

MINUTES
of the Second Meeting of the
Dialysis Technologists' Technical Review Committee

May 2, 2016
1:00 p.m. to 4:00 p.m.
Lower Level Conference Room "F"
The Nebraska State Office Building, Lincoln, NE

Members Present

Travis Teetor, M.D. (Chair)
Corrinne Pedersen
Michael J. O'Hara, JD, PhD (via telephone)
Michael Millea
Susan Meyerle, LMHP, PhD
Denise Logan, BS, RT
Allison Dering-Anderson, PharmD, RP

Members Absent

Staff Present

Matt Gelvin
Ron Briel

I. Call to Order, Roll Call, Approval of the Agenda

Dr. Teetor called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. He welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at http://dhhs.ne.gov/Pages/reg_admcr.aspx. The committee members unanimously approved the agenda for the first meeting. The committee members unanimously approved the minutes with two minor corrections.

II. Discussion on Questions from the Committee Members

Dr. Teetor asked the applicants to discuss the rationale for their proposal vis-à-vis what they think PCTs should be allowed to do versus what they can do now, and then to compare these two scenarios with current LPN practice, for example. Matt Bauman, RN, responded on behalf of the applicant group, stating that the principal difference between PCT practice and current LPN practice is that LPNs are allowed to inject saline solutions and heparin whereas PCTs are not. He added that one objective of the proposal is to clearly define in statute that PCTs be allowed the same privileges regarding these two procedures. Mr. Bauman went on to state that until recently PCTs had been doing these procedures under a Board of Nursing advisory opinion that allowed them to do so. However, in October of 2015 this advisory opinion was withdrawn creating doubt as to whether PCTs can continue to do these procedures. Mr. Bauman stated that the applicants are confident that a registry would be able to establish that PCTs are able to do these procedures without having to seek licensure since the procedures in question are not complex medical functions and therefore could be delegated to them by supervising nurses.

Ms. Logan and Ms. Pedersen expressed skepticism regarding how competency could be enforced under a registry or how discipline could be conducted under a registry. Dr. Les Spry, M.D., a nephrologist, responded that facility inspectors from DHHS as well as inspectors from a federal agency would continue to provide oversight of PCT services. Dr. Spry went on to state that each hospital provides oversight via a chain of command from supervising RNs up to medical directors and hospital administrators. He added that patient complaints would also play a role in drawing

attention to any problems with PCT services. Mr. Bauman then commented that the proposed registry itself would create another mechanism for reporting any erroneous conduct by an errant PCT, and that this registry would use the Medication Aide Registry as a model in this regard. Dr. Dering-Anderson remarked that she could not find anything in the Medication Aide Registry about intravenous procedures, and expressed skepticism regarding the ability of this registry to be useful in regulating PCTs.

The committee members then received testimony from Board of Nursing member Dawn Straub, RN, regarding why the Board of Nursing withdrew its advisory opinion on PCT functions and procedures. Ms. Straub stated that the Board of Nursing determined that there were discrepancies between the advisory opinion in question, on the one hand, and the Nurse Practice Act, on the other, stemming from the concern that the advisory opinion in supporting heparin injections and saline flushes by PCTs was in violation of the Nurse Practice Act. Ms. Straub clarified that the Board of Nursing has been advised that heparin injections and saline flushes are complex medical procedures and that nurses cannot delegate such procedures to unlicensed care givers. And, since PCTs are not licensed, nurses should not be delegating these procedures to them. Ms. Straub was asked whether or not the proposed registry would be able to address the concerns of the Board of Nursing. Ms. Straub responded that it would not because by rule licensure is required for nursing delegation to PCTs to perform these complex procedures.

Mr. Bauman and Dr. Spry argued that the procedures in question are not complex procedures and that there is no reason for prohibiting PCTs from performing them. Dr. Teetor commented that there seems to be no consensus on whether they are or are not complex procedures, and asked staff whether or not it is within the purview of the technical review committee to attempt to render a judgment on this matter. Credentialing review staff responded to this question by stating that this is beyond the charge of the technical review committee.

The committee members then discussed various options for dealing with the issues associated with heparin injections and saline flushes. One option mentioned by Dr. Spry was to have physicians delegate these procedures to PCTs. However, Dr. Spry hastened to add that he has been advised that this might not be legal in Nebraska even though it has been made to work in other states. Another option discussed was the make rearrangements in staffing so that nurses perform all of the complex procedures previously performed by PCTs. However, the committee members were informed that this would be virtually impossible to carry out given that there are not enough nurses to do these procedures. Another option mentioned was to amend the proposal to seek licensure instead of registration. Dr. Spry stated that there is a need to find a way in which PCTs can be allowed to perform these procedures again, otherwise access to these services will inevitably be seriously restricted, much to the detriment of patients.

Ms. Meyerle asked Dr. Spry how PCT-related tasks have changed since the withdrawal of the advisory opinion in 2015. Dr. Spry responded by stating that we no longer allow PCTs to do catheterizations or inject heparin, but we do allow them to do saline flushes. Dr. Spry added that there is a need to restore the other two functions as well in order to ensure good access to dialysis services.

Ms. Pedersen asked whether or not we ought to be looking at licensure as a solution to this problem.

Dr. Dering-Anderson asked testifiers to use the four statutory criteria when they present their testimony at the public hearing on June 13, 2016.

Dr. O'hara requested that there be testimony that includes financial data to support contentions for

or against the proposal at the public hearing.

Ms. Meyerle requested that testifiers clarify exactly what would be covered under 'OJT' for PCTs, for example.

III. Comments from the Public

An LPN identifying herself as a representative of the Nebraska Healthcare Association addressed issues pertinent to intravenous procedures associated with the application of heparin. This LPN stated that the use of such devices as heparin locks are not within her scope of practice and expressed skepticism about the ability of PCTs to provide this component of patient care safely and effectively given that they have less education and training than do LPNs, for example. She added that not even LPN-Cs are allowed to administer heparin, for example.

IV. Next Steps

The next step in the review process on this proposal is the public hearing which is scheduled for June 13, 2016 from 1:00 pm to 4:00 pm.

V. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:25 pm.