

SCOPE OF PRACTICE COMMITTEE

May 20, 2008

Members Present: See Attached List

Guests Present: See Attached List

Call to Order:

Pat Johnson, co-chairperson, called the meeting to order at 10:05am.

I. Introductions

Pat Johnson asked the guests in the audience to introduce themselves.

II. Review and approval of February 26, 2008 minutes.

A motion was made by James Soler and seconded by Barbara LaBranche to accept the minutes. Motion carried. Marianne Locke noted that a request for approval to use the Nursing Care Quality Assurance form that Washington Board uses will be made next week.

III. Advisory Opinions reviewed/approved at the March & May 2008 Board Meeting

A. Intravenous Therapy/Venipuncture: The Role of the LPN

B. Analgesia by Catheter Techniques: Epidural, Intrathecal, Interpleural, Perineural, Subcutaneous

C. Conscious Sedation for Diagnostic & Therapeutic Procedures

IV. Review of current advisory opinions

A. Dermatological Procedures Performed by RN's – Joan Olcott introduced guests Dr. Robert S. Mindell & Dr. Marvin Borsand, both who have had extensive experience in cosmetic surgery. Dr. Mindell had sent an e-mail on 2/28/08 to the Board requesting that the advisory opinion address specifically which equipment, power parameters and abnormalities that RN's can legally treat with indirect supervision. The members discussed the fact that the advisory opinions do not specify equipment utilized, since equipment/technology is constantly being upgraded. On 5/20/08, Dr. Mindell stated he has never had an issue with RN's performing dermatological procedures competently. Joan Olcott/Clint Armer recommended adding radio frequency and local anesthesia techniques including ice, topical anesthetic creams and injectables to the dermatologic procedures, to be within the scope of practice of the RN. Both Dr. Mindell and Dr. Borsand indicated the use of lidocaine for pain control is a minimal dose (10-20 cc maximum) and within the safety range. Colleen Payne raised the question about what procedures should not be done by the RN i.e., when should the nurse state: this is not within my scope? Discussion centered on the draft position paper general requirements, indicating the need for written policies and approved protocols by the employer, completion of a formal instructional program, supervised clinical practice, and documentation of the above as well as ongoing competency and supervised practice on file. Guest Sue Heck, NP, Clinical Director of a medical spa spoke of the formal training, written policies and procedures, when not to do certain procedures, etc., that she has in place. Dr. Mindell also voiced concern that the advisory opinion on Lasers (Pigment & Vascular

specific) for Cutaneous Procedures is outdated and only covers about 1/3 of the conditions treated with FDA approved devices. The committee discussed whether the Laser & Dermatological advisory opinions should be combined. Joan Olcott, SOP member & also actively involved with Association of Medical Esthetic Nurses (AMEN), stated the cosmetic procedures the RN's in AZ are doing are being done throughout the nation. Olcott also stated that insurance companies are also more willing to cover RN's when doing various dermatological procedures. The committee recommended that Olcott & Armer consider the discussion/recommendations of the committee & re-draft an advisory opinion, combining the Laser advisory opinion with the Dermatological advisory opinion.

Recommendation/Action Taken/Responsible For – Bring a revised draft advisory opinion to August 26, 2008 meeting. Combine Laser & Dermatological advisory opinion, change rationale to include FDA approved devices, address role of LPN, change terminology of “licensed care provider” to “licensed independent practitioner” (LIP). Responsible persons – Joan Olcott, Clint Armer.

- B. Intraventricular Implanted Devices, Temporary Intracranial Catheters** – Kim Alcott stated she reviewed the current advisory opinion, as well as obtained input from Mary King, Nursing Education Specialist, Neuroscience Critical Care – St. Joseph's; Theresa Bachman, St Joseph's; & Sue Fowler, American Association of Neuroscience Nurses. Alcott stated she had no changes to recommend for the adult population, except updating of the references.

Recommendation/Action Taken/Responsible For – A motion was made by Jeannette Sasmor, seconded by Susan Poole to take the revised draft to July Board Meeting – motion carried. Responsible person - Judy Bontrager.

- C. Supervision of unlicensed Nurse Externs by RN's** – Kimberly LaMar reviewed the suggested changes: adding “direct” supervision, & accredited professional nursing program approved by the board. This advisory opinion was also discussed at the education committee meeting. They recommended that nurse externs not be permitted to insert IVs. Several students from Grand Canyon University were present & voiced their opinions. Two students who were also employed as nurse externs felt it would have been very beneficial to have had the opportunity to insert IVs as a nurse extern. Kim Eacott stated that when a student nurse is assigned to her, she doesn't know their capabilities, but when there is a nurse extern she works with, she knows them and would be more comfortable to have them insert an IV under her supervision. General discussion included the fact that if the advisory opinion includes the option to insert IVs, facilities could still determine if they want to include this skill in their policy. Motion made by Jeannette Sasmor & seconded by Joan Olcott to prepare draft for the board to review in July, motion carried.

Recommendation/Action Taken/Responsible For – LaMar will reformat advisory opinion, submit to Judy Bontrager. Bontrager will send out to members for approval by e-mail. Take to July Board – Judy Bontrager. When approved, write letter to inform Ann Smith, student nurse of the approval of her request to add IV insertion skill to the advisory opinion, ask Ann Smith, student nurse to write article for the journal of how the process worked – Judy Bontrager.

- D. Stress Testing Pharmacology** – Discussion rescheduled for 8/26/08 agenda.
- E. Peripherally Inserted Central Catheter (PICC) Insertion, Radiographic Verification of Placement & Removal** – Ann Earhart reviewed the draft revisions & stated her effort to

include specifics addressing questions that arise from the users of this advisory opinion. The committee agreed it was essential to define education required for insertion, suturing, and verification of tip placement, maintenance & removal. The committee asked that Ann revise the draft, modeling after the LPN-IV infusion advisory opinion, and return to August 2008 Scope of Practice meeting.

Recommendation/Action Taken/Responsible For – Submit revised draft at the August 2008 Scope of Practice meeting. Responsible person – Ann Earhart.

- F. Orders: Accepting, Transcribing, and Signing off Orders** – Jeannette Sasmor spoke with Roger Downey, Arizona Board of Medical Examiners to ask if a person ordering medication must be licensed in Arizona. (The questions was a result of discussion at the February 2008 Scope of Practice Meeting. Winter visitors who are here for a short time often do not have physicians in Arizona). Mr. Downey stated that if the provider is not licensed in Arizona they cannot prescribe in Arizona. The two exceptions would be:
- 1) A home town provider out of state who submits a prescription to Walgreens for a patient in Arizona to pick up at a local Walgreens in Arizona since Walgreens has a nationwide computer network.
 - 2) A Veteran Administration provider working for the Veteran Administration in Arizona with an out of state license – or an out of state Veteran Administration provider prescribing for an Arizona veteran via the Veteran Administration national computer network system. Susan Poole stated that this is especially a problem for winter visitors receiving home health care, since they may not have a physician licensed in Arizona. Changes made to the current advisory opinion included update of the rationale, changing health care providers to licensed independent providers and reference update.

Recommendation/Action Taken/Responsible For – A motion was made by Clint Armer, seconded by Susan Mayer to take the revised draft to July Board meeting – motion carried. Responsible person – Judy Bontrager.

V. New Topics of Discussion

- A. Manipulation of Endoscopes by RN's** –Joan Olcott stated that a request had come to the board by email asking about the RN scope of practice when manipulating endoscopes. Aleksandra Yearwood stated that RNs at Mayo Clinic Endoscopy Suite are manipulating endoscopes with additional training/education. Other states such as Kentucky, Nebraska as well as the Society of Gastroenterology Nurses & Associates Inc., also support nurses doing this. The committee discussed whether we really need an advisory opinion on this. It was decided to take the draft to the board for a discussion on the opinion.

Recommendation/Action Taken/Responsible For – A motion was made by Jeannette Sasmor, seconded by Aleksandra Yearwood to take the revised draft to July Board Meeting – motion carried. Responsible person – Judy Bontrager.

- B. Subcutaneous Infusions by LPN's** – Discussion rescheduled for August 26, 2008 Scope of Practice meeting agenda.

- C. Licensed Independent Practitioners vs. Licensed Care Provider** – At the February 2008 Scope of Practice meeting, a question was raised regarding “who is a licensed health care

provider?” – The members agreed it was meant to include physicians and nurse practitioners but may be confused with RNs/LPNs as well. Judy Bontrager contacted Kathy McKenna at the Arizona Department of Health Services and McKenna stated they use the term “licensed independent practitioners”. The committee agreed that we should also use this terminology as we revise the advisory opinions. The term will more clearly define physicians and nurse practitioners. The committee decided to use a portion of the veteran’s administration definition for licensed independent practitioner: The term Licensed Independent Practitioner is any individual permitted by law and the facility to provide patient care services independently; i.e., without supervision or direction, within the scope of the individual’s license and in accordance with individually granted clinical privileges.

Recommendation/Action Taken/Responsible For – A motion was made by Pat Johnson, seconded by Barbara LaBranche to use this definition in advisory opinions when they are being revised. Motion carried: Add to the Scope of Practice definition list. Responsible party – Judy Bontrager.

D. Need for all references to include web addresses directly to article. Additional discussion will take place at the August 26, 2008 meeting regarding use of APA or AMA format.

E. Report on Advance Practice Committee. Discussion regarding Scope of Practice for Nurse Practitioners performing surgical abortions – Karen Hardy reported that the Board of Nursing found it is within the scope of practice of registered nurse practitioner (RNP) to perform a first trimester aspiration abortion provided that:

1. Care of the population is within the nurse practitioner’s specialty area certification.
2. The nurse practitioner has met the education requirements of A.A.C. R14-19-508 ©: “an RNP shall only provide health care services within the nurse practitioner’s scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice”.
3. The RNP maintains documented evidence of competency in the procedure.

VI. Adjournment

The meeting was adjourned at 2:30pm.

Minutes respectfully submitted by:

Judy Bontrager, RN, MN

Draft Minutes submitted to the Board September 2008

Minutes to be approved by the SOP Committee August 2008

JB/cco

Scope of Practice Committee Meeting
Arizona State Board of Nursing

May 20, 2008

List of Attendees

MEMBERS PRESENT

Clinton Armer, RN, BSN
Kimberly Eacott, RN, BSN, CCRN
Ann Earhart, RN, MSN, CRNI
Karen Hardy, RN, MSN
Judith Hayter, LPN
Mary Hubenthal, RN
Patricia Johnson, LPN
Barbara LaBranche, RN, BSN, MBA
Kimberly LaMar, RN, BSN, MSN, ND/DNP, CNNP,
RNC, DPD/BC
Marianne Locke, RN
Susan Mayer, RNC, MSN
Joan Olcott, RN
Colleen Payne, RN, MS-NL, TNCC
Susan Poole, RN, CRNI, BSN, MS, CNSN
Jeannette Sasmor, RN, MBA, EdD
James Soler, RN, BSN
Aleksandra Yearwood, RN CPNC, RNFA

BOARD STAFF ATTENDING:

Judy Bontrager, RN, MN

MEMBERS ABSENT

Donna Heitmann, RN, BSN, MPH, EMT
Debra Henry, RN, RDH, MS, NHA, CLNC
Deborah Martin, RN, BSN, MBS, MSN,
CNA, BC
Marla Moore, RN, BSN, MA
Shirley Rodriguez, RN, BSN, CSNP
Amy Warengo, RN, BSN, MSN
Eva Woodburn, RN, BSN, MSN

GUESTS PRESENT

Stefanie Hernandez, GCU
Thomas Quigg, GCU
Caleb M. Lichtenborger, GCU
Leigh Giordano, Body New Medspa
Crystal Paras, GCU
Richard Saiz, GCU
Bethany Nielsen, GCU
Brianna Buser, GCU
Robert Mindell, Medspas
Marvin Borsandiro, Body New Medspa
Tera De Las Reyes, GCU
Sue Heck, Great Skin AZ
Ron Woehler, Angiodynamics