

OKLAHOMA BOARD OF NURSING NEWSLETTER

OKLAHOMA BOARD OF NURSING
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Focusing on What Lies Ahead by Liz Michael, RN, MS, President

Have you ever taken a moment to think about the future? What about the future of nursing? Florence Nightingale anticipated the complexity of today's world and recognized that nursing would need to "continually evolve in our way of knowing, doing and being in the world; deepening our understanding of the nurse as an instrument of healing" (Dossey Selanders, Beck, & Attewell, 2005).

Now, consider the state of the health care system in this country. Who better than the profession that represents the largest sector of health care providers to rise to the challenge of improving the quality of health care provided to the American public?

By now, most of you have heard about the Affordable Care Act (ACA), better known as "Health Care Reform." This act was signed into law in 2010 with the intention of equipping the U.S. health care system to provide higher quality, safe, affordable, and more accessible health care. If we are to see the intent of this legislation come to fruition, there must be an organized plan to get us there.

Fortunately in 2008, the Robert Wood Johnson Foundation (RWJF) had approached the Institute of Medicine (IOM) to propose a partnership in response to the need to transform and evolve the nursing profession. These two groups then joined together to form the "Initiative on the Future of Nursing." They recognized that nursing as a profession faces several challenges in meeting the nation's health care needs.

The full report, "The Future of Nursing: Leading Change, Advancing Health," was presented in November 2010, and has generated discussion on how the recommendations made by the initiative can be implemented.

Who other than the nursing profession has the potential to affect the changes proposed for health care reform? The initiative recognized that because of the close and daily interactions that nurses have with patients,

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coupled with nurses' understanding of what care processes are needed across the health care continuum, nurses will be key in driving change. Nurses are familiar with varied practice settings such as hospitals, clinics, schools, homes, and public health settings, along with other non-traditional venues. Nurses can coordinate care for a wide range of patients from varying backgrounds and cultures. Therefore, it makes sense for nurses to have a crucial role in this transition.

It does seem that the nursing profession has most of the right qualifications to meet the healthcare needs of the American people. However, as we move forward in the quest of improving health and wellness, there are some challenges for nursing. The report lists four key messages for nursing.

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

In order to meet these challenges, there will need to be some modifications to scope of practice, nursing education, legislation, and the culture of nurs-

ing as a whole, but it can be done. The full IOM report has more information and can be accessed at: <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.

There is much to be done to assist in the transformation of health care as we know it. Nurses are committed to delivering high-quality, safe, and compassionate care to all, and they believe that our country can do a better job of caring for its citizens. Although the nursing profession has much to contribute, the responsibility for change does not rest only with nursing. It also lies with physicians, businesses, health care organizations, professional societies, the insurance industry, and government. Together, these groups have the power to transform our troubled health care system to provide the affordable, evidence-based quality health care of which we as a nation can be proud.

References

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academic Press.

Dossey, B., Selanders, L., Beck, D., Attewell, A. (2005). *Florence Nightingale today: Healing leadership, global action*. Silver Spring, MD: American Nurses Association.

**Do you have questions related to the Board's regulations and guidelines?
You may access the *Oklahoma Nursing Practice Act, Rules of the Oklahoma
Board of Nursing, and Board guidelines on the Board's website:*
www.ok.gov/nursing.**

PEER ASSISTANCE PROGRAM

How do you measure success for an alternative program? Oklahoma is one of over 40 states that have an alternative to discipline program for nurses. The Peer Assistance Program (Program) is a statutory program established in 1994 under the control of the Oklahoma Board of Nursing, and it supports the purpose of the Board to protect the public by monitoring nurses whose practice may be impaired through substance abuse. Nurses may voluntarily choose to participate in the Program in lieu of disciplinary action being taken against their nursing license, or they may be mandated to participate by the Board as a disciplinary action. While in the Program, nurses are required to maintain abstinence from mind-altering, intoxicating, potentially addictive substances; participate in counseling; attend a nurse support group as well as self-help groups; submit to random body fluid testing; submit written reports to the program; and practice nursing only with supervision of their practice by the employer and the approval of the Program.

The annual average number of nurses participating in the Program during the last five years is 262. Of those 262 nurses, approximately 59% will still be participating in the Program at the end of the year, 14% will be discharged for completion of the contract, and 27% will be terminated/defaulted from the Program for noncompliance. Should the success of the Program be measured only by the number of nurses who successfully complete the Program? Since the role of the Board of Nursing is protection of the public, should other success measures be considered? The Peer Assistance Program gathers and evaluates other performance measures to evaluate its success, including the following:

- How quickly are program applicants with an active license removed from practice?
 - The five-year annual average time from application until the nurse has entered a contract with the Program is 8.5 days. The Program requires ap-

plicants to the Program to agree to refrain from nursing practice until they have been evaluated and have met the Return to Work Criteria of the Program. This protects the public by keeping potentially impaired nurses out of nursing until absence of impairment has been established.

- How quickly is noncompliance with the contract addressed by the Peer Assistance Committee? (Note: Behavior resulting in noncompliance may be a warning sign of relapse or impending relapse.)
 - The five-year annual average time to address noncompliance with the contract is 6.6 days.
- How quickly is relapse addressed and the nurse removed from practice?
 - When relapse is identified or suspected, the nurse is directed to cease nursing practice immediately. This occurs on the same day. The employer is also notified on the same day.
- How long after defaulting from the Program does it take for action to occur on the license?
 - It takes an average of three days for removal of the licensure action to occur if a nurse leaves the Program.
- What is the relapse rate for participants in the Program?
 - The annual average relapse rate for all nurses participating in the Program during the past five years is 11.5%.
 - 7.3% have relapsed in the first year of participation.

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- 2.9% have relapsed in the second year of participation.
- 1.3% have relapsed in the third year of participation.
- How many nurses are identified with further substance abuse problems after leaving the Program successfully?
 - Less than 20% of the nurses who have successfully completed the Program since its

inception in 1994 have been identified with further problems.

If the goal is public protection, then the interventions of the Program that keep potentially impaired nurses from practicing, as well as the number of nurses who successfully complete the Program each year, are measures of the Program's success. Nurses needing assistance may contact the Program at (405) 525-2277. All inquiries are confidential.

ONLINE APPLICATIONS NOW AVAILABLE

In September 2010, the Board of Nursing worked diligently with the website administrators of OK.Gov to provide an alternative way for applicants to apply with this Board for licensure, recognition, and certification in Oklahoma. Twenty-four different types of applications were posted, and the response to this eco-friendly, convenient, and efficient method to apply has been impressive!

From September through January 2011, over 50% of individuals applying for licensure by endorsement, advanced practice nursing recognition, or reinstatement completed their applications using the online method. Of the remaining types of applications, the numbers of those applications submitted online is steadily increasing.

Please take a moment to look in the **License Registration** tab on our website at the different online applications available and see why we are proud of this new offering. We continue to make improvements to this application process and appreciate feedback from those who have utilized it.

Applicants still have the option of choosing to print out, complete, and mail in paper application forms. These applications can be accessed through the Forms/Applications tab on our website. However, we do hope those who know they have a choice will help us Go Green. We trust applicants will find the process to be easy.

A SPECIAL THANK YOU TO:

Mary Harris and Carissa Stinson, Chisholm Technology Center practical nursing graduates, and their Director, Michelle Wiens, who helped the Board staff to pilot this online application process.

Thank you for working with us to help provide a meaningful product for future applicants!

Abandonment Statement Revised

In response to discussion and information related to patient abandonment presented at Board advisory committees, the Board's *Abandonment Statement* has traveled a pathway of revision. The journey included presentations, discussions, and decisions from the following Board of Nursing committees:

- Advanced Practice Advisory Committee (February 9, 2010)
- Nursing Education and Practice Advisory Committee (April 13, 2010)
- Practice Issues meeting for legal counsel advisement (April 26, 2010)
- Nursing Education and Practice Advisory Committee (August 9, 2010)
- Advanced Practice Advisory Committee (August 26, 2010)

Incorporating suggested revisions along the way, the final guideline was approved by the Board of Nursing during the September 2010 meeting. Timely updates regarding the revised *Abandonment Statement* have been included in "Practice News and Alerts" located in "Agency Data" on the Board website. Revisions to the guideline **specific to Advanced Practice Registered Nurses (APRN)** include:

- Legitimate discharge of a patient from practice when the APRN is the primary or specialty health care provider. Such discharge may not constitute abandonment; however, a patient receiving acute or immediate care should not be discharged until transferred to another appropriate licensed health care provider.
- A discharge from practice shall include:
 - Provision of reasonable written notice that meets community standards and clearly states the date of termination of services and date of notice;
 - Information regarding how the patient may access his/her medical record;

- Information regarding referral options for continuing care for the condition treated; and
- Provision for currently authorized medications that have been prescribed by the APRN, to be available for a limited refill period.

Other changes **applicable to all licensed nurses** include language to clarify situations that may constitute abandonment. Revised language includes:

III.A.4. *For Licensed Nurses and Advanced Unlicensed Assistive Persons, examples of abandonment may include but not be limited to:*

- *Sleeping while on duty without a supervisor's approval that is consistent with written institutional policy.*

The situation above is related to sleeping while on duty. In some situations, nurses may be required by their positions to remain on-site for an extended period of time, even though they are not providing or supervising care at the time. An example of such a situation is a flight nurse who may have to remain at the duty site to be available if called. In such a situation, the flight nurse may be allowed through a supervisor's approval and the employer having a written policy to rest between flights.

Also addressed in the policy revisions were situations in which a nurse, as a sole provider of care, fails to report for duty and does not notify the supervisor:

III.A.7. *For Licensed Nurses and Advanced Unlicensed Assistive Persons, examples of abandonment may include but not be limited to:*

- *Failing to report for an assignment where the nurse is the sole provider*

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of care (e.g., private duty, home health/hospice care) and failing to notify his/her supervisor and/or employer.

For example, a home health nurse may be scheduled to travel directly to patients' homes without first "checking in" at the home care agency. If the nurse fails to make the scheduled visits and does not notify the supervisor and/or the agency, the home care agency may not be aware of the lapse in care unless a patient or

family calls to notify the agency. In a situation such as this, the nurse may be considered to have abandoned his or her patients.

When considering whether a particular situation may constitute abandonment, review the guideline to further determine if the claim is substantiated. The *Abandonment Statement* can be viewed at www.ok.gov/nursing/prac-aband.pdf.

Participate in Developing the NCLEX Examination

The major functions of the National Council of State Boards of Nursing (NCSBN) are to develop the NCLEX-RN and NCLEX-LPN examinations, promote uniformity in the regulation of nursing practice, disseminate data related to licensure, conduct research pertinent to its mission, and serve as a forum for information exchange for members. The Item Development Program is a key component in maintaining high quality NCLEX items.

NCSBN depends on nurses to assist in the NCLEX item development process. Nurses may be selected to be item writers or item reviewers. Item writers create the items (questions) that are administered in the NCLEX examinations. To qualify, item writers must have a master's degree or higher (for the NCLEX-RN exam only) and must be responsible for teaching basic/undergraduate students in the clinical area. Item reviewers examine the items that are created by item writers. To be eligible, item reviewers must be currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months, specifically in a precepting or supervising capacity. If you are selected to serve as either an item writer or a reviewer, you will:

- Contribute to continued excellence in the nursing profession.
- Have opportunities to network on a national level.

- Build new skills that are useful in your current position, as well as for professional growth.
- Earn continuing education contact hours.

To serve on an Item Development Panel, you must be:

1. Currently licensed in the jurisdiction where you practice and employed in the U.S. or its member board jurisdictions;
2. A Registered Nurse (RN) for the NCLEX-RN exam; or a Licensed Practical Nurse (LPN) or RN for the NCLEX-PN exam;
3. Knowledgeable of the current scope and practice of nursing, including entry-level practice; and
4. Employed as an RN or LPN for at least two years.

If you are selected, you will participate in a session that lasts three to five days. Sessions are held throughout the year in Chicago, and your travel expenses, including lodging and meals, will be covered.

For further information about becoming an NCLEX item writer or item reviewer, please go to the NCSBN website: www.ncsbn.org/1227.htm, or call NCSBN at: (866) 293-9600.

Placement of Nasogastric Tubes by Registered Nurses in Post-Bariatric or Anatomy-Altering (Upper Gastrointestinal Tract or Stomach) Surgical Patients Guidelines Approved

In February 2010, a practice question was posed by Joni Tiller, Chief Nursing Officer and Vice President of Patient Care Services at Integris Baptist Medical Center, to the Oklahoma Board of Nursing (OBN) staff: “Is it within the scope of practice for a Registered Nurse to place a nasogastric tube (NGT) in a patient who has undergone bariatric or other anatomical-altering surgery of the upper gastrointestinal tract or stomach?” Even when an experienced nurse performs this procedure with the best technique, the risk of pouch rupture is substantial and can lead to patient death.

Based on a review of the practice issue by a Board advisory committee and appropriate task force, the Oklahoma Board of Nursing has approved the *Placement of Nasogastric Tubes by Registered Nurses in Post Bariatric or Anatomy Altering (Upper Gastrointestinal Tract or Stomach) Surgical Patients Guidelines*. The purpose of the guidelines maintains that, while the placement of NGTs is included in treatments allowed by Registered Nurses when consistent with educational preparation and when not in conflict with the provisions of the *Oklahoma Nursing Practice Act*, the technical complexity of bariatric surgery and resulting proximal anastomoses requires Registered Nurses to expand practice beyond the basic educational preparation through post-licensure and continuing education and training. According to the guidelines, it is within the scope of practice of a Registered Nurse, **in a hospital setting only**, to place nasogastric tubes in patients post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach **at the direction of a licensed provider and in the presence of a radiologist who, through guided imagery, guides and confirms placement of the nasogastric tube per the attending physician’s written specifications, provided the following criteria are met:**

A. The Registered Nurse meets specified qualifications identified in the guidelines;

- B. The licensed provider orders nasogastric tube placement and specifies tube tip placement by location or measurements;
- C. The procedure is performed utilizing guided imagery as in fluoroscopy or ultrasound performed by a radiologist who guides and confirms nasogastric tube placement;
- D. Written hospital policies and procedures are developed in conjunction with licensed providers ordering nasogastric tube placement in patients post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach. These policies must include: requirement of licensed provider’s order; requirement of guided imagery as performed by a radiologist, as well as confirmation of tube placement by the radiologist; validation of initial and ongoing educational preparation and clinical competence of the Registered Nurse placing the nasogastric tube, specifically addressing the patients post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach; patient monitoring pre-, intra- and post-tube placement; and protocols for handling potential complications or emergency situations.

It is **NOT** within the scope of practice for a Registered Nurse or Licensed Practical Nurse to interpret or read x-ray studies.

Qualifications for the Registered Nurse placing the tube identified in the guidelines include the following:

- A. The Registered Nurse placing the nasogastric tube shall have competency in nasogastric tube placement in patients post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach.

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B. The Registered Nurse placing the nasogastric tube of post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach:

1. Has documented initial and ongoing training beyond basic nursing preparation in the placement of nasogastric tubes in post-bariatric or anatomy-altering surgery including working with a radiologist who guides and confirms correct placement of the nasogastric tube per an attending physician's documented specifications;
2. Demonstrates acquired knowledge of anatomy, physiology, and nasogastric tube placement;
3. Assesses the total patient care requirements before, during, and after the placement of the nasogastric tube;
4. Understands the principles of nasogastric tube placement with this special patient population (post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach) in addressing confirmed tube placement;
5. Recognizes potential complications of nasogastric tube placement in patients having undergone post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract or stomach; and

6. Assesses and intervenes based upon orders or institutional protocols.

Integrus Baptist Medical Center staff attending and contributing to the process included: Joni Tiller, MS, RN, Chief Nursing Officer and Vice President of Patient Care Services; Susie Jones, PhDc, RN, CCNS-P, CCRN-P, Director of Research, Evidence-Based Practice and Quality; Sarah Kitchen, BSN, RN, Program Coordinator Integrus Weight Loss Center; and April Merrill, RN, CNS.

It is the intention of the Oklahoma Board of Nursing and Integrus Baptist Medical Center representatives to work together in educating those in practice regarding the risk of nasogastric tube placement in patients who have undergone bariatric surgery or other anatomy-altering procedures of the upper gastrointestinal tract or stomach; the need for collecting such history from patients at the point of entry into the health care facility; and the need for developing, implementing, documenting, and managing a continuing competency program specific to this nursing act. The guideline can be accessed at www.ok.gov/nursing/prac1.html.

NOTICE TO LICENSEES SUBMITTING ONLINE RENEWALS:

The OBN online renewal system provides a convenient way for you to submit your renewal. However, it is essential that you protect the security of your online information. Your PIN number, which is required for the renewal, should not be shared with anyone, even with your spouse or with support staff members at your place of employment who tell you that it is their "job" to submit the renewal for you. You are the only person who can complete and submit your online renewal!

CAMP NURSING PRACTICE

The Oklahoma Board of Nursing staff occasionally receives practice questions related to Camp Nursing during the spring and early summer. While the Oklahoma Board of Nursing does not have a position statement, policy, or guideline specific to camp nursing, the following information may help guide the practice of nursing in this special setting.

Nurses often call inquiring whether an act is within their scope of practice. The nurse is initially referred to the *Oklahoma Nursing Practice Act and Rules* and the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines*. If and when processing the path of the *Decision-Making Model* becomes unclear, other resources must be engaged.

During the early 1990s the Association of Camp Nurses (ACN) was organized and incorporated. With its formation, a Scope of Practice for camp nursing was developed, with a final adoption in the spring of 2001. The ACN's scope of practice statement was revised in 2003 in response to the revisions by the American Nurses Association regarding scope of practice and standards. The *Standards & Scope of Camp Nursing Practice* serves as an additional resource in responding to caller inquiries related to camp nursing.

The following addresses the most commonly asked questions to guide nurses who work/serve as nurses in Oklahoma camps:

Q. What can camp nurses do without a physician's order?

A. Without a physician or qualified health care provider's order, a camp nurse can perform nursing care such as vital signs, nursing physical assessment, and emergency first aid.

Registered nurses may practice the full scope of registered nursing, which includes a nursing assessment and determining nursing care needs; developing, implementing and evaluating a nursing plan of care; managing and supervising the practice of nursing; and collaborating with other health professionals in the management of health care [*Nursing Practice Act: 59 O.S. § 567.3a.3*].

Q. Can a Licensed Practical Nurse serve as a camp nurse when there is no Registered Nurse, licensed physician, or dentist present or when the only other nurse at the camp is another Licensed Practical Nurse?

A. No. The *Oklahoma Nursing Practice Act*, specifically 59 O.S. § 567.3a.4., states that "Licensed Practical Nursing means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist."

Q. Can camp nurses maintain stock bottles of over-the-counter medications such as Tylenol for the campers and counselors?

A. No. All medications must be camper-specific, prescribed by a health care provider authorized by state law to prescribe, and have specific instructions as to when or why such medication may be administered. Under state law, nurses are not allowed to dispense medications.

Q. If during the camp, a daily field trip is taken, may the camp nurse repackage medications from the labeled containers to smaller containers for the daily field trip?

A. No. Repackaging of medications by a nurse exceeds the nurse's scope of practice. Oklahoma's Pharmacy Act provides only a physician or a pharmacist can do this task.

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Q. Does a label affixed to a medication bottle suffice as an order, or does the camp nurse need a written physician's order in addition to the labeled bottle/containers?

A. The label suffices IF:

- The label is legible, properly identified, and has the name of the camper, AND
- The orders provided on the label are clear regarding the dosage and administration of the medication.

Other issues are sometimes raised such as self-administration of medication. The nurse should verify that the camp has a clear policy to guide this process.

If you have other questions specific to camp nursing or other areas of nursing practice, please contact the Oklahoma Board of Nursing at (405) 962-1800.

Employment of Nursing Students and Unlicensed Graduates

As summer approaches, many healthcare facilities across Oklahoma will employ nursing students and non-licensed graduates to work in their facilities. This is a reminder that **nursing students and new graduates may only be employed as Nurse Technicians/Practical Nurse Technicians**, performing all duties of a nursing assistant as well as other technical skills that have been learned in their nursing education programs, and for which competency has been previously demonstrated under the supervision of a faculty member.

Nurse Technicians/Practical Nurse Technicians **may not administer medications (including but not limited to blood products and intravenous fluids), perform assessments, act in a supervisory position, take verbal orders from the physician or other health care provider, or develop the plan of care.** A written job description for the Nurse Technician/Practical Nurse Technician must be developed by the employing facility and provided to the individual serving in this role. A Registered Nurse is directly responsible at all times for the Nurse Technician/Practical Nurse Technician and must be physically present in the institution. The Nurse Technician/Practical Nurse Technician may not wear a patch, uniform, or nametag that identifies him/her as a student of a nursing education program.

The Board's guidelines allow a non-licensed graduate to continue to be employed in a Nurse Technician/Practical Nurse Technician role until licensed, **provided that the first licensure examination is taken within 90 days after graduation and the examination is passed within 6 months of graduation, on either the first or the second attempt.**

The **non-licensed graduate cannot be hired as a Graduate Nurse (G.N.) or Graduate Practical Nurse (G.P.N), nor can the non-licensed graduate orient to the job description of the Registered Nurse/Licensed Practical Nurse, until licensure is obtained.** The terms "Graduate Nurse" or "Graduate Practical Nurse" are no longer recognized by the Board and should not be used by the graduate. Likewise, there is no "Interim Work Permit" that allows a graduate to work in a licensed position.

Guidelines for the appropriate employment of nursing students and non-licensed graduates are addressed in the Board's *Guidelines for Employment of Nursing Students or Non-Licensed Graduates*, which may be downloaded from the Board's website: <http://www.ok.gov/nursing/ed-guide.pdf>. Please feel free to call the Board office if you have questions about the employment of nursing students and non-licensed graduates.

The Role of the Advanced Unlicensed Assistant

What is an Advanced Unlicensed Assistant?

The Advanced Unlicensed Assistant (AUA) is an individual who has completed a certified training program for AUAs that is approved by the Oklahoma Board of Nursing (Board), and who has obtained and maintains Board certification. The AUA is prepared to work in a supportive role to licensed nurses in acute-care settings. A licensed nurse may delegate care to an AUA, including basic nursing assistant functions as well as clinical skills that are included on an *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants*, #E-43. These clinical skills include collecting sterile specimens, applying sterile dressings, inserting a urinary catheter, and administering a feeding per gastrointestinal tube.

How is the AUA Educated and Certified?

The training program for AUAs is designed to build on basic skills traditionally performed by nursing assistants. The program provides a minimum of 200 contact hours of classroom, skills laboratory, and supervised clinical experience. Instruction is provided on the approved skills, as well as legal and ethical aspects of health care, documentation and reporting of care, and appropriate personal behavior. After the individual has completed the training, he/she applies with the Board for certification. Board staff members ensure that all application requirements have been met and notify the applicant that he/she may schedule an appointment to take the written examination and skills examination at an approved test site. If the applicant is successful on both components of the examination, the Board will issue the certification.

Just as Registered Nurses and Licensed Practical Nurses must renew their professional licenses every two years, AUAs must renew their certifications every two years. AUA certifications are renewed on or before the date shown on the certification card and/or the Board's website. The expiration date for AUA certification is generally the last day of the AUA's birth month on the odd year, but expiration dates may differ for individuals who are present in the United States as

qualified aliens. When the AUA first receives his/her certification, the expiration date may occur in less than two years, depending on when the certification is issued.

How Can I Know if an Unlicensed Assistant is Certified as an AUA?

Unfortunately, health care facilities use varying titles for individuals who are certified as Advanced Unlicensed Assistants, a practice that is confusing for the licensed nurse who is delegating care as well as confusing to the public. Titles used by health care facilities for the AUA may include Patient Care Technician, Patient Care Associate, or Care Team Associate. What is even more confusing is that other health care facilities may use those same titles for unlicensed assistants who are not certified as AUAs, and who can only perform basic nursing assistant functions.

There are two important points for the AUA, the licensed nurse, and the public to keep in mind. First, according to the *Rules of the Oklahoma Board of Nursing*, an AUA may only work in that role under the supervision of a licensed nurse in an acute-care facility. There is often confusion about the difference between a **Certified Nursing Assistant (CNA)** and an **Advanced Unlicensed Assistant (AUA)**. In Oklahoma, certification is required for nursing assistants who work in long-term care facilities and other settings designated by the Oklahoma State Department of Health. By law, the training, certification, and regulation of CNAs is regulated by the Oklahoma State Department of Health, and not by the Oklahoma Board of Nursing. The training for the CNA focuses on basic nursing assistant skills involving hygiene, mobility, and nutrition, among others. For questions about the role of CNAs, please call the Nurse Aide Registry at the Oklahoma Department of Health, (405) 271-4085. In Oklahoma, certification as a CNA is **not** required for nursing assistants who work in acute-care fa-

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cilities. The second point is that any nursing assistant in an acute-care facility who performs skills included on the Approved Skills List designated only for Advanced Unlicensed Assistants must be certified by the Board as an Advanced Unlicensed Assistant. For a list of those skills, please refer to the *Approved Skills List for Performance by Board-Certified Advanced Unlicensed Assistants*, #E-43, available on the Board’s website: <http://www.ok.gov/nursing/aua5.pdf>.

When is it Appropriate for a Licensed Nurse to Delegate Care to an AUA?

According to the Board’s policy on *Delegation of Care to Unlicensed Assistants* (#P-02) “Licensed nurses (Registered Nurse/Practical Nurse) within the scope of their practice are responsible for all nursing care that a client receives under their direction. Determining the nursing needs of a client, the plan of nursing action, implementation of the plan, and evaluation of the plan are essential components of nursing practice....The licensed nurse delegating the tasks is responsible for the nursing care given to the client, and the final decision regarding which nursing tasks can be safely delegated in any specified situation is within the specific scope of that licensed nurse’s professional judgment.” (*Delegation of Care to Unlicensed Assistants*, retrieved 2/1/2011 from

<http://www.ok.gov/nursing/delegation.pdf>). Therefore, the licensed nurse must make the decision about delegation of care based upon his/her assessment of the patient’s needs, the policies and procedures of the health care facility, and the documented competency of the AUA. In some situations, the licensed nurse may judge that it is not appropriate to delegate the care to an AUA, due to the patient’s condition, lack of clarity in facility policies, or lack of knowledge of the AUA’s competency to perform the care. The license nurse is not required to delegate care if he/she judges such delegation to be unsafe for the client.

To Learn More about the AUA Role

If you have questions about the role of the Advanced Unlicensed Assistant, please refer to the Board’s website: www.ok.gov/nursing. In addition, feel free to call the Board office at (405) 962-1800. Jackye Ward, MS, RN, is available to answer practice questions about the utilization of AUAs in acute-care facilities. Wendy Hubbard, MS, RN, or Gayle McNish, RN, EdD, can answer questions regarding educational training of the AUA and the certification process.

CHANGE OF ADDRESS

Please Mail To: Oklahoma Board of Nursing
2915 N. Classen Blvd., Ste 524
Oklahoma City, OK 73106

I need to report my change of address to the Oklahoma Board of Nursing.
Address changes may also be made on the Board’s website: www.ok.gov/nursing.

License Number _____ (Or) Social Security Number _____

Full Name _____ Signature (*required) _____

New Address _____

Old Address _____

** In accordance with OAC 485:10-7-9 & 485:10-9-9 it is the legal duty of a licensed nurse to notify the Oklahoma Board of Nursing of a change of address in writing within 30 days of the change.*

BOARD MEETING NOTICE

All Oklahoma Board of Nursing meetings are open to the public *except* those portions that may be in Executive Session. The first day of Board meetings generally begins at 5:30 p.m., with the second and third day beginning at 8:00 a.m. All actions of the Board are taken in open session. Nurses, members of other professional disciplines, students, and the public are invited to attend. Groups that plan to attend should schedule their attendance in advance with the Board office to ensure that seating is available. There is an Open Forum on the first day of each Board meeting. Anyone wishing to address the Board about a nursing issue should contact Kim Glazier, Executive Director, and request to be placed on the agenda for the Open Forum. Committee meetings are also open to the public. Please call ahead if you plan to attend, as dates, times, and locations may be changed. The committee meetings are cancelled and rescheduled if it is determined that a quorum will not be present.

<u>Meeting</u>	<u>Dates</u>	<u>Sites</u>
Oklahoma Board of Nursing Generally begins 1st day - 5:30 p.m. 2nd & 3rd day - 8:00 a.m. Please check agenda for time.	May 24, 25, & 26, 2011 July 26, 27, & 28, 2011 Sept. 27, 28, & 29, 2011 Nov. 8, 9, & 10, 2011	Wyndham Garden Hotel 2101 S. Meridian Oklahoma City, OK 405-685-4000
CRNA Formulary Advisory Committee	April 25, 2011	Board Office
Advanced Unlicensed Assistant Advisory Committee	May 5, 2011	Board Office
Nursing Education & Practice Advisory Committee	June 20, 2011	Board Office
Advanced Practice Advisory Comm.	Aug. 25, 2011	Board Office

OKLAHOMA BOARD OF NURSING MEMBERS

	TERM ENDS
Liz Michael, RN, MS, President	2013
Joni Jeter, RN, MS, Vice-President	2014
Lauri Jones, RN, BSN, Secretary-Treasurer	2015
Linda Martin, LPN	2011
Elizabeth Schultz, CRNA, MS	2011
Nettie Seale, RN, MEd	2011
Francene Weatherby, PhD, RN	2012
Linda Coyer, LPN	2012
Jean Winter, LPN	2013
June Cash, Public Member	2011

Summary of Board Activities

During the September 2010 meeting, the Board:

- ☐ Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
 - *Requests for Board Opinions Procedure*, #P-01, now entitled *Nursing Practice Opinion Requests Procedure*
 - *National Certifying Bodies and Certification Examinations Approved by the Oklahoma Board of Nursing*, #P-52B
 - *Refresher Course Policy*, #P-17
 - *Preceptor Policy*, #E-02
 - *Peer Assistance Program Applications Processing Guidelines*, #PA-02
 - *Abandonment Statement*, #P-11.

- ☐ Accepted follow-up reports from Langston University, Tulsa, and Oklahoma Wesleyan University, Bartlesville

- ☐ Denied the proposed revisions to the *Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse, and Licensed Practical Nurse Scope of Practice Guidelines*, #P-10. Board staff members were given direction to bring further information to the Board regarding this issue to be presented at the November 2010 Board meeting.

- ☐ Approved a curriculum change request submitted by Francis Tuttle Technology Center, Oklahoma City.

- ☐ Accepted recommendations of the Peer Assistance Program Provider Approval Committee on provider applications.

During the November 2010 meeting, the Board:

- ☐ Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or guidelines:
 - *Support Group Participation Guidelines*, #I-15
 - *Staff/Board Conference Guidelines*, #I-17

- Voted not to accept a follow-up report submitted by Bacone College, Muskogee. Requested that the school submit additional information and appear at the January 2011 meeting.

- Heard an educational presentation on Registered Nurse placement of nasogastric tubes in patients post-bariatric or anatomy-altering surgery of the upper gastrointestinal tract and stomach. Directed that the issue be placed as a decision item on the agenda at the January 2011 meeting.

- Accepted annual reports submitted by Oklahoma nursing education programs. Requested that Redlands Community College, El Reno, and Central Technology Center, Drumright and Sapulpa, provide written reports addressing their progress toward survey visit recommendations.

- Accepted a report of a survey visit conducted at Oral Roberts University, Tulsa, and granted full approval of the program for five years.

- Approved a curriculum change request submitted by Canadian Valley Technology Center, El Reno and Chickasha.

During the January 2011 meeting, the Board:

- ☐ Reviewed and approved proposed revisions or accepted without revision the following policies, procedures, or

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guidelines:

- *Reports Submitted from Nursing Education Programs on NCLEX Pass Rate Policy, #E-07*
 - *Review and Challenge of National Council Licensure Examination (NCLEX) Policy, #E-25.*
- ☐ Appointed Kalaugha Sorrels, LPN, to the Nursing Education and Practice Advisory Committee, and Kristina Olson, RN, to the Peer Assistance Committee.
- ☐ Accepted follow-up reports provided by Central Technology Center, Drumright and Sapulpa; Redlands Community College, El Reno; and Bacone College, Muskogee.
- ☐ Approved a curriculum change request submitted by Great Plains Technology Center, Lawton and Frederick.
- ☐ Accepted the report of the focus survey visit conducted at Comanche Nation College, Lawton. Directed the program to provide a follow-up report and appear at the March 2011 Board meeting.
- ☐ Approved the Step II application submitted by Brown Mackie College to establish an associate degree nursing education program in Tulsa.
- ☐ Adopted proposed rule changes as submitted. Directed Board staff to move forward with the rulemaking process.
- ☐ Approved newly-developed *Placement of Nasogastric Tubes by Registered Nurses in Post Bariatric or Anatomy Altering (Upper Gastrointestinal Tract or Stomach) Surgical Patients Guidelines.*
- ☐ Accepted survey visit reports and granted full approval for five years to the following programs:
- Southern Oklahoma Technology Center, Ardmore
 - Mid-Del Technology Center, Midwest City
 - Canadian Valley Technology Center, El Reno and Chickasha.

Disciplinary actions taken by the Oklahoma Board of Nursing can be reviewed on the Board's website: www.ok.gov/nursing.

Did You Know?

- There were 42,743 Registered Nurses, 18,806 Licensed Practical Nurses, and 691 Advanced Unlicensed Assistants licensed in Oklahoma at the end of FY 2010.
- 1,892 Registered Nurses hold advanced practice recognition.
- The average age of nursing licensees is 46.
- At least 82% of Registered Nurses and 60% of Licensed Practical Nurses who hold active licenses work in the nursing field.

Other statistics and facts about the nursing population and the Oklahoma Board of Nursing can be found in the Board's FY 2010 Annual Report, which is available on the Board's website: www.ok.gov/nursing.

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