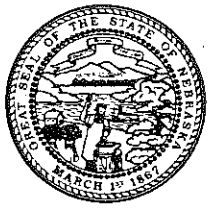
STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director



E. Benjamin Nelson
Governor

MEMORANDUM

TO: Senator Don Wesely, Chairman
Legislature's Health & Human Services Committee

FROM: Mark B. Horton, M.D., M.S.P.H. MBH
Director of Health

DATE: March 5, 1992

SUBJECT: Director's Final Report on the Licensed Practical Nurses Proposal for Credentialing

Recommendations of the Department

The Department recommends that LPNs be permitted to acquire specialty certification to provide IV and NG functions under the supervision of licensed health care providers who have IV and NG therapy as part of their scope of practice. The Department also recommends that the following restrictions be placed on all LPNs with special endorsements:

These LPNs would be allowed to reprogram cassettes only to an original setting.

These LPNs would be excluded from using nonflexible or stylet-guided tubes.

These LPNs would be allowed to manage central venous lines only if an RN or a physician does a patient assessment at least once every twelve hours.

These LPNs would be prohibited from using in IVs complex drugs defined by the American Hospital Formulary Service as cardioactive or narcotic agents.

These LPNs should be prohibited from administering IVs to patients who weigh less than thirty-five kilograms.

Summary of Technical Committee and Board of Health Recommendations

The applicant group proposed that LPNs be given the opportunity to receive special certification to perform IV and NG therapy under supervision. The technical committee recommended approval of the proposal with amendments that tighten up supervision in the areas of programming cassettes, and managing central venous lines, and an amendment to require that LPNs use only flexible weighted guided stylet tubes. The Board of Health

recommended approval of the proposal as amended by the technical committee, and then, in addition, recommended that any independent licensed health care provider be allowed to supervise LPNs with the special endorsements if these licensed providers have IV and NG therapy as part of their scope of practice, and that LPNs be prohibited from using in IVs those complex drugs defined by the American Hospital Formulary Service as cardioactive or narcotic agents.

Background of the Issues of the LPN Review

The current proposal was developed in response to problems arising out of the increasing acuity levels of patients in Skilled nursing facilities, the increased burdens on RNs in SNFs associated with this increased acuity level, and a shortage of RNs available to SNFs in Nebraska.

The shortage of RNs in skilled nursing facilities in Nebraska has had the affect of limiting the number of acute care patients who need continuous IV therapy that an administrator can accept, given that current nursing statutes do not allow SNFs to utilize LPNs to provide such skilled nursing care as IV therapy. The technical committee was informed that this is especially a problem in rural and western areas of the state, and that less than twenty-five percent of SNFs in Nebraska can accept patients that need continuous IV therapy, and that most of these facilities are in the urban areas of eastern Nebraska.

What are the Options in Dealing with this Problem?

The credentialing review process identified three principal options for dealing with this problem. These are as follows:

1) Utilizing swing beds

   This program provides some patients with an opportunity to receive long-term care in a hospital setting. However, this program is limited to patients who are undergoing rehabilitative therapy, and consequently, would be of limited usefulness in helping patients that are acutely ill.

2) The proposed Board of Nursing rules and regulations

   Under these rules and regulations, the need for greater access to IV and NG care would be addressed by allowing LPNs to monitor and regulate the rate of flow of fluids in IVs, assist in the initiation of IVs, administer some solutions through established peripheral lines, administer NG feedings, irrigate NG tubes, and remove NG tubes.

This approach is a low-cost option to dealing with the problems of access to acute care. This approach would require no additional training for LPNs, and could be accomplished without any changes in nursing statutes. This approach involves very little additional risk to the public health and welfare.

The changes that would be brought about by the proposed rules and regulations are very limited in nature. For example, LPNs would not be allowed independently to initiate or remove IVs, nor would they be allowed to perform the initial placement of NG tubes. Would these limited changes in LPN scope of practice provided by this approach successfully address the problems of access to acute care? These rules and regulations have not yet been approved by the Attorney General, but we anticipate a response from the AG, shortly.

3) The LPN proposal as amended by the technical committee and the Board of Health

This LPN proposal is less restrictive vis-a-vis the LPN's role in the delivery of care to acutely ill patients than is the approach of the Board of Nursing. The proposal allows LPNs with endorsements to initiate and remove IVs and NG tubes under appropriate supervision. These two dimensions significantly add to the ability of LPNs to meet the needs of acutely ill patients, especially in rural and western areas of Nebraska.

The technical committee recommended that the following restrictions be placed on all LPNs with special endorsements:

These LPNs would be allowed to reprogram cassettes only to an original setting.

These LPNs would be limited to the use of flexible weighted stylet guided tubes.

These LPNs would be allowed to manage central venous lines only if an RN does a patient assessment every twenty-four hours.

The Board of Health recommended that any independent licensed health care provider be able to supervise IV and NG therapy provided by LPNs as long as these health care providers have IV and NG therapy as part of their scope of practice, and that any drugs defined as narcotic or cardiotonic drugs by the American Hospital Formulary Service not be administered as part of IV infusion by an LPN.

This approach raises some concerns about the protection of the public. During the review, concern was expressed that LPNs lack the knowledge base to be able to do the kind of patient assessment that is such a necessary precursor to the safe and effective provision of IV therapy.

Concern was expressed that the proposed method of supervision for LPNs with endorsements would not always be able to provide the kind of coverage of LPN IV and NG functions necessary to protect the public from harm. The concern was that an RN cannot always be present to lend assistance or provide direction. LPNs would frequently be on their own to exercise independent judgment, and necessary "hands-on" assessment of a patient by an MD or RN might not occur. Interaction between an LPN and an RN or MD over the telephone regarding a patient's condition would not provide the same degree of assurance that appropriate safeguards are being taken as would be a case in which the RN or MD is on the premises to do the assessment directly. Herein lies the potential for harm to the public.

<u>What is the Best Solution to the Problems of Access to Acute Care Raised by the Proposal?</u>

The Department feels that the creation of special endorsements for some LPNs to provide IV and NG therapies is necessary to address the problem of access to acute care in Nebraska, provided that this program is administered in such a way as to give the public reasonable assurance that this can be done safely and effectively.

However, the Department also recognizes the value of the proposed rules and regulations. Whatever happens to the current LPN proposal in the Legislature, these rules and regulations would significantly add to the ability of <u>all</u> LPNs to serve the needs of their patients. The Department endorses both these rules and regulations and the idea of creating a voluntary specialty certification program in IV and NG administration for LPNs.

The Department feels that any potential for harm existing in the LPN proposal can be successfully addressed by the adoption of the restrictions that the technical committee, the Board of Health, and the Department of Health recommended be placed on these additional LPN functions.

It is essential that any legislative bill that would implement the ideas contained in the applicant's proposal state clearly that these functions would be added to the duties and responsibilities of only those LPNs that receive specialty certification to perform these additional functions, and that these functions are not being added to the general scope of practice of all LPNs. The Department also feels very strongly that there should be no grandfathering provision in the bill.

Comments on LB 1278

Legislative Bill 1278 in general follows the recommendations of the credentialing review process, but the bill as currently written would be difficult to administer. In addition to the specific items noted in the Department's recommendations on the first page of this document that need to be addressed by the bill, the following problems would be encountered in administering this bill:

1) There is no provision for fees to pay for the program.

2) It is not clear what type of credential LPNs with endorsements would receive.

   a) The role of state government in the process of approving individuals for the credential is unclear.

   b) There is no provision for a state-administered examination.

   c) There is no provision for discipline.

3) The criteria for approving the course are not clear.

   a) It is unclear who sets the passing grade for the course.

Additionally, the bill expands the role of LPNs in such a way as to involve them in assessment and evaluation. Current nursing statutes state that only RNs can assess and evaluate. This inconsistency would further complicate the administration of this program.

The Department is also concerned that there is no provision in the bill to exclude cardioactive drugs from IVs administered by LPNs. This exclusion would be important in protecting the public from potential harm.

There has been considerable discussion regarding the proper usage of the terms "delegation" and "direction" in this bill. While reserving the right to comment on specific proposals, the Department sees the expanded functions in this proposal as part of the general scope of practice of nursing. These functions may be directed by any licensed provider otherwise qualified to do so, as part of a therapeutic regimen based upon a professional diagnosis and assessment. The specific tasks identified may then be delegated by an RN to an LPN who possesses the appropriate certification.

MBH/RB/das