Dental decision by the Supreme Court, we looked at best practices, evidence, modernization, streamlining, and of course, in the middle of all of this work, COVID-19 hit and we have also adopted the Model Act and Rules for what happens when there is a declared emergency in your area or in your jurisdiction so that your board can function and respond to these emergencies.

Presentations today, we're going to talk about what is currently in Model Act and Rules, the recommended change, and most importantly, why the committee decided that given all the information we had, this was an appropriate change to make.

I'm only going to talk today about significant changes, the nonsignificant changes you will find in your business book. The first thing we tackled was the structure of Boards of Nursing. We look at what the current Model Act and Rules said about member terms and it had a very specific number of terms that a member should serve.

However, in looking at all of the information we had, there is no evidence to supporthat nd Rulcific numb

Vaccination administration. This has been widely used already. Currently there is no language in the Model Act to discuss any type of emergency rollout if there's a declared emergency and this grants the boards the ability to waive specific requirements in order to meet the needs of the emergency declaration.

Licensure exemptions and renewal delays. This language, there is currently no language in the Model Act about that. However, these particular paragraphs are for both retired licensees and those licensees that are inactive, how they can go ahead and reactivate their license based upon jurisdictional rules and requirements.

But in the Model Act it does give the authority for boards to go ahead and issue those temporary or reactivate the retired and inactive licenses. Academic programs. Again this is from COVID and this is something that a lot of boards have already enacted. There was no current language in the Model Act now.

It talks about the boards being able to waive certain criteria of their educational programs in order to meet the needs of the emergency declaration. Other, telehealth. Of course, telehealth, currently there isn't anything in Model Act and Rules. And I could probably say that in a lot of your acts and rules now, there's not a lot about telehealth. And what the committee recommends is an emphasis on the fact that we regulate the practice of nursing which occurs where the patient is located at the time telemedicine technologies are used.

- Hi, everyone.

- Ruby and Nicole Livanos are joining us for a live Q&A.

Hi, Ruby. Hi, Nicole. Please type your questions into the Q&A box and Nicole will be reading those questions off.

- [Nicole] Great. Hi, everybody. It looks like we have a few questions which is great. So the first question comes from Evidia McKenna [SP]. What is the basis of the wording? And this is pulled from the definition of practical vocational nursing.

Other healthcare provider which acts do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. So this just so everybody knows is on page 46 of the business book in the definition section.

- Okay. Ruby, would you like to address that first or would you like us to address that?

- Why don't you guys start addressing it and then I can add some clinical context to it?

- Okay. I believe that aspect was included... The committee decided to include that aspect as a means for the LPN to delegate to unlicensed assisted personnel. As far as if there's any special kind of critical questions about that, you can feel free to follow up with that.

Nicole, do you have anything to add?

- I think in this, they were referring to delegation to the LPN from the professions that are listed there, registered professional nurse, APRN, physician, licensed dentist, or... And we included other healthcare providers there to include anyone and for this document to be forward-thinking, and what other professions may come about that could delegate to the LPN.

- Yes. So you know, the LPN role has changed quite a bit in recent years. There are areas where the LPN is the continuous care provider or the RN developing the plan of care, but not exactly doing the actual interventions.

So depending on what your jurisdictional definition is of delegation versus assignment, I know in Oregon it's a very different mantra, but the whole thing is is that we want to have the LPN be integrated into the patient healthcare team a little bit more than they have been in the past and recognize their contribution.

And that they are a key pl

- Yes, it has. So when we started looking at this, we really started seeing that what the LPN does and what the RN does is based on individual jurisdictions and individual...and their education. The RN has a broader in-depth education, the LPN has more of a basic education in the same topics, yet many of the same things are touched on.

So what we wanted to do was we wanted to get away from the term focused and comprehensive because they're not used in all jurisdictions, and really rely on the educational preparation of each, and within the jurisdiction of the rules of the jurisdiction about the differences between RN and LPN practice.

So for example, I'll use the State of Oregon. LPNs can do just about any task that an RN can do because their tasks. The Oregon rules say that the RN has to do the comprehensive assessment which is the gathering of all data and developing a plan of care with that data.

The LPN can do an assessment based on how they view that patient at that shift at that time and combine that with the RN assessment to develop the plan for that particular day. So there are other states that say that LPNs can't start IVs, that LPNs can't or can't access central lines or those types of things, and each state should decide within itself what it means for an LPN assessment and define what is an RN assessment.

And it really shouldn't be articulated in rule or a Model Act that the LPN and the RN have a specific type of assessment, i.e., focused for comprehensive. So it really we just removed the wording from the Model Act and Rule in order to give the jurisdictions the ability to establish in their own areas what LPNs and RNs are capable of doing.

- Thanks, Ruby, for that explanation. We'll move on to the next question from Sheila Bonnie. There's two questions. The first is on page 80 of the clean copy in your business book. We're looking at the board powers, I believe.

Would there be consideration of adding "a privilege to practice" to discipline for Boards of Nursing disciplining a licensee from another state who holds a multistate license? So if I am correct, we're looking at Section 5L which is under board powers and duties. It says that the board powers and duties are to discipline a licensee or certification issued under this act for violation of any provision of this act.

- Was it privilege to practice? Was that in the question?

- Yes. It would so be adding disciplining a license activity.

- The privilege to practice. Right, right. Okay. So the thing is is that that really belongs in the NLC, you know, that l

out of the previous model of, you know, providers' diagnosis and nurses respond to it symptoms only, all the literature does point to the fact that interdisciplinary teams are the best resource for our patients.

And they should be working off of one diagnosis. And that does not mean that the nurse is going to change what the science and art of nursing is and that is dealing with the human response. But it talks about the fact that nursing should be at that table to say, "This is part of this patient's diagnosis, this is what I know, this is what my assessment says."

And either support or possibly add to the original diagnosed or the diagnosis of the advanced practice nurse or our medical colleagues. Is it a reimbursable diagnosis? The jury is still out on that, but we wanted to stop thinking that we are only doing nursing diagnosis, that we have always had and always will have the ability to define the patient's risks and the patient's responses to whatever is going on with them in their illness or their injury journey, but we also wanted nursing to be part of that bigger medical picture or that bigger patient picture of really dealing with the actual issue that the patient is having.

So that's why I believe that one of the conversations we had in the committee was this is going to require a little bit more research before we can truly define it, but it was recommended in the literature as being part of the current rules in the integrative team model for patient care rather than nursing does this thing and medicine does that thing, and, you know, social work does that thing, that we are all in the table together and that would be the best way to do that.

How to implement that? That's future research.

- Thank you, Ruby. And I just, if I...

- And I would just... Oh.

- Go ahead, Rebecca.

- If I just... To quickly add, also that change was to keep the diagnosis centered on that patient instead of the profession as Ruby did say and that came out of a report entitled, "Improving Diagnosis in
He

- Again, a Model Act and Rule is about best practice. It is non-binding. There are certain jurisdictions

- The reason that it is removed from the Model Act is because it really referenced APRNs previously

I mean, I can remember a time when we couldn't dare say the patient had, you know, diverticulitis. We just had to say that they have abdominal discomfort because diverticulitis was a diagnosis and that those times need to end because pretty clearly, our healthcare system is incredibly fragmented and nursing could be at a very strong leadership position to start changing that and being the ones to drive the change towards integrated care rather than siloed care.

- Great. Thank you, Ruby. And with that, we conclude the live Q&A for the Model Act and Rules. Rebecca and I want to extend a thank you to Ruby as well as Amy Fitzhugh for leading us and charing the committee over these last couple of years, as well as everybody who participated in the committee's work.