

Final Report of Preliminary Findings and Recommendations

By the
Technical Committee for the Review of the
Application for Change in Scope of Practice by the
Nebraska Health Care Association
on Care Staff Members

To the
Nebraska Board of Health
Director of Health
and the
Nebraska Legislature

October 1, 1987

The members appointed by Gregg F. Wright, M.D., M.Ed. Director of Health, to serve on the Care Staff Member Technical Committee are as follows:

Janet Coleman, Chairperson (Lincoln)

Linda Ament, R.N., Director, Beatrice Home Health Agency (Beatrice)

Audrey Bakula (Lincoln)

J. W. Bengtson, M.D. (Lincoln)

Larry Lockhart, R.P. (Lincoln)

Marcy Pearsoll, R.R.T. (Lincoln)

Delight Wreed, R.N. (Lincoln)

INTRODUCTION

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the three criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for their review and recommendations. All recommendations are then forwarded to the Legislature.

SUMMARY OF THE PROPOSAL

The Nebraska Health Care Association seeks a change in scope of practice for care staff members such that the administration of oxygen by means of an oxygen concentrator be added to their current authorization to administer oral and external medications. The education and supervision of this occupation will otherwise remain the same.

SUMMARY OF COMMITTEE RECOMMENDATIONS

The Committee members unanimously agreed that the application satisfied the three criteria in that there is harm to the public inherent in the current practice situation of care staff members which prevents them from giving oxygen to patients, and that the public needs and would benefit from a change in scope of practice in this area, and that there are no alternative courses of action which could address the problems identified in a more cost-effective manner.

The Committee specified that care staff members should be limited to the use of a nasal cannula and that they should never apply more than four liters of oxygen per minute to a patient.

CRITICAL ISSUES RAISED BY THE APPLICATION

The Committee discussed the following issues raised by the application:

Harm to the Public

The application states that there is potential harm to the public inherent in the current practice situation of care staff members due to the fact that current regulations prevent them from administering oxygen to patients, and that often there are no other qualified personnel present in the facilities where care staff members work to provide such services.

Under current regulations only a licensed professional, usually an R.N., L.P.N., or Respiratory Therapist, can administer oxygen. However, it is difficult in many intermediate care facilities in Nebraska to hire enough licensed personnel to meet either evening shift requirements or night shift requirements. If care staff members were allowed to administer oxygen, many patients who have respiratory problems could be placed in ICFs. This would make respiratory care for these patients cheaper and more convenient.

The authors of the application stated that this potentially harmful situation can be alleviated by altering current regulations so as to allow care staff members to administer oxygen to patients via an oxygen concentrator.

Training and Supervision of Care Staff Members

There was considerable discussion among technical committee members about the education and training of care staff members. Some committee members were concerned that care staff members currently lack sufficient training to safely administer oxygen to patients. Some committee members stated that care staff members need training in the area of pulmonary

physiology, as well as greater familiarity with the technology used in providing oxygen services before they could safely administer such services. They were concerned that the application does not call for an extension of the training period of care staff members in order to prepare them for these new responsibilities. One committee member suggested that care staff members be limited to the use of a cannula to deliver oxygen rather than an oxygen mask. This would lessen the potential for harm to the patient.

The proponents of the application stated that care staff members are already qualified to administer oxygen to patients, and that their current training includes course work in pulmonary physiology. They added that the occupation of care staff members is not an autonomous practice. All care staff functions are carried out under the direction a licensed nurse, including any additional functions associated with administering oxygen. In addition, the oxygen concentrators are monitored and maintained periodically by nurses or respiratory therapists, and these professionals would require care staff to follow their procedures for maintenance of equipment. In the judgment of the applicants, this system of supervision would prevent the potential harm to patients identified by those committee persons who were concerned about the educational provisions of the application.

CARE STAFF MEMBERS COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

The technical committee agreed to modify the application in the following ways:

1. Care staff members should be limited to the use of a nasal cannula to apply oxygen to patients, and that this prohibition be put into statute.
2. Care staff members should not be allowed to administer more than four liters of oxygen per minute to patients. Allowing them to administer more than this would place the patient at risk.
3. Equipment for oxygen administration should be set up only by a physician, licensed respiratory care practitioner, or a registered nurse. Care staff members should never be allowed to alter the set up in any way except to return it to the prescribed setting if it should be moved accidentally.
4. The educational curriculum for care staff members should be revised to reflect the change in scope of practice.
5. Oxygen administration should be included in the medications review exam, which is currently given every three years.

The Committee felt that these modifications were necessary to protect patients from harm.

The Committee then acted on the three criteria of LB 407 as they pertain to the application. The Committee members unanimously agreed that the application as modified by the Committee satisfied the three criteria, in that the committee agreed that there is harm to the public inherent in the current practice situation of care staff members, and that the public needs and would benefit from a change in scope of practice in this area, and that there are no alternative courses of action which could address the problems identified in a more cost-effective manner.

OVERVIEW OF COMMITTEE PROCEEDINGS

The Care Staff Member/Home Health Aide Credentialing Review Technical Committee first convened on July 16, 1987, in Lincoln at the Nebraska State Office Building. An orientation session given by the staff focused specifically on the role, duties, and responsibilities of the Committee under the credentialing review process. Other areas touched upon were the charge to the committee, the three criteria for credentialing contained with Section 21 of LB 407, and potential problems that the committee might confront while proceeding through the review.

The second meeting of the Committee was held on August 7, 1987, in Lincoln at the Nebraska State Office Building. After study of the care staff proposal and relevant material compiled by the staff and submitted by interest parties between the meetings, the Committee formulated a set of questions and issues it felt needed to be addressed at the next meeting. Contained within these questions and issues were specific requests for information that the Committee felt was needed before any decisions could be made.

The Committee convened on August 25, 1987, in Lincoln at the Nebraska State Office Building in order to formulate tentative recommendations on the Care Staff Proposal. During this meeting the Committee modified the proposal by supporting a motion to limit care staff to the use of a nasal cannula during the administration of oxygen to patients and that care staff members should not be allowed to administer more than four liters of oxygen per minute to any patient. Marcy Pearsoll made the motion and Larry Lockhart seconded it. Voting aye were Ament, Bakula, Lockhart, Pearsoll, Wreed, and Coleman. There were no nay votes.

The chairperson of the Committee then asked for a motion on the first of the three criteria of LB 407 as it pertains to the proposal. Linda Ament moved that there is harm to the public inherent in the current practice of care staff members. Audrey Bakula seconded the motion. Voting aye were Ament, Bakula, Lockhart, Pearsoll, Wreed, and Coleman. There were no nay votes.

The chairperson then asked for a motion on the second criterion. Delight Wreed moved that the public needs and would benefit from appropriate changes in the scope of practice of care staff members. Linda Ament seconded the motion. Voting aye were Ament, Bakula, Lockhart, Pearsoll, Wreed, and Coleman. There were no nay votes.

The chairperson asked for a motion on the third criterion. Audrey Bakula moved that there is no alternative method of addressing the harm identified that is more cost-effective than the method proposed by the applicant group. Delight Wreed seconded the motion. Voting aye were Ament, Bakula, Lockhart, Pearsoll, Wreed, and Coleman. There were no nay votes.

By virtue of these three votes on the three criteria, the committee members had in effect recommended approval of the applicant's proposal for a change in scope of practice for care staff member.

The Committee met for its public hearing on September 17, 1987, in Lincoln at the Nebraska State Office Building. Proponents, opponents, and neutral parties were given the opportunity to express their views on the proposal. Interested parties were given ten days to submit final comments to the Committee. After hearing the testimony, the Committee held a brief business meeting. The Committee heard a motion made by Linda Ament which stated that the committee should recommend that the limitation that it

recommended during its previous meeting as regarding the type of device that care staff members could use in oxygen administration should be written into the relevant statute that regulates care staff practice. Voting aye were Ament, Bakula, Lockhart, Pearsoll, Bengtson, and Coleman. There were no nay votes.

Marcy Pearsoll then moved that the Committee approve the report as amended. Larry Lockhart seconded the motion. Voting aye were Ament, Bakula, Bengston, Lockhart, Pearsoll, and Coleman. There were no nay votes.

The committee met for its fifth meeting on October 1, 1987 in Lincoln at the Nebraska State Office Building. After making several corrections in the text of the report, the committee unanimously approved the report.

