

ALABAMA BOARD OF NURSING

REGULAR BOARD MEETING

Fiscal Year 2011-2012

Suite 350, RSA Plaza

770 Washington Ave

Montgomery, Alabama

April 19, 2012

I. CALL TO ORDER

A. Roll Call

The meeting was called to order at 9:01 a.m. on April 19, 2012. The following Board members were present: Amy Price, MSN, RN, President; Martha G. Lavender, RN, DSN, Vice-President; Gregory D. Pugliese, JD, Secretary; Pamela Autrey, PhD., MSN, RN; Melissa Bullard, LPN; Catherine Dearman, RN, PhD; Miriam Ellerbe, LPN; Gregory Howard, LPN; Francine Parker, EdD, MSN, RN; Lynda F. LaRue, RN, ADN, CMTE; Carol Stewart, CRNP, MSN; and E. Laura Wright, PhD, 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; Mary Ed Davis, MSN, RN, Voluntary Disciplinary Alternative Program; Katie Drake-Speer, MSN, RN, Education; Carolyn Morgan, MSN, RN, Practice/Continuing Education; Dawn Daniel, MSN, RN, Probation Nurse Consultant; LaDonna Patton, MSN, RN; Patrick Samuelson, Assistant General Counsel; and Alice Maples Henley, General Counsel.

B. Declaration of Quorum

A quorum was declared with twelve Board members present. Maggie Lee Hopkins, LPN, was 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 19, Ms. LaRue moved that the Board approve the Agenda, as amended. Dr. Lavender seconded. Motion carried without objection.

II. ADVANCED PRACTICE

A. Fast Track Applications

Ms. Cotton reported that the roster includes twenty-two applications for collaborative practice that meet the criteria for fast track approval without Joint Committee review.

Applications for remote site practice, additional skills and/or special formulary will be presented to the Joint Committee at the May 15, 2012 meeting.

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

On April 19, Dr. Lavender moved that the Board approve the applicants for collaborative practice as listed in the roster. Mr. Howard seconded. Motion carried without objection.

B. Joint Committee Recommendations

Ms. Cotton reported that at the meeting on March 15-16, 2012, the Board of Nursing approved collaborative practice applications pending the Joint Committee meeting on March 20, and the Committee's recommendations regarding practices in remote sites, requests for additional duties and/or special formulary, with and without covering physician.

At the meeting on March 20, the Joint Committee did not recommend approval for the following applicants: (1) Dr. Arthur Williams, MD 21846, and Mary Jane Moore, CRNP 1-026106; the proposal did not meet the requirement that the physician must be readily available to provide direct medical intervention when the CRNP is practicing in a remote site; and (2) Dr. Norman Garrison 13665, and Ashley Lackey CRNP 1-122189; Dr. Garrison indicated to BME staff that he had no plans to travel from Montgomery to Phenix City Healthcare Facility to review records and collaborate with Ms. Lackey.

The Joint Committee deferred action on two requests from Family Medicine practices for antineoplastic agents in the CRNP Formulary and requested additional information on the intended patient population, disease processes and prescribing protocols. The collaboration and standard formulary were approved for these two applications: (1) Nicole Laird, 1-074541, and Dr. Amrita Yearwood, 21847; and (2) Deborah McBride, 1-086040, and Dr. Robert Ruth, 22992.

The Joint Committee deferred action on the following applications due to the physician's failure to submit the BME fee for collaborative practice registration: (1) Dan Edward Harris, 1-044722, and Dr. Andrea M. Thomas, 00028808; (2) David Clark Bailey, Jr., 1-077689, and Dr. Thomas D. McDermott, 00009283; (3) Crystal Moore Flowers, 1-097672, and Dr. Thomas R. Vetter, 00028231; (4) Agnes Tetteh Oberkor, 1-071558, and Dr. Mary Greene-Mcintyre, 00012877; (5) Cassandra W. Ridgel, 1-058587, and Dr. Anjanetta L. Foster, 00018217; (6) Sara Elizabeth Wood, 1-111054, and Dr. Tracy Lynn Pool, 00018295; and (7) Meta Anita Moore Hall, 1-077462, and Dr. Christopher L. Hall, 00026554.

The additional practice site was approved for Dr. Rick Harrelson, 17429, and Cecelia Robinson, 1-074572, but the BME denied Dr. Harrelson's request for Ms. Robinson to perform trigger point injections when the physician is not on-site.

The Joint Committee discussed issues related to the draft legislation proposed by the Nurse Practitioner Alliance of Alabama. The Committee agreed that any legislation for controlled substance prescribing should include certified nurse midwives as well as certified nurse practitioners. The physician members strongly affirmed the position that the BME should be the certifying agency with regulatory authority over the controlled substance certificate only and no authority over the RN license.

III. BOARD DEVELOPMENT

A. Substance Use Disorder Assessment and Treatment, UAB Addiction Recovery Staff

Pete Lane, DO; Terri Williams Glass, LPN, Clinical Director; Bronwyn McInturff, LCSW; and Akofa Bonsi, MHSA, MPH, Administrator for Psychiatric Medicine, conducted a power point presentation on the UAB Addiction Recovery Program and trends in substance abuse, and answered questions from the Board.

Dr. Autrey was not present from 10:07 to 10:10 a.m.

Ms. Stewart was not present from 11:34 to 11:40 a.m.

B. Review of Open Meetings Act

Ms. Henley conducted a power point presentation on the Open Meetings Act and answered questions from the Board.

IV. PRACTICE

A. Standardized Procedure Application: Cannulation of Artery from AirMed International

Ms. LaRue recused herself from the discussion and vote concerning AirMed International, LLC.

Ms. Morgan reported that AirMed International, LLC, submitted a standardized procedure request for cannulation of artery in adult patients.

The Cannulation of Artery is requested for those transports where the patient's condition deteriorates after the launch of the mission and particularly for the fresh burn patients who are in the critical fluid resuscitation phase and the rural ER has refused or been unable to insert an arterial line. Noninvasive blood pressure cuffs have been proven to be inaccurate once blood pressures fall below 100 mm HG systolic. AirMed feels that they can make a difference in this crucial period with these burn patients with radial arterial line insertions to monitor and subsequently treat hypotension. Arterial catheters can be placed at the bedside and have been found to be relatively safe, with a low incidence of serious complications.

The organized program of study will be presented by Cyndi Edmonds, RN, CFRN, the clinical manager of AirMed International. As a Certified Flight Registered Nurse, Ms. Edmonds has over 5 years in the field of transport and annually completes the Advanced Trauma Module that is part of the TNCC (Trauma Nursing Core Course).

Ms. Morgan provided copies of the application, policy and procedure, proposed organized program of study, competency checklist, QA checklist, arterial punctures by RNs position

statement, and the resume' for Cyndi Edmonds, RN, CFRN, for the Board's information and review.

The Board reviewed and discussed the standardized procedure request.

On April 19, Mr. Pugliese moved that the Board approve the standardized procedure application from AirMed International for RNs to perform artery cannulation when indicated during transport. Mr. Howard seconded. Motion carried with no objections.

B. Standardized Procedure Application: Pericardiocentesis from AirMed International

Ms. LaRue recused herself from the discussion and vote concerning AirMed International, LLC.

Ms. Morgan reported that AirMed International, LLC, submitted a standardized procedure request for RNs in flight to perform pericardiocentesis when indicated during transport.

Pericardiocentesis is a life-saving procedure involving removing excess fluid from the pericardial sac that surrounds the heart to relieve cardiac tamponade. The procedure involves insertion of a needle through the skin at the 5th or 6th intercostal space at the left sternal border and into the pericardial sac and aspirating fluid. With the removal of fluid, improves cardiac output almost immediately and vital signs as well as the patient's condition stabilizes.

The organized program of study will be presented by Cyndi Edmonds, RN, CFRN, the clinical manager of AirMed International.

Ms. Morgan provided copies of the application, policy and procedure, proposed organized program of study, competency checklist, QA checklist, and needle decompression of tension pneumothorax position statement for the Board's information and review.

The Board reviewed and discussed the standardized procedure request.

On April 19, Dr. Lavender moved that the Board approve the standardized procedure application from AirMed International

for RNs in flight to perform pericardiocentesis when indicated in transport. Mr. Howard seconded. Motion failed with six oppositions (Dr. Wright, Dr. Dearman, Mr. Pugliese, Dr. Autrey, Dr. Parker and Ms. Price).

C. Standardized Procedure Application: Insertion Procedure from HRC Medical Centers

Ms. Morgan reported that HRC Medical Centers submitted a standardized procedure request for RNs to perform insertion procedures using trocars. HRC Medical Centers located in 21 states. Through its affiliated physicians, the company has served more than 30,000 patients with its Amor Vie®. Amor Vie® therapy is a highly personalized treatment plan that seeks to improve natural hormone levels to improve the health and well-being of patients.

Patients served range in age from their late 20's to their late 70's; however, HRC does provide care to some patients who are in their early 80's. According to the material in the application, the HRC patients receive NDC Estradiol and NDC Testosterone in pellet form after examination by a physician and laboratory testing. The hormones are obtained from MasterPharm, LLC, in New York, a compounding pharmacy licensed in the State of Alabama using bulk drug substances that comply with applicable FDA rules and regulations.

The hormone pellets used by HRC are reported by HRC not to be classified as "bio-identical" and since October 2011 have not been referenced as bio-identical in marketing materials. The hormone pellets are further reported by HRC to be exempt from FDA regulation because they are compounded by a licensed compound pharmacy from FDA approved source components in accordance with applicable laws and regulations, pursuant to an individual prescription and administered under the guidance of the prescribing physician.

HRC's insertion procedure is intended to memorialize the approved protocol for inserting hormone pellets subcutaneously using a 4.5 mm (male) or 3.5 mm (female) trocar medical instrument.

Ms. Morgan provided copies of the application, resumes of Birmingham facility personnel, policy and procedure, proposed organized program of study, training check-off, February 2012 request for additional information, March 2012 supplement/additional information, declaration of Amy Palmer,

CNO, post op instruction sheet, Cease and Desist letter from ABN, pharmacy certificates, and HRC Press Release for the Board's information and review.

The Board reviewed and discussed the standardized procedure request.

On April 19, Dr. Wright moved that the Board deny the standardized procedure application from HRC Medical Centers for RNs to perform insertion procedure using trocars. Dr. Parker seconded. Motion carried without objection.

D. Standardized Procedure Application: LPN Administration of Defined Medications via IV Push from Stringfellow Memorial Hospital

Ms. Morgan reported that Stringfellow Memorial Hospital submitted a standardized procedure application for the intravenous administration of defined medications in a peripheral line by a licensed practical nurse throughout the facility with the exception of the GI lab, where there is a heavy complement of RNs. There is RN coverage in the facility twenty-four hours a day, seven days a week.

Stringfellow Memorial Hospital has defined the medications that LPNs under RN supervision may administer to patients eighteen years and older through a peripheral catheter as: Pepcid, Protonix, Demerol, Dilaudid, Morphine, Toradol, Phenergan, Reglan, Zofran, Nexium, Narcan, 50% Dextrose (D50W), Benadryl, Lasix, Solu-Medrol, and Dexamethasone Sodium Phosphate (Decadron).

Ms. Morgan provided copies of the application, policy and procedure, proposed organized program of study, laboratory skill validation checklist, competency checklist, and previous ABN decisions for the Board's information and review.

The Board reviewed and discussed the standardized procedure request.

On April 19, Mr. Pugliese moved that the Board approve the standardized procedure application from Stringfellow Memorial Hospital for intravenous administration of defined medications by a licensed practical nurse by IV push. Ms. LaRue seconded. Motion carried without objection.

V. RESEARCH

A. Accountability and Boards of Nursing: Dr. Jean Lazarus

Dr. Jean Lazarus conducted a power point presentation on Accountability and Boards of Nursing, and provided handouts for the Board.

Mr. Pugliese was not present.

VI. EXECUTIVE OFFICER

A. Board Self Evaluation

Ms. Lee reported that the Board reviewed materials in 2008 related to the Board's self-evaluation. The Board elected not to proceed. The Board directed the Executive Officer to facilitate the Board's review of self-evaluation processes. A survey of other Boards of Nursing was conducted and there were thirty-eight responses. Texas and North Carolina sent examples of their policy, procedure, and forms.

Ms. Lee provided copies of the survey of other boards of nursing, 10 strategic questions for Board evaluation, North Carolina Board Assessment Tool 802, North Carolina Board Member Self Evaluation, Texas Board Member Self Evaluation, checklist for evaluation, considerations for self-evaluation, Joey Ridenour's presentation on Governance, and a ratings indicator for the Board's information and review.

Dr. Lavender requested to compare the North Carolina evaluation tool to the Board's Values.

On April 19, Mr. Howard moved that the Executive Committee compare the North Carolina evaluation tool to the Board's Values and bring a recommendation to the full Board. Ms. LaRue seconded. Motion carried without objection.

Mr. Pugliese was not present for the discussion or vote.

B. Legislative Update

Ms. Lee provided an update on the scholarship bill, HB 515, HB 638, SB 190, SB 314, SB 434, and HB 150.

Ms. Lee reported that HB 658 Immigration Law was revised to require proof of citizenship for initial licensure only. The bill is still pending.

Mr. Pugliese was not present for the discussion.

VII. CONTINUING EDUCATION

A. 2012 CE Plan

Ms. Morgan reported that the 2012 Continuing Education Plan was presented to the ABN on January 19 and was approved with the following recommendations: include regional continuing education programs such as NCLEX Regional Workshop, legal/ethical issues, and how to recognize substance abuse and impairment.

The NCLEX Regional Workshop has been confirmed by NCSBN for October 19, 2012 at Legends Conference Center at Capitol Hill, Prattville AL. NCSBN restricts the number of participants to the workshop so Board Members are requested to notify board staff of their planned attendance as soon as possible.

The Mandatory Class consisting of seven sessions is required of all newly licensed nurses by examination but is available online to all licensed nurses in Alabama. The legal division sometimes specifies one or more of the mandatory course sessions for nurses in the discipline process. Session 5 of the online Mandatory class covers identification of substance abuse impairment issues as well as an overview of VDAP. Sessions 1, 2, 3, 4 and 5 of the online Mandatory class discuss legal issues of nursing practice in Alabama. Session 7 of the online Mandatory class discusses an overview of Ethical Issues in nursing practice.

Ms. Morgan reported that the Board member survey will go out in May and asked that each Board member respond.

Ms. Morgan provided copies of the revised 2012 CE Plan, overview of the NCLEX Regional Workshop, and an overview of the ABN Mandatory Class sessions for the Board's information and review.

The following Board members requested to attend the NCLEX Regional Workshop: Dr. Dearman, Ms. LaRue, Dr. Lavender, Dr. Parker, Dr. Autrey, Ms. Price, Ms. Stewart and Mr. Howard.

Mr. Pugliese was not present for the discussion.

VIII. POLICY

A. ABN Administrative Code, Rule 610-X-3-.05, Outcome Standards

Ms. Drake-Speer reported that the Board did not approve final certification of the rule at the March 2012 meeting and requested that changes to the language be brought to the April 2012 meeting. The Board decided that a three-year average of NCLEX® scores would be used as an amended outcome standard. Fiscal year 2012 results are not included in the proposed rule. Rules are not allowed to be retroactive and with the timing of filing of the proposed rule for public comment, it will likely be around the first of August 2012 at the earliest that the rules could go through the entire rulemaking process.

The proposed rule was also written to try and clarify how the Board will actually calculate the rolling average for the nursing education programs.

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

The Board reviewed and discussed the proposed rule.

On April 19, Dr. Lavender moved that the Board approve ABN Administrative Code, Rule 610-X-3-.05, Outcome Standards. Mr. Howard seconded. Motion carried without objection.

Mr. Pugliese was not present for the discussion or vote.

B. ABN Administrative Code, Rule 610-X-3-.06, Deficiencies

Ms. Drake-Speer reported that the Board did not approve final certification of the rule at the March 2012 meeting and requested that changes to the language be brought to the April 2012 meeting. The Board decided that a three-year average of NCLEX® scores would be used as an amended outcome standard. Fiscal year 2012 results are not included in the proposed rule. Rules are not allowed to be retroactive and with the timing of filing of the proposed rule for public comment, it will likely be around the first of August 2012 at the earliest that the rules could go through the

entire rulemaking process.

The deficiency language was the same as previously introduced because it is unclear if the board wants the same time frame as previously discussed or something else. Currently, the law allows the Board to “set a reasonable time period to correct the deficiency.” If there is a nursing education program with a below 80% NCLEX® pass rate for FY 2012, the Board could determine whatever time period would be used for correction of the deficiency.

The proposed rules provide for a three-year rolling average of NCLEX® results and if the deficiency rule is approved, the results would be considered in FY 2015 and any program below the 80% pass rate would have until either FY 2016 or FY 2017 to make corrections.

Ms. Drake-Speer provided copies of the proposed rule for the Board’s review and approval.

The Board reviewed and discussed the proposed rule.

On April 19, Dr. Autrey moved that the Board approve ABN Administrative Code, Rule 610-X-3-.06, Deficiencies. Mr. Howard seconded. Motion carried without objection.

Mr. Pugliese was not present for the discussion or vote.

C. Committee to Review Executive Officer Evaluation

Ms. Price reported that there is nothing in the minutes approving the EO Evaluation Tool team. Ms. Price asked the Board if they wanted to continue to work on the EO Evaluation Tool.

On April 19, Dr. Lavender moved that any group formed for specific activities be termed Committees. Dr. Parker seconded. Motion carried without objection.

Mr. Pugliese was not present for the discussion or vote.

On April 19, Mr. Howard moved that the Committee continue to work on the EO Evaluation Tool. Ms. LaRue seconded. Motion carried with one opposition (Ms. Bullard).

Mr. Pugliese was not present for the discussion or vote.

Ms. Price asked for volunteers to serve on the EO Evaluation Tool Committee. Mr. Howard, Dr. Dearman and Ms. Ellerbe volunteered to serve on the Committee.

IX. REPORT

A. Regional Action Coalition

Dr. Lavender provided an update on the Regional Action Coalition meeting. The Summit has been postponed. There was discussion about possibly hosting a nursing Summit in the Fall then one in the Spring with the multi-disciplinary group.

Dr. Lavender reported that the Coalition would like to add items to the workforce questionnaire on the renewal application. Ms. Lee reported that the workforce questionnaire is not mandatory and some of the questions are already asked. Dr. Lavender will provide the list of questions that are already on the application to the Coalition members.

Dr. Parker was not present from 11:55 to 12:00.

X. BOARD TRAVEL

A. Tri-Regulator Symposium, Washington, D.C. – October 17-18, 2012

Dr. Dearman was approved to attend.

XI. NEXT MEETING: May 17-18, 2012, 9:00 a.m., Suite 350, RSA Plaza

XII. OTHER

- Ms. Price welcomed the students from Alabama Southern Community College.

XIII. BOARD MEETING DEBRIEFING

- Dr. Dearman reported that the next Education Committee meeting is scheduled for May 16, 2012 at 10:00 a.m.

XIV. ADJOURNMENT

The meeting adjourned at 3:43 p.m. on April 19, 2012.

Amy Price, President

Greg Pugliese, Secretary

Submitted by: _____
Leslie Vinson, Recorder
4/19/2012