putting out flyers and advertising her ability to do hormone pellet insertion without a collaborative practice agreement. She reminded everyone that these are issues that need to be on the table for discussion and will probably be brought back to the committee for further discussion and recommendations.

Dr. Nagrodzki brought up another example where there is a physician was inserting pellets without the educational and skill qualification. Some people are just doing crooked procedures.

Ms. Grau was glad this is being brought up for she is teaching one of the acute care NP programs. Her understanding was that if it is off labeling than the NPs were not allowed to prescribe on the other hand for instance the ACCs guidelines that prescribe fish oils, co-q10 and recommend these items for Heart health.

Mrs. Benson brought another example of how an NP wrote a prescription for an off label supplement for a child in a school, who is not in a collaborative practice.

Dr. Jordan stated there are some vitamins that are prescribed due to the dosage.

Ms. Grau indicated there is a conflict in rules because; where on one hand we cannot prescribe off label items, but than on the other hand if we follow the best practices or recommendations from AHA for cardiology.

Mrs. Benson stated that there are some drugs that have black box warnings, but are still administered in the hospitals. She reported that ABN has started a newsletter to help clear up some of practice issues about prescribing without a collaborative practice physician and that would be cause for disciplinary action.

Dr. Jordan indicated there are some vitamins that are never going to be FDA approved. Until the maker agrees, this is not likely to happen because it is too expensive for the companies to go through the FDA processes. We are looking at two different concepts, one of recommending vitamins and two of actually writing a prescription for the vitamins, which could cause side effects.

Mrs. Messer suggested that some use of the cheaper off label drugs already accepted for some procedures need to be taken into account. She gave an example the use Cytotec for induction. Stating she does not like to use it and her collaborating agrees but it is what the hospital has available. Same as 'Reglan', another off label, for increasing breast milk prescribing for a very limited amount of time.

Dr. Nagrodzki and Dr. Jordan agree some of these issues need to be addressed with the lawyers and maybe the wording needs to change.

11. NEXT MEETING DATE

The next meeting of the Joint Committee will be on Tuesday, April 15, 2014 at 6:00 p.m. at the Board of Medical Examiners located at 848 Washington Ave, Montgomery, Alabama.

12. ADJOURNMENT

On February 18, Ms. Grau moved for adjournment. Dr. Nagrodzki seconded. Motion carried without objection. The Joint Committee meeting adjourned at 7:00 p.m. on February 18, 2013.

Cynthia Messer, MSN CNM

Cynthia Messer, MSN, RN, CNM, Chairperson

4/15/14

Date of Approval

Submitted by:

Charlene Cotton

Charlene Cotton
Alabama Board of Nursing

Kristine Jordan

Kristine Jordan, Recorder, February 18, 2013
Alabama Board of Nursing