



**Janice K. Brewer**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### LPN Advisory Committee Meeting Minutes July 22, 2009

#### **MEMBERS PRESENT**

Pat Johnson, LPN, Co-Chair  
Steve Robertson, LPN, Co-Chair  
Sylvia Balistreri RN  
Dina Capek  
Kelli Casady LPN  
Lesley Eastman, RN  
Victoria Goodrum, RN, BSN  
Lori Gutierrez, RN  
Amy Hobbs, LPN, CM  
Geolene Kaml, RN  
Cindy Leach, RN  
Larry Martens  
Eve Nettles, RN, BS, MBA  
Heather Mullenberg, RN, MSN  
Alan Oppenheimer for Mary Wiley  
Marlene Steinheiser, RN, MSN, CRNI

#### **BOARD STAFF ATTENDING**

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

#### **MEMBERS ABSENT**

Joyce Benjamin RN  
Michelle DeFreitas, LPN  
Tara Dufur, LPN  
Sandra Fox  
Jan Meirick, RN  
Kathleen Collins Pagels  
Genny Rose  
Darcy Swaim, RN  
Wanda Tutelo, LPN  
Mary Wiley RN

#### **GUESTS**

Marissa Campbell, LPN, Glencroft  
Linda Harr, HR The Springs of Scottsdale  
Amber Larsen, LPN, Royal Oaks  
Bonnie Nelson, LPN, Royal Oaks  
Barbara Puckett, LPN, Glencroft  
Terri Berrigan, LPN

### **I. Call to Order/Introductions**

Pat Johnson, co-chairperson called the meeting to order at 9:05 AM. Committee members, guests, and board staff introduced themselves.

### **II. Purpose and Goals of the LPN Advisory Committee**

Pat Johnson and Joey Ridenour reviewed the purpose of the committee and the 5 goals that have been established.

### **III. Review/Discussion of Marilyn Hudson's Project: Comparison of Differences in LPN Practice in Acute Care and Skilled/Intermediate in Oregon**

Ms. Johnson & Ms Ridenour led the discussion on the differences noted in LPN practice in Acute Care and Skilled /Intermediate Care facilities in Oregon. Developing nursing care plans and evaluating the outcomes of care were two areas that indicated the LPNs in the Skilled/Intermediate Care facilities were doing more frequently, on a regular basis, than an LPN working in an acute care setting. Discussion centered on how we can align the Nurse Practice Act and Advisory Opinions with the responsibilities that the LPN's are actually doing in the practice settings.

Pam Randolph discussed the National Council of State Board's 2007 Practice Analysis Study that was conducted in 2006, published in 2007. Ms. Randolph stated:

1. 54% of the LPN respondents are employed in LTC facilities
2. Very few LPN's work in L & D, Peds, or post partum
3. 48% in LTC reported that they do function in the administrative role, such as team leader or charge nurse.
4. LPN's also reported involvement in activities relating to assessment, such as contributing to the care plan, organizing care, etc Randolph noted significant changes in this survey from the last survey.

Sylvia Balistreri noted that Dept of Health Services requires care plans, comprehensive assessment and quarterly reviews be done by RN's. They are finding that LPN's are doing the care plans and MDS sheets without RN oversight, resulting in negative outcomes. Balistreri stated that DHS does not cite facilities unless there is a negative outcome. She added that they do cite negative outcomes when wound care is done by LPN's and the RN/DON does not oversee the wound care process. Dialogue needs to continue about what "oversight" really means. If the LPN were permitted to do the full assessment, how would that fall under the direction of the RN?

Ms. Ridenour then asked the committee members/guests how these issues should be addressed. Responses included:

- Heather Mullenberg – addressed the time management issues with having only one RN available. She also indicated that the completion of the MDS form is not included in the basic LPN curriculum. There are lots of tools and couldn't include them all in the basic curriculum.
- Cindy Leach – spoke about the increased acuity levels, lack of RN staff especially in the rural areas and how the MDS form is a federal form that is more of an activity type of assessment vs a physical type assessment. Ms. Leach suggested that realistic recommendations should include more education for the LPN that is doing specific aspects of care such as wound care, IV's etc. She indicated that an initial MDS assessment can take 4-6 hours from beginning to end and is a real time issue.
- Sylvia Balistreri – emphasized the need to quantify what education would be acceptable vs just an hour of inservice. She also stressed the need for the MDS coordinator to look at the patient and their functional abilities vs doing an assessment on the computer.

- Marlene Steinheiser – stated that Salibas Pharmacy gets calls for wound assessments and educational programs. She agreed that it is difficult for RN's in LTC facilities to get the assessments done.
- Amy Hobbs – indicated she has been an LPN for 15 years and has difficulty doing quality care with the heavy patient load. She felt that budget limitations are a real issue.
- Barbara Tucket – stated that she is now doing MDS forms. She described the various ways she gathers information for the completion of the form; i.e. review of rehab notes, information from the hospital, assess/talk with the patient, observe them in physical therapy, etc. She expressed need to have the Advisory opinion on assessment of death reviewed to review the LPN role.
- Larry Martens – stressed the need for more education. He finds the scope of practice and reality is very different. He indicated that for small group homes, someone is hired to come in and do the assessments, since they do not have an LPN or RN.
- Bonnie Nelson – felt that the LPN curriculum is a big issue. With clinical in LTC facilities, you don't get the exposure that you need in all aspects of nursing.
- Terry Berrigan – stated that with the change in the types of patients in LTC, there must be more education in the basic program, as well as after graduation, for the care of acute patients.
- Marcia Campbell – stated that she felt she has learned more on the sub acute unit vs. the LTC floor. She felt that work experience has been very beneficial to her. She would suggest more educational opportunities and more clinical experiences in LTC.
- Kelli Casady – stated that she felt there was a lack of thorough orientation to the MDS Coordinator role. She also voiced a need to look at the LPN assessment role. She felt the RN does an evaluation of the LPN's assessment, and that RN's get involved on an as needed basis. She felt that requirement for certification in MDS and wound care would hold staff more accountable.
- Lori Gutierrez – Stated that education of the staff must be the focus. She acknowledged that staffing issues and allowing time for staff to attend educational programs are barriers to staff completing educational programs. She felt expansion of a geriatric module in the basic curriculum would be of value and that more education and training would lead to role expansion for LPN's.
- Dina Capek – Noted the deficiencies she has seen with new grads. She spoke to how her facility is educating other staff who contributes to the MDS form. She would also like to see the advisory opinion address assessment for the LPN.
- Geolene Kaml – stressed the need for education, and wound/MDS certification.
- Pam Randolph noted that the more that is included in a basic curriculum, the longer and more costly the program becomes. She encouraged all to focus on competency and outcomes.

- Lesley Eastman – reported that a one week wound care program that she completed cost \$2400.
- Vicky- stated the need for an advisory opinion on wound care, to include more specific requirements relating to training.
- Several participants expressed need for more pharmacology and IV education.

Ms Ridenour requested Pam Randolph to consider some ways to obtain evidence based research to guide future changes/decisions. It is anticipated that legislative changes could be requested next year.

Ms Ridenour asked for volunteers to work on the goals that have been established. Volunteers include:

**Goal #1** - Establish an annual educational program for LPNs, LTC facilities and LPN Educators to provide updates on LPN scope of practice issues and national trends.

Volunteers: Cindy Leach, Eve Nettles, Lori G, Kelly Casady

**Goal #2** - Explore 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

Volunteers: Pat Johnson, Lori Guterriz, Marlene Steinheiser, Lesley Eastman, Terri Berrigan, Judy Bontrager

**Goal #3**- Develop strategies to educate employers regarding the role of the LPN as it relates to contributing to an assessment and explore ways to better define assessment.

Volunteers: Hold on this goal until we have results of other work groups.

**Goal #4** – Reviews the regulatory sufficiency of the NPA/Rules as it relates to the LPN and makes recommendation to other committees and ultimately the Board for the 2010 Legislative Session.

Volunteer: Pam Randolph

**Goal #5** – 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.

Volunteers: Heather Mullenberg, Vicky Goodrum

Next Meeting: Wednesday, August 19, 2009 at 9:00 AM

Meeting adjourned at 11:30 AM

Minutes respectfully submitted by:

*Joey Ridenour RN MN FAAN*

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Joey Ridenour, RN, MN, FAAN