

TENNESSEE BOARD OF NURSING  
227 French Landing, Iris Room  
Heritage Place, MetroCenter  
Nashville, TN 37243  
September 25, 2008

MINUTES

Call to Order	Cheryl Stegbauer, Chairperson called the meeting to order at 8:35 a.m.
Roll Call/Declaration of a quorum	The Chairperson declared a quorum present.
Members Present	Cheryl Stegbauer, A.P.N., Chairperson Donna Roddy, R.N., Vice Chairperson Terri Bowman, L.P.N. Barbara Brennan, R.N. Marilyn Dubree, R.N. Kathleen Harkey, Consumer Member Judy Messick, L.P.N. Marian Stewart, R.N. Betty Thompson, R.N. Carol Thompson, A.P.N.
Staff Present	Elizabeth Lund, Executive Director Martha Barr, Assoc. Executive Director Elizabeth Miller, Health Related Boards Director Donna Fairchild, Nursing Consultant Joan Harper, Administrative Director Sheila Bush, Administrative Manager Wilma James, Deputy General Counsel
Introduction of Staff	Elizabeth Lund introduced the staff.
Guests in the Audience	Stegbauer recognized and welcomed the guests in the audience.
Conflict of Interest Policy	James, Deputy General Counsel, reviewed the Conflict of Interest and Confidentiality Policies.

Approval of Minutes

C. Thompson made the motion to accept the minutes as presented. Roddy seconded the motion. The motion carried.

Consent Agenda

Roddy made the motion to accept the consent agenda. C. Thompson seconded the motion. The motion carried.

Open Forum

Michael Bernard, Michael Chapman, Brenda Woodward, Rhonda Taylor, Mark Russell and Kathy McGregor addressed the Board with concerns about public safety when a nurse is required to “float” to a unit without training. If the nurse resists the nurse is fired. Ms. McGregor asked the Board if it would support mandatory staffing ratio legislation and clarification of Board Rule 1000-1-.14. Ms. James, Deputy General Counsel suggested that the issue may be appropriate for an advisory opinion and suggested the speakers contact Donna Fairchild, Nursing Consultant for information. Mr. Bernard, Mr. Chapman, Ms. Woodward, Ms. Taylor, Mr. Russell and Ms. McGregor support the National Nurses Organization Committee and left documents of testimony from other nurses with the Board.

### **Nursing Schools Program Hearings**

Martin Methodist College

BSN, LPN  
to RN  
Bridge track  
and RN to  
BSN Track

Dr. Ken Burns, Chair and Dr. Ted Brown, President of Martin Methodist College, presented documentation to the Board requesting full approval for the BSN program with the addition of an RN to BSN track and LPN to BSN bridge program. Roddy made the motion to grant full approval for the BSN program with the addition of an RN to BSN track and LPN to BSN bridge program. C. Thompson seconded the motion. The motion carried.

Freed-Hardeman University	AD	Ms. Linda Gibson, Director, presented documentation to the Board requesting approval for the AD program. After discussion, Roddy made a motion to grant conditional approval for Freed-Hardeman University AD program based on NCLEX passage rate. Stewart seconded the motion. The motion carried.
Fisk University- Fisk/Vanderbilt Partnership Program	BSN	Dr. Rolonda Johnson, Director, presented documentation to the Board requesting approval for the BSN program. After discussion, B. Thompson made a motion to grant full approval to Fisk University- Fisk/Vanderbilt Partnership Program BSN program. Stewart seconded the motion. The motion carried.
King College	MSN	Dr. Carol Robinson, Dean of Nursing, and Dr. Jane Castle, presented documentation to the Board requesting approval for the MSN program. After discussion, C. Thompson made a motion to grant conditional approval for King College MSN program based on the need for a certified CNS (clinical nurse specialist) as a full time faculty member being involved in the curriculum and didactic content. Roddy seconded the motion. The motion carried.
Middle Tennessee School of Anesthesia	MS	Dr. L. Phil Hunt, President and Dr. Ikey DeVasher, V.P. and Dean, presented documentation to the Board requesting approval for the nurse anesthesia MS program. After discussion, C. Thompson made a motion to grant full approval for Middle Tennessee School of Anesthesia MS program in nurse anesthesia. Stewart seconded the motion. The motion carried.
Lipscomb University- Lipscomb/Vanderbilt Partnership Program	BSN	Ms. Geri Reeves, Director, presented documentation to the Board requesting approval for the BSN program. After discussion, B. Thompson made a motion to grant full approval for Lipscomb

		University-Lipscomb/Vanderbilt Partnership Program BSN program. Stewart seconded the motion. The motion carried.
South College	BSN	Ms. Judy Wheedbe, presented documentation to the Board requesting approval for the BSN program. After discussion, Dubree made a motion to grant full approval for South College BSN program and RN to BSN track. B. Thompson seconded the motion. The motion carried.
Bethel College	BSN	Ms. Mary Bess Griffith, Director, presented documentation to the Board requesting approval for the BSN program. After discussion, Dubree made a motion to grant continuing conditional approval for Bethel College BSN program based on NCLEX pass rate and require an appearance at the February 2009 meeting. Roddy seconded the motion. The motion carried.
Tennessee Technology Center at Harriman and Tennessee Technology Center at Crossville	LPN	Rose Smalley, Coordinator, presented to the Board a proposal to combine and establish a regional practical program under the name of Plateau Regional Valley Practical Program. After discussion, Roddy made the motion to grant initial approval to establish a regional program. Stewart seconded the motion. The motion carried.

### **Tennessee Professional Assistance Program**

Mike Harkreader, Executive Director, presented a written and oral report. Mr. Harkreader also informed the Board that he has been in contact with Vanderbilt University about the possibility of having a prescription writing course for disciplined advanced practice nurses with prescription privileges. Vanderbilt University has prescription writing courses for physicians and dentists that have been disciplined by their respective boards.

## **General Discussion**

Ms. Lund, Ms. James and Ms. Allison Cleaves presented to the Board the issues surrounding current policies related to lapsed licenses and continuing competency requirements.

The Board's lapsed license policy imposed civil penalties for nurses that have been practicing on an expired license for six (6) months or more. Legal counsel advised the Board that civil penalties are reportable offenses to the state and national databases. After discussion, Brennan made the motion that if a nurse is practicing on an expired license six (6) months past the expiration date up to twenty-five (25) months past the expiration date, the Board will allow the nurse to reinstate the license and issue a Letter of Concern. If the nurse has been practicing on an expired license twenty-five (25) months past the expiration date, the nurse must appear before the Application Review Committee. Roddy seconded the motion. The motion carried.

The continuing competency policy addresses the situation for nurses who have not met the required competencies when they are selected in a random audit. The Board imposed a letter of warning for a first occurrence of non compliance and assessed a of civil penalty for a subsequent occurrence after being advised by legal counsel that civil penalties are reportable offenses to state and national databases, the Board revised its policy. C. Thompson made the motion that the first time a nurse is in non compliance with the continuing competency requirement, a letter of warning shall be issued and the second time a nurse is non compliant with the continuing competency requirement, the nurse must appear before Application Review Committee. Stewart seconded the motion. The motion carried.

Lund discussed with the Board the option of creating a Discipline/Case Management Committee. The chairperson created the Discipline/Case Management Committee and appointed Harkey, chairperson, and B. Thompson and Dubree as members. Stegbauer will be involved as needed.

New appointments to the other committees include: Finance Committee: Stegbauer, chairperson, and Harkey; Practice Committee: C. Thompson, chairperson, Messick, Bowman and Brennan; Education Committee: Roddy, chairperson, C. Thompson, B. Thompson, Stewart and Bowman; BME/BON: Stegbauer, chairperson, Roddy, Dubree and TNPAP Advisory: Brennan.

## **Criminal Background Checks**

Lund advised the Board of the need for a policy for applicants applying for licensure in Tennessee by examination and endorsement who have had their fingerprints scanned through Cogent, Inc and rejected twice due to unreadable prints. After discussion, Harkey made a motion to require a TBI/FBI acceptable name search along with screening through the Application Review Committee, if the applicant has two unreadable

fingerprints scanned by Cogent, Inc. C. Thompson seconded the motion. The motion carried.

### **Rulemaking Hearing**

James presented for the Board to review rules pertaining to endorsement, faith community nursing and an APN prescribing practice course. James requested that the Board make a motion to authorize a rulemaking hearing. After discussion, C. Thompson made a motion to delay authorizing a rulemaking hearing until the Board meets in February 2009. Brennan seconded the motion. The motion carried.

### **Legislation**

Lund updated the Board on the status of legislation concerning the State of Tennessee School of Medication Administration Advisory Committee and Rural Health Student Loan Program. Board staff has participated in meetings to prepare rules to implement the programs.

### **2009 Board Meeting Dates**

Lund requested the Board to approve 2009 meeting dates. The Board set February 18, 2009, March 25-26, 2009, June 3-4, 2009, September 2-3, 2009, October 1, 2009 and December 2-3, 2009.

### **Advisory Opinions**

Ms. Donna Fairchild, Nursing Consultant, presented to the Board correspondence from Vanderbilt University Medical Cosmetic Surgery Center, submitted by Debbie Garner, BSN, RN and Nancy J. Day, A.P.N. requesting advisory opinions.

Vanderbilt University Medical Cosmetic Surgery Center's question pertained to "Intense Pulse Light Laser hair removal and whether this procedure can be performed by a RN under the guidance and direction of a board-certified plastic surgeon?" The Board's decision was to ask Ms. Garner for additional information before it determines a final response. The documents submitted indicate that laser hair removal is a service that is offered at many day spas and performed by aestheticians as well as non-licensed personnel. On the other hand, the Scope of Practice Statement uses the words "collaborative practice between the cosmetic surgery center registered nurses...and the primary supervising/preceptor physician". This is suggestive of Advanced Practice Nursing. It is not clear from the protocol what the physician involvement with the patient will be. The Board is asking: If this is a spa procedure, at what point does this procedure become a medical procedure?"

Nancy J. Day's, question pertained to "Is it in the scope of practice for a nurse practitioner certified and educated in the specialty of Women's Health to see primary care patients of both genders?" The Board determined that, no, it is not in the scope of practice of an advanced practice nurse who has been educated and nationally certified as a women's health nurse practitioner to care for men or patients with chronic disease states. Women's health nurse practitioners are educated to treat men in a limited way, e.g. men with STDs who are partners of female patients. This is an exception recognized by the Board. There is a way for nurse practitioners educated and nationally certified in one patient population to change their scope to include another population. This requires formal post graduate education and national certification in the new specialty.

**An advisory opinion is a private letter ruling that applies only to the persons making the inquiry and it has no binding precedential value beyond that pursuant to T.C.A. 63-7-207 (15) which states "Such private ruling shall only affect the licensee making such inquiry, and shall have no precedential value for any other inquiry or future contested case to come before the board**

### **APRN Consensus Paper**

The board discussed the July 7, 2008 APRN Consensus Paper. Excerpts from the document include the following statements. *Currently there is no uniform model of regulation of APRNs. This has created a significant barrier for APRNs to easily move from state to state and has decreased access to care for patients. This document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.*

*The...model described will be the model of the future. A proposed timeline is presented at the end of the paper.*

*In this APRN model of regulation there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health. APRN education consist of a broad-based education, including three separate graduate-level courses in advanced physiology/pathophysiology, health assessment and pharmacology as well as appropriate clinical experiences.*

*Individual who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus area of practice for regulatory purposes. Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of*

*the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they cannot be licensed solely within a specialty area. Education for a specialty can occur concurrently with APRN education required for licensure or through post-graduate education. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations.*

### **NCSBN Annual Meeting**

The Tennessee Board of Nursing hosted the 30<sup>th</sup> anniversary meeting of NCSBN August 5-9, Nashville, Tennessee. The board welcomed attendees with a reception at the Country Music Hall of Fame.

The meeting adjourned at 4:30 p.m.

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Chairperson

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Date