



Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

LPN Advisory Committee Meeting Minutes August 19, 2009

MEMBERS PRESENT

Pat Johnson, LPN, Co-Chair
Patty Ross for Sylvia Balistreri RN
Terri Berrigan, LPN
Dina Capek, RN, MSN
Kelli Casady LPN
Lesley Eastman, RN
Victoria Goodrum, RN, BSN
Cindy Leach, RN
Larry Martens, LPN
Heather Mullenberg, RN, MSN
Kathleen Collins Pagels
Dottie Pennington, RN, BSN
Marlene Steinheiser, RN, MSN, CRNI
Eleanor Strang for Mary Wiley
Wanda Tutelo, LPN
Allen Oppenheimer

BOARD STAFF ATTENDING

Joey Ridenour RN, MN, FAAN, Executive
Director
Pamela Randolph, RN, MS, Associate Director
Education & Evidence Based Regulation

MEMBERS ABSENT

Karen Barno
Joyce Benjamin RN
Michelle DeFreitas, LPN
Tara Dufur, LPN
Lori Gutierrez, RN
Amy Hobbs, LPN, CM
Geolene Kaml, RN
Jan Meirick, RN
Eve Nettles, RN, BS, MBA
Steve Robertson, LPN
Genny Rose
Darcy Swaim, RN
Wanda Tutelo, LPN

GUESTS

Mike Dalton, Bandera Healthcare
Tracey Hatton, LPN Student PCC
Susan Hewitt, Home Health
Patty Ross, DHS, LTC
Leslie Shouse, LPN Student PCC
Michelle Thomas, LPN Student PCC

I. Call to Order/Introductions

Pat Johnson, Co-Chair called the meeting to order at 9:05 AM. New members, Dottie Pennington & Kathleen Collins-Pagels were introduced; Ridenour introduced Terri Berrigan, newly appointed LPN Board Member; guests, and board staff introduced themselves.

II. Approval of Minutes

April 16, 2009 Meeting

Goodrum moved and Mullenberg seconded to approve the April 16, 2009 minutes without corrections. Motion carried unanimously.

July 22, 2009 Meeting

Eastman moved and Goodrum seconded to approve the July 22, 2009 minutes with corrections. Motion carried unanimously.

III. Review/Discuss NCSBN Post Entry Competence Research - Randolph Discussion of Research

The post entry competence research mirrors the current issues related to the blurring of the RN/LPN roles.

The following observations were provided by committee members:

- LPN's are being asked to do more than what is in their scope of practice.
- Perhaps LPN's are better prepared and more competent than they are given credit.
- LPN's often are not aware of their own limitations and responsibilities in relation to the role they are expected to perform
- There is blurring of the RN/LPN roles.
- LPN's are doing complete assessments as well as collecting data when RN's are unavailable or too busy to complete.
- The LTC setting is predominately staffed by LPN's with higher acuity patients. (Kathleen Pagels offered to disseminate any research and asked if anyone had seen additional research to guide committee in this area.)
- Better communication is needed so others better understand the terms of assessment, delegation and supervision.
- Not all states allow LPN's to delegate.
- Delegation is hard to teach; instructions & guidance in practice are needed.
- Challenging for one student to delegate to another student
- Delegation training is not part of orientation
- The LPN is a "mini" manager
- Suggest the Post Entry Competence research be shared with the Education Committee (Randolph shared that the research is on the next agenda for Education Committee.)

IV. Subcommittee Reports on Committee Goals

Goal #1 (Cindy Leach, Eve Nettles, Lori Gutierrez, Kelly Casady Establish an annual education program for LPN's, LTC facilities and LPN Educators to provide update on LPN scope of practice uses and national trends.

- A. The subcommittee recommended that Board representation be done annually at the Arizona Health Care Association (AHCA) convention.
- B. The group recommended an Advisory Opinion & Role for Wound Nurse be developed.
- C. Committee Member comments/suggestions:
 - Nurses in that role need to receive structured classes. Lori Gutierrez has Wound, Ostomy & Continence Nurse's (WOCNs) in her facility to instruct.
 - Leslie Eastman: Wound Certification costs approximately \$2400.00 for week long course entitled "Certified Wound Nurse: Course does result in increased competency. Other courses offer education without certification.
 - Ridenour suggested getting wound nurses to design content needed to provide cost effective education to LPN relating to wounds.

- Cindy Leach – Some facilities specializing in wounds have a variety of trained personnel to contribute their expertise. Many LTC nurses have WOCN certification. The National Convention is scheduled in Phoenix for June, 2010.
- Dottie Pennington – Need to explore what is already “out there” as there may be lots of opportunities others are not aware of.
- Pat Johnson – Questioned exactly what a wound care nurse does such as: Assessing, staging & recommending treatment, then obtaining an order from physician
- Kathleen Pagels - Need to sort out technical expertise vs. scope of practice. Wound care is “big business”. We need to define the LPN role in wound care, and make sure we focus on that. How would that fit into a wound care program?
- LPN Visitor: Noted that when she was a LPN wound nurse, specific protocols were used. LPN’s are comfortable when protocols are in place.
- Patti Ross – DHS is seeing negative outcome from RN’s not having oversight resulting in increased harm to residents. There is a need to look at role of RN oversight/supervisor in this setting. Patterns’s of resident harm with wounds include:
 - DHS has done wound stipulations in 5-7 facilities during the last 2 years – this involves RN, Physician & LPN making wound rounds.
 - Facilities are forcing changes in scope of practice of the LPN.
- Cindy Leach – Problem is that no RN or physician ever looks at the wounds. If the LPN had the education in the evaluation of the wounds and then reported findings to the RN or Physician as part of oversight. Are LPN’s comfortable reporting?
- Vicky Goodrum - Agreed to contact former students who are/were functioning as wound care nurses and ask about the type of training they were given before taking the position.
- Ridenour/Johnson – Will ask Judy Gates to come & address wound care issues/education.
- Kathleen Pagels – Suggested looking at online Educations/CEUs available.

•**Summary Goal #1**

- Define Role. Have annual LPN Education regarding wound care, Minimum Data Set (MDS), & IV. Do this through the Associations to increase participation. Make sure information regarding the annual convention is directed and/or disseminated to Directors of Nursing in LTC & Assisted Living facilities.
- Tap into existing “vehicles” such as the Hospital Association and AzBNs Regulatory Journal to relay information.
- In Federal facilities CNA’s are mandated to have education every year. It is also a state rule that anyone providing care in SNF (wound care excluded) is mandated 12 hours education per year; this also includes Assisted Living.
- Many assisted living facilities do not have a nurse to do nurse assessment & assessment is being done by a facility manager with no health care background.

Goal #2 (Pat Johnson, Lori Gutierrez, Marlene Steinheiser, Lesley Eastman, Terri Berrigan, Judy Bontrager)

Explores the public and regulatory benefit of the proposing new advisory opinions to better define the role of the LPN and related functions: i.e. wound care

Pat Johnson –Advisory Opinions targeted for revision include:

A. Death Assessment

- Members expressed support for LPN to notify health care provider when a patient expires.
- Change name to – Death Determination. Other states may not have restrictions.
- Families become stressed waiting for a RN to do a death assessment. Some facilities use 2 LPN's.

B. Infusion Therapy

LPN's are currently inserting peripheral lines and are flushing central lines.

- Marlene Steinheiser - central lines are more stable and would be safe for LPN's to administer antibiotics through central lines. Marlene was invited to attend SOP Committee meeting on September 1 to speak in favor of LPN's giving antibiotics through the central line.
- States vary widely from allowing hydration only, to administration of blood.
- No research cited
- Drugs would have to be premixed.

Goal #3 (Deferred)

Goal #4 (Pamela Randolph)

Review the regulatory sufficiency of the NPA/Rules as it relates to the LPN and make recommendation to other committees and ultimately the Board for the 2010 Legislative Session.

- Due to moratorium on rulemaking would consider a change in definition on Minimum Data Set (MDS) assessment.
- Recommendation is to have an Advisory Opinion for MDS assessment
 - Determine if MD is data collection or assessment?
- RN's sign that data is there, this does not guarantee that the RN actually assessed the patient. There are triggers in place so that RN's will complete on to the Assessment for Plan of Care.
- Possible MDS certification class; not all certified.
- Is special education needed to complete the MDS? Programs are 3 days – AZ Department of Health Services (AZDHS) at one time provided training.
- Centers for Medicare & Medicaid Services (CMS) are clear that MDS & RAPS have to be interdisciplinary.

MDS changes

- Focus on psychosocial measurements.
- Require dates of onset.

- Quality measures appear skewed due to focus of facility.
- Quarterly assessments.
- Facilities changing title of form to data collection so LPN is able to do within their scope.
- Kay Hoff, RAI Coordinator, may help in gathering data on assessment & help with understanding the changes in MDS.
- Group unanimously supported waiting until new MDS 3.0 comes out in October 2010.

Goal #5 (Healthier Mullenberg, Vicky Goodrum)

Explore the LPN curriculum content and determine what, if any recommendation may be made to enhance the competencies of LPN's on entry into the role.

Recommendations made to the Board.

- LPN programs
 - Curriculum meets needs that are identified at the present time.
 - Education on MDS is not included in the LPN basic program.
 - What could be improved?
 - More time in the acute care setting.
- LPN's are most competent in Pharmacology and Medication Administration and Practice.
- Deficits include psychosocial aspect.
- At Maricopa Skills Center Assessment includes 63 hours of data collection & health exam; focus in on the "normal"
- Subcommittee will await AO and changes on MDS

Conclusion/Summary

Work on IV & Death Assessment (Determination) Advisory Opinions

V. Call to the Public

Scottsdale Community College Student
Nursing Home Administrator

VI. Future Topics – Debriefing (Johnson/Ridenour)

Defining Assessment

VII. Adjournment

- Next Meeting
Tuesday, October 20, 2009 at 9:00 am – 12noon

Meeting adjourned at 11:40 am

Minutes respectfully submitted by:

 Joy Ridenour RAI MA SAAN