

**BOARD OF MEDICAL EXAMINERS/BOARD OF NURSING
JOINT STANDING COMMITTEE MEETING**

227 French Landing Poplar Room
Heritage Place MetroCenter
Nashville, TN 37243
July 17, 2008

MINUTES

Call to Order: Cheryl Stegbauer called the meeting to order at 2:00 p.m.

Members Present: Mitchell Mutter, M.D., Dennis Higdon, M.D., Barrett Rosen, M.D., Cheryl Stegbauer, PHD, APN, RN , Donna Roddy, MSN, RN.

Member Absent: Marilyn Dubree, MSN, RN

Staff Present: Elizabeth Lund, Executive Director, BON, Rosemarie Otto, Executive Director, BME, Larry Arnold, MD, BME Consultant, Donna Fairchild, Nursing Consultant, Martha Barr, Nursing Consultant, Alison Cleaves, Deputy General Counsel Wilma James, Deputy General Counsel, Marsha Arnold, Administrative Director, BME Sandra Powell, ASA III, BME, Sheila Bush, Administrative Manager, BON

Discussion: After a roll call to identify members of the standing committee that were present, members discussed their view of the purpose of the standing committee. Dr. Mutter said “communicating when you do not have anything to communicate so when you do, you have an avenue to communicate.” Dr. Stegbauer said the purpose of the standing committee is to work on matters that need to be addressed so together we can come up with the best product.” Dr. Rosen said the purpose of the standing committee is to develop ways to provide healthcare in a safe, effective way. Ms. Roddy said healthcare professions need common direction and consistency that only the committee can provide. Dr. Higdon agreed with the earlier comments and indicated he is looking forward to working with the standing committee.

Election of Officers: There was a discussion of the need to have a Chair and a Co-Chair. All members agreed. Dr. Mutter made a motion to nominate Dr. Stegbauer as Chair. The motion was seconded by Dr. Higdon. Dr. Rosen nominated Dr. Mutter to be Co-Chair. Dr. Higdon seconded the motion. Both motions carried unanimously.

There was a discussion regarding the purpose and goals of the standing committee. Dr. Rosen discussed the supervision issue; who provides care and under what degree of supervision. Dr. Higdon discussed his experience working with nurse colleagues. Dr. Mutter also wanted important issues to be addressed by the standing committee such as

how the Department of Health does its job for the boards. He raised issues regarding how the boards deal with practitioners who fall short and need subsequent rehabilitation and what to do with those who can not be rehabilitated. Boards must be fair and consistent. He also discussed the idea that only professionals can determine the standard of care. He believes there must be consistency between the two boards in how the department uses professional consultants.

Dr. Stegbauer articulated a “purpose” for the standing committee: “This [standing committee] is a forum for discussion and problem solving of common issues that affect both the Board of Medical Examiners and Board of Nursing. To make recommendations to our respective boards so that we are working in harmony and for best solutions to protect the public.”

Specific issues were then discussed:

1. Obviously, supervision would be a topic for the standing committee.
2. Regulatory matters such as how cases are heard with professional input required.
3. Continued competency – violations of CME requirements.
4. Practicing on a lapsed license.
5. The BON is now authorized to hear contested cases by breaking into panels. They will look to the BME for some advice as they get started on this new process.
6. Professionalism problems were defined and discussed. Dr. Rosen explained that professional involves so called disruptive doctors; behavior that is inappropriate and not conducive to good relationships with colleagues. Forty percent of TMF’s work is behavioral problems. Medical schools are now looking at this as well. Dr. Stegbauer pointed out that the standing committee now has an incredible teaching/prevention opportunity. Perhaps the standing committee can develop a policy that could be a model for the entire country. Develop a policy, take it to schools and use it as a prevention tool.

Dr. Higdon pointed out to the standing committee that disruptive behavior is now a sentinel event according to the Joint Commission. Disruptive physicians can lead to medical errors because colleagues are unwilling to point out possible errors before they occur. Dr. Stegbauer introduced the standing committee to the idea of clinical nurse leaders who are trained to look into error prevention. The key is teamwork and communication. Everyone in the practice setting should feel free to speak up. Both sides need to learn both how to speak up and how to listen effectively.

There was a discussion on the need to prioritize what issues should be addressed first by the standing committee. Dr. Rosen suggested we look at supervision because of the rapid rise of the so-called minute clinics.

There was a brief discussion on the use of propofol. Dr. Higdon cited it was an example of how in the past the medical board and nursing board stood together administration of propofol. Libby Lund provided the standing committee with some history on the issue.

Dr. Stegbauer reminded the committee that they need to have as a goal the development of policies with a strong concern for public safety and best practices.

There was a discussion regarding how recommendations would be forwarded from the standing committee to the respective boards. All agreed that anything the standing committee determined would be a recommendation only to the respective full boards for further action.

There was a discussion and exchange between committee members about the similarities and differences between the two boards.

Alison Cleaves, Deputy General Counsel then spoke to the standing committee regarding the “process.” She indicated that she knew of no changes in the “process” relative to consultant review. She indicated that there were some things she would like to discuss with Dr. Stegbauer and Ms. Roddy relative to the board of nursing, but there were currently no changes in place. She acknowledged that she understands that the boards all have a voice and they tell the lawyers how to enforce and establish rules and set the standard of care. She is always trying to think of different ways to be more efficient. The lawyers look to the boards for direction and they in turn tell the boards how to do it legally.

There was a discussion about the board of medical examiners’ new pilot project in allowing the administrative law judges hear contested cases. They also discussed the board of nursing and its new statute regarding hearing cases in panels. There was also a discussion regarding nursing board policy relative to lapsed licenses and both boards view of violation of continuing medical education policies. There was a discussion about what a civil penalty is and is not. It is considered discipline and therefore must be reported on the internet and on the department of health’s disciplinary action report which goes out monthly. It would not be reported on the National Practitioner Data Bank. The current practice of sending a demand letter and getting a civil penalty is not sufficient. The vehicle (i.e., the demand letter) is not sufficient because licensees do not fully understand their rights and privileges. The individual boards will discuss this issue at their next board meetings.

There was a discussion about items for the next meeting. Dr. Rosen suggests we take up the rules and regulations relative to supervision of advanced practice nurses so that everyone understands what is required on both sides. Dr. Mutter wonders if there is any way to determine if there is good compliance with the regulations currently in place. Dr. Rosen wants to look at the rules first and then see if there is a way to look at compliance. The idea of an audit of the physicians supervising and the advance practice nurse is a “budget breaker” at this time. There is also an interesting discussion regarding what needs to be supervised. Dr. Stegbauer was on the leading edge of the original discussion between the TMA and TNA on this matter. The standing committee is going to look at the history of supervision, get a good over view and go from there.

A second issue will be how we (the respective boards) deal with the use of professional consultants.

So both supervision and use of consultants will be on the agenda for the next meeting scheduled for September 11, 2008 at 2:00 p.m.

These minutes were ratified by the Board on September 11, 2008.