Janice K. Brewer
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

ADVANCED PRACTICE COMMITTEE MINUTES
October 2, 2009

MEMBERS PRESENT:
Denise G. Link, RNP, PhD, CNE, FNAP, Chair
Susan K. Bohnenkamp, RN MS CCM APRN-BC
Janice L. Bovee, CNM
Martha Carey-Lee, MS, FNP-C
Carol E. Feingold, MS APRN PMHNP BC
Elizabeth Gilbert, RNC, MS, FNP
Julia Griffin, RN MS AOCNS
Judy Hileman, Psych/MHNP, MS, FNP
Jacqueline A. Keuth, RN MS CCNS CCRN
James Mitchell, MS, MBA, Psych/MHNP
Rodney Moffett, CRNA MS
Agnes Oblas, MSN, ANP

MEMBERS ABSENT:
Jennifer Brodie, MS, CPNP
Nancy Denke, MSN, FNP
Carol Harrigan, MSN, NP
Anita Martinez, RN MS CNM
Marianne McCarthy, PhD, RN
Claretta Munger, BSN, MSN, CPNP
Sally Reel, PhD, FNP

BOARD STAFF ATTENDING:
Pamela Randolph, Associate Director Education
Valerie Smith, Associate Director Complaints
Karen Grady, Advanced Practice Consultant
Janeen Dahn, Advanced Practice Consultant
Karen Gilliland, Board Staff

GUESTS:
Pam Akers, ANP
Lissa Benson, FNP
Christina Boeckman, ANP
Nicole Gastelum, NP
Debra Goulding, NP
Sharon Gregoire FNP-BC and ACNP BC
Carol Hansen
Sylvia Hinton
Jennifer Jacobson (telephonic)
Susan Jensen, RN
Ashlee Jontz, ANP
Amanda Kaiser, SN
Beth Kennedy, FNP
Tina Kittleson
Daniel Knight, FNP
Laura Koepke, RNP
Melanie Logue, CNP-BC
Gladys Loyola, NP
Ashley Mitchell
Molly Moore
Raegan Oswald, MSN, SN
Julie Overbey
Susan Phillips
Therese Sargent ACNP-BC
Britany Sauter, RN
Mary Schafer, NP
Angela Smith
Eileen Smith, RNA-CNS
Carrie Solodky, ANP
Anna Soriano, Student
Virginia Starr
Georgia Stone, DMSS
Sherry Stott
Victoria Swatzell, NP
Tammy L. Tyree, ACNP
Christina Tussey, CNS WIS
Loretta Weckerly, ACNP
Barbara Wiggin, PhD ANPC
Bobbie Wiles, FNPBC

1. GREETING

The Advanced Practice Committee was called to order by Denise Link at 9:30 a.m. The audience was welcomed, and committee members and Board staff introduced themselves. Link reported that an additional advance practice member has been designated for the Board but has not yet been appointed.

2. APPROVAL OF MINUTES

Bohnenkamp moved and Keuth seconded to approve the November 14, 2008 meeting minutes with correction. Motion carried unanimously.

3. NEW BUSINESS

A. Draft White Paper: NPs in Acute Care

Randolph addressed the committee stating that the Board continues to receive requests from the community regarding the role of a nurse practitioner in acute care who has not been prepared as a nurse practitioner in acute care but rather a nurse practitioner with a primary care specialty. The Board has given consistent advice over the years, including the information provided at the Nurse Practitioner Summit held by the Board in 2006. However, people do not have a full understanding of the Board's position on this issue. Board staff was asked to speak to this issue at the Nurse Practitioner Summit held in Flagstaff. In order to provide a consistent message regarding the role of nurse practitioners in acute care settings, the white paper was written. The paper was presented in draft. Comments were received and have been summarized. The draft would not be revised until this body met and had time to review the draft and comments received. As a result of the comments a literature search was conducted and an annotated bibliography was included. The literature and research suggests that it is a collaborative role.

Randolph provided an overview of each comment and the resolution proposed by Board staff. Committee members reviewed the comments, received audience statements, and provided feedback.

1. <u>Prohibition of ANPs from practicing in a hospital</u>
   Randolph stated that the paper does not prohibit any nurse practitioner from hospital practice. Link added that the paper does not limit *any* nurse from hospital practice.

2. <u>Change "hospitalist" to intensivist</u>
   In the original paper there was a statement: "to provide acute care services in a 'hospitalist' role, the registered nurse practitioner must complete didactic education and supervised clinical practice in an approved acute care nurse practitioner program". Symposium attendees suggested it be changed to intensivist. However, when reviewing the literature these terms were used in reference to physicians. The terms are imprecise when referring to nurse practitioners. Revision is to avoid both terms as they pertain to physician roles.

   Suggested reframing reads as follows: "It is the position of the Board that the RNP who provides acute care services cannot exceed the limits of the advance practice specialty area." Sole management of the care of complex unstable patients in an acute care setting, including but not limited to an intensive care unit, is in the exclusive domain of the nurse practitioner who has completed an approved acute care nurse practitioner program. This does not mean that the primary care nurse practitioner cannot assist or direct management of the patient consistent with the specialty and role of nurse practitioner certification."

Committee members requested clarity for persons educated/trained in a specialty area whose patient is admitted to intensive care and questioned whether the draft white paper would be limiting their role. Board staff maintained that the draft white paper pertains to sole management. Clinical nurse practice is a collaborative model and the position of the paper is that for sole management one needs acute care credentials. This does not mean a nurse cannot participate in the care of the patient, just not sole management. Dahn noted that the paper deals with the type of patient, not the location of practice providing one remains within one's skill set and scope of practice. A nurse practitioner within their skill set may admit; however, when the patient becomes acutely ill, complex and unstable, the nurse practitioner must collaborate. Link noted that DHS regulations require that patients admitted to acute care must be attended by a licensed physician.

Randolph will revise the draft to include "sole and independent" and include certified nurse midwives' role.

3. Definition of Primary Care
   Randolph stated that a comment was received from Michael Frost stating that the definition of primary care is incorrect. Randolph noted that the draft white paper did not define primary care, but rather defined the settings where primary care education of registered nurse practitioners occur. The paper also quoted Klein, stating "primary care RNP preparation focuses on management of health promotion, disease prevention, and ongoing care of individuals and families". Board staff feels the paper is sufficient in distinguishing primary care from acute care and does not need to include the IOM definition.

4. Add 'Ordering Diagnostic Tests' to List of Possible Activities of Primary Care
   Randolph noted no problem in making that change.

5. Editorial Changes
   Randolph stated that comments came from Angie Golden and Michael Frost. Revisions based on these comments are as follows: "Patients admitted to an acute care facility will benefit…" and "if an exacerbation of a chronic illness is such that the person is unstable or critically ill, then the NP should refer the patient to a provider with acute care credentials to manage or assist in the management of the patient, at least until the situation is under control and stable."

6. Comments regarding PowerPoint Presentation
   Randolph stated that comments were received relative to a PowerPoint presentation used to provide a synopsis of the content of the draft white paper.

7. Questions and Answers - #1 – Acuity of Patient
   Frequently asked questions and responses were added to the end of the document. Based on comments from Angie Golden question number one was revised as follows:

   Can a primary care NP treat hospital patients as long as they are not in the ICU?

Randolph stated that the question deliberately used ICU because this is a frequent question; however, would suggest modifying in that the Board specifies that the ICU is in an acute care hospital because there are ICU beds that contain stable patients in rehabilitation and long-term hospitals. Randolph also stated that there is some support in the literature for a limited role of a primary care NP in the ICU as part of a team, but there was no credible article describing the primary care NP as the manager of the ICU patient in acute care or sole manager of an ICU patient.

There were no objections to including ICU and specifying Acute Care.

8. Questions and Answers - #1 – Use of Primary Care NP to Remain General
Randolph stated that Angie Golden requested the use of Primary Care NP in lieu of FNP in the question; the response includes the word solely, ("while the Board agrees that the primary care NP should not be solely managing ICU patients, as noted above the primary care NP's role in an acute care setting must be within their scope of practice."); and the addition of "acute" to renal failure.

   After review and discussion, Board staff will use 'primary care NP' and add the word acute. However the first sentence of the response will be deleted and replaced with the following: "The primary care NP's role in any setting must be within their scope of practice consistent with their educational preparation." Grammatical inconsistencies will be corrected.

9. Questions and Answers - #4 – Central Lines, Invasive Procedures
Randolph stated the question "can an FNP insert a central line?" is frequently asked. Golden requested the question be changed to "can a primary care NP perform invasive procedures?"

   Board staff will change the question for more applicability. The following sentences will be added to the response: Education should consist of formal didactic learning and supervised documented clinical practice as prescribed by an accrediting body, accredited university or professional association; and if the patient's acuity level requires an invasive procedure and management in an acute care setting this suggests that the sole management of the patient may be beyond the scope of practice of the primary care NP.

10. Questions and Answers - #5
If a procedure is illegal in AZ, but legal in other states, is it within the scope of practice for an FNP to perform the procedure in AZ?

    Golden requested FNP be changed to NP. Board staff agreed with the change.

11. Questions and Answers – Additional Question
Golden requested the following question/answer be added: Can a primary care NP who is ACLS certified run a code in a hospital?/Yes this course provides the didactic and practice with certification.

    Board staff will include the question but with the following response: An RN including NP may provide care within the limits of their ACLS, PALS, NRP

education. Consistent with ACLS guidelines, the provider with the highest level of training directs the code.

12. Suggestions
    Michel Frost suggested including a Venn Diagram showing overlapping scopes of practice and wanted Board to include additional verbiage. Board staff does not think the diagram or the additional verbiage would be helpful.

13. Renaming Paper
    Michael Frost requested the paper be renamed *RNP Acute and Primary Care Settings* and include that acute care RNP cannot practice in primary care settings.

    Board staff maintains that the paper was written specifically to address the primary care nurse practitioner in acute care.

14. Strike Last Sentence of Summary
    Michael Frost recommended the following statement: It is the legal and ethical responsibility of each RNP to recognize the limits of their training and that they must maintain evidence of education, clinical experience which demonstrate competency appropriate to the level of care the patient requires.

    Board staff will keep the following statement as it reflects the questions and comments received by the Board: Experience as an RN, on-the-job training, having a physician sign off orders, and the personal comfort of the RNP are not a sound basis for accepting an assignment or role beyond the RNP's scope of practice.

15. Additional Sentence to Background of Summary
    Michael Frost requested the following statement be added to the background or summary: The basic competencies of Primary Care Nurse Practitioner, Acute Care Nurse Practitioner published by National Organization of Nurse Practitioner Faculties are included by reference and available from NONPF directly from their website.

    While Board staff has no objection to adding this statement, staff noted that NONPF is referenced throughout the paper and cited on the reference page.

16. Neonatal Resuscitation
    This matter has already been addressed.

Bovee noted that one area not addressed in the white paper is students under the direct supervision of nurse practitioners. Bovee stated that student nurse midwives are prohibited because they are not in a medical residency program. Randolph offered that there is a statute that addresses this matter. Link stated the committee will address the issue, but this white paper is specifically addressing nurse practitioners in acute care settings.

Audience Comments and Discussion

Carrie Solodky, ANP, addressed the committee stating that she was the first nurse practitioner at many of the hospitals in the valley. Solodky shared that she was acute care trained but received certification as an ANP not acute care certification and she did not anticipate that the Board would require such certification. Solodky expressed her frustration noting that local nursing education programs did not offer acute care nurse practitioner education and training, and that while she has trained in acute care and is responsible for training others in acute care, including physicians and physician assistants, she is now considered incompetent. Solodky expressed concern that hospitals and facilities will change policies in response to the white paper that may threaten peoples' livelihood. Solodky stated that the white paper will set a precedent for hospital systems and result in older nurses being required to return to school. Solodky requested the paper include that there are cases of nurse practitioners with additional training though they are FNPs or ANPs, and asked that the Board consider a grandfather clause.
In response, Dahn noted that nurse practitioners can continuously build on their skill set by acquiring additional education and training. Dahn cautioned against a grandfather clause as it may be a disservice to nurse practitioners in this instance because of the possibility of including nurse practitioners before the closing date that do not have the required competencies and precluding nurse practitioners after the closing date that do. Link offered that the issue is not with regulation or even the white paper but with facility policies. Nurse practitioners with the credentials should be able to petition their employers. In addition, Link noted that on page one of the draft white paper it states: "An individual RNP may enhance their competencies by learning additional skills/procedures within their scope of practice through additional didactic education and supervised clinical practice as specified in R4-19-208 (C)." Randolph added that it also states that the "scope of registered nurse practitioner practice is based upon the didactic and clinical education obtained in a basic RNP program". This applies to nurses that are certified in one area but have education in another role. Randolph proposed that the issue of a person educationally prepared and but without certification be addressed in the Questions and Answers section at the end of the paper.

Lisa Benson, NP, offered that she serves on an Advance Practice Committee in Tucson and has seen bylaws changed in response to similar white papers. Benson stated that after consideration of the revisions and additions to the paper she does not think it will change things, but will clarify and not destroy all of the hard work that has been done.

Loretta Weckerly, ANP, addressed the committee stating that she is an acute care nurse practitioner with certification as an adult nurse practitioner. Weckerly stated that she was nervous about the release of the white paper as such documents are interpretive means for employment. Weckerly shared that she is not nationally certified and has been restricted in employment and opportunities though not in practice. Weckerly expressed concern with restricting practice based on education and inquired as to how the white paper will affect nurses that did complete an acute care program but were not? nationally certified as acute care nurse practitioners. Weckerly also stated that restricting practice will put limits on access for rural hospitals.

Melanie Logue, FNP, addressed the committee and suggested deleting the word 'certification' on page two of the draft white paper. Logue stated that certification appears to be mandatory when it is not but rather depends on educational preparation. Randolph stated that there are two types of certification, national and board. Many times they are congruent but sometimes they are not. Randolph will revise the statement to clarify.

Ashlee Jontz, ANP, stated that she is currently enrolled in an acute care program, and noted that if certain procedures are not offered in the educational program; those procedures may not be performed on the job. Johns asked how to obtain competencies and proof of such competencies in the correct way. Link referred Johns to an article listed in the annotated bibliography, Swenson, D. (2006) Advanced Registrered Nurse Practitioners: Standards of Care and the Law, *Journal of Legal Nurse Consulting*, 17 (4) 3-6. Link also recommended keeping detailed documentation or records supporting training and/or experience for any particular competency or a procedure. The annotated bibliography will be made available on the AZBN website.

Molly Moore, ANP, noted that the length of the paper needs to be satisfactorily long enough to answer and address all questions in attempt to avoid any misinterpretation. Moore requested that teaching nurse practitioner students in acute care settings be included. Link agreed that the paper needs to satisfactorily address the issue and noted that the comments about length were to suggest that the paper not be unnecessarily long. With regard to student nurse practitioners, Link maintained that it is a separate issue, who can practice as opposed to who can teach, and noted that it will be addressed by the committee. Randolph offered that Board rules are liberal on students and stated that a new statute that allows nurse practitioner students to practice as a nurse practitioner as long as they are in a nursing program. This statute becomes effective later this month. Grady recommended that when advisory opinions are revisited, the advisory opinion "Nurse Practitioner Description of Roles and Functions" could be revised to included teaching student nurse practitioners.

Sharon Gregoire FNP-BC and ACNP BC, certified FNP wanted to acknowledge that the American Medical Association and Physician Assistant programs are currently struggling with this issue. Although it is an AMA medical model under which their physician assistants are trained, they have approximately 6 weeks in the hospital and are now working to conclude a process where at any point in a 4 point process they may enter a subspecialty to expand upon their generalist roles since they are all generalists coming out of the PA program. Gregoire noted that there are adequate continuing medical education programs which allow nurses to get those set of skills that needed to do what they are doing in their practices. Physicians are utilizing these programs to acquire specialty skills. Gregoire offered that this is problem is not solely in nursing. There are and there should be adequate programs to meet the expectations as they are set forth. Gregoire thanked the board for an opportunity to clarify that education can be outside a didactic acute care NP program for those that do not have it.

Link read the comments of a person unable to attend the meeting. Jean Fenn is a student in the PNP program at ASU. Fenn has practiced in the role of clinical nurse specialist in pediatrics and returned to get her education in the role of PNP. Fenn states the following: I am concerned about the reaction many hospital nurse administrators may have regarding the white paper statement. Hospital administrators may perceive the role of the primary care NP within the hospital setting as inappropriate, thus we may lose many APNs within our hospitals. I am also very concerned about the representation of the pediatric advance practice nurses in the hospital setting. Currently the state of Arizona has no graduate programs to train a pediatric clinical nurse specialist or acute care pediatric-NP. The only advance practice nursing role within the pediatric setting is the primary care PNP training offered at both ASU and the University of Arizona. Pediatric advance practice nurse representation within the hospital setting is important in promoting evidence- based clinical practice and education for this vulnerable population. The advance practice nurse committee has a responsibility to ensure equal representation of all advance practice nurses. Please consider these suggestions: to emphasize and clarify the important role the primary care NP in the hospital setting; consider the outcomes of this paper to those NP populations that choose pediatrics where there are no opportunities in the state of Arizona for advance practice nurse training, clinical nurse specialist or acute care PNP; and finally enlist a group of primary care NPs practicing in hospitals to collaborate with the Arizona State Board of Nursing in establishing practice guidelines."

Link stated that the white paper emphasizes and clarifies the important role the primary care NP in the hospital setting; committee members and Board staff have addressed outcomes; text changes have also addressed some of the concerns. Ms. Fenn has not had an opportunity to review the draft white paper with revisions.

Grady will provide a copy of the draft white paper incorporating the changes made today after it goes to the Board. The document will be made available to the public upon Board approval and will be placed on the AZBN website. Grady will provide a copy of the proposed changes to committee members.

B. Legislative Update

Guests Present: Jennifer Jacobson, Psych NP (telephonic appearance) and Gladys Loyola, Psych NP

Link asked Jacobson and Loyola to return to the committee to provide an update for new and returning members.

Loyola addressed the committee stating that the Title 36 Group seeks to make changes to Title 36 - Public Health and Safety, specifically Chapter 5, Articles 4, 7, and 9. The goal is to update language that would allow nurse practitioners to participate in the evaluation of patients and in the outpatient management and treatment of court ordered individuals. Adding nurse practitioners to Title 36 means that the evaluation process will call for a physician or a nurse practitioner. At this time Arizona Revised Statutes require two physicians. The revisions will allow nurse practitioners to manage court ordered patients; make mental health services more accessible to petitioning court ordered patients; enable continuity of care; and reduce the burden on an already saturated system.

The Title 36 Group is working with lobbyist Rory Hays and has collected signatures through letters of support. A legislative sponsor for the Bill has not yet been established.

Committee members discussed the statement on page 2 under 12a where it states "two psychiatric practitioners who are licensed physicians or a psychiatric nurse practitioner". Mitchell noted that the statement suggests either two physicians or one nurse practitioner. Jacobson will clarify the statement. Mitchell also noted that a third affidavit must be obtained if two affidavits disagree.

The group will be continuing to get support. Link recommended drafting letter of support to be signed by physicians.

C. Announcement: Upcoming Panel Discussion APN Roles

Link announced a panel discussion to be held on October 23, 2009 organized by the Arizona Republic to help the advance nurse practice community help the public understand the roles of nurse practitioners, nurse anesthetists, clinical nurse specialist and nurse midwives. Link asked for volunteers to present on the panel. Interested parties may contact Link via email.

4. ITEMS FOR AGENDA FOR FUTURE MEETINGS

Students in Acute Care Facilities
CNS Prescriptive Rights
CNS Certification Exam

Committee members requested information on the statute relative to nurse practitioners performing abortions. Link stated that the Board of nursing voted that under the legislation at that time, it was within the scope of practice for a nurse practitioner to perform a first trimester abortion. Subsequently a law was passed under the public safety statutes that stated only a physician may perform an abortion. This law was recently challenged and an injunction was issued against putting that law into effect. Smith offered that an article is available on aznet.com from the Tucson Daily Star outlining the history of matter and providing information regarding the judicial injunction.

5. CALL TO THE PUBLIC

Students in the audience addressed the committee stating that they found the meeting very informative; were impressed that the committee took suggestions and feedback into consideration. Students and committee members discussed committee membership requirements, committee make-up.

6. ADJOURNMENT

There being no further business, Bovee moved and Hileman seconded to adjourn the meeting at 11:49 a.m.

MINUTES APPROVED BY:

_____Signature

kbg