

## **Report on Implementation of SB 1857, 82<sup>nd</sup> Texas Legislature and the LVN On-Call Pilot Program**

### **Summary of Request:**

Consider the update regarding the implementation of the LVN On-Call Pilot Program required by Senate Bill (SB) 1857 of the 82<sup>nd</sup> Regular Texas Legislative Session.

### **Historical Perspective:**

Triage is commonly defined as the sorting of patients and prioritizing of care based on the degree of urgency and complexity of patient conditions. Telephone triage is the practice of performing a verbal interview and making a telephonic assessment with regard to the health status of the caller. Because the LVN receives no educational training to provide triage or telephonic assessments, the Board of Nursing (Board or BON) has maintained that it is beyond the scope of practice for LVNs to provide triage services over the telephone. This was also the position of the Board of Vocational Nurse Examiners prior to the merger of the nursing boards in 2004.

In 2011, SB 1857 was passed which created a state-wide, LVN On-Call Pilot Program to determine whether LVNs under the clinical supervision of the RN can safely provide on-call services to meet the on-going and emergent needs of individuals with intellectual and developmental disabilities in the Home and Community-based Services (HCS) program, Texas Home Living (TXHML) and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICF/IID) (small 1-8 bed and medium 9-13 bed facilities). An Advisory Committee, also required by SB 1857, consisting of affected stakeholders, including public and private providers, and RNs and LVNs, was formed to provide input to the BON and the Department of Aging and Disability Services (DADS) regarding the development and implementation of the pilot program.

A memorandum of understanding (MOU) between the DADS and the BON was established in July of 2011. The MOU outlines the general requirements for the pilot program and when LVNs may provide on-call services. DADS and BON staff developed an Operational Protocol to further identify specific requirements for participation in the pilot program. BON Staff developed a Communication Protocol which provides express directions for the LVN when providing on-call telephone services, including instructing the direct support workers to call 9-1-1 in an emergency and when follow-up communication is required to the RN clinical supervisor. Numerous trainings across the state were conducted to inform nurses and providers about the pilot program and how to use the Operational Protocol and the Communication Protocol.

### **Current Perspective:**

The LVN On-Call Pilot ended on September 1, 2015. The Department of Aging and Disability Services issued an information letter/provider letter to all providers participating in the pilot on March 26, 2015 providing notice of the pilot end date confirming that after September 1, 2015 only RNs may provide on-call telephone services to individuals in the pilot care settings. The letter also reiterated LVN practice is a directed scope of practice with required supervision of an RN, advanced practice registered nurse, physician's assistant, physician, podiatrist or dentist.

The Advisory Committee for SB 1857 (82<sup>nd</sup> Legislature) held a final meeting on August 21, 2015. Board of Nursing staff presented data from the random sample and mortality reviews through the end of the data collection period ending on July 31, 2015. See Attachment A. The Advisory Committee discussed plans for completion of a final legislative report. This legislative report of the LVN On-Call Pilot will include evaluation of data from random sample chart reviews and mortality reviews, lessons learned from the pilot, input from stakeholders and providers participating in the pilot and recommendations. Expansion of the LVN scope of practice will not be a recommendation.

Board Staff remain responsive to questions from nurses and providers who participated in the pilot program and plan to continue working closely with DADS Staff and stakeholder groups. BON Staff are maintaining the email address for pilot stakeholders to send questions related to LVN scope of practice and nursing care for clients in these community settings. Once the legislative summary report is completed, Board and DADS Staff will request a meeting with the legislative sponsor of SB 1857 to provide a pilot overview, results and recommendations. Board Staff are also planning to share the pilot findings and lessons learned with vocational nurse educators and publish a summary of the legislative report highlights in the January 2016 BON Newsletter. The BON website *Frequently Asked Questions* related to LVNs performing telephone on-call services will be updated to reflect lessons learned from the pilot.

**Pros:** Board and DADS Staff have taken action in an attempt to address safety concerns and to ensure that only RNs will perform telephone triage in the pilot settings after September 1, 2015. The Board is in compliance with the requirements of SB 1857.

**Cons:** Board Staff remain concerned about the safety of LVNs performing on-call telephone services.

**Staff Recommendation:** No action is necessary. This item is for information purposes only.

**LVN On-Call Pilot Program  
SB 1857**

Agenda Item 3.1.2.  
Attachment A  
Meeting Date: October 2015

<b>Mortality Review Data</b>					
	FY'14	FY'15	FY'15	FY'15	FY'15
<b>Measure Description</b>	7/31/14	11/4/14	2nd Quarter	3rd Quarter	4th Quarter
Number of reviews	31	61	78	90	110
ICF records include the Nurses Notes*	100%	100%	100%	100%	100%
ICF records include the Comprehensive Ns Assessment*	100%	100%	93%	93%	93%
ICF records include the Nursing Service Plan*	91%	92%	86%	87%	77%
HCS records include the Nurses Notes*	71%	80%	83%	85%	88%
HCS records include the Comprehensive Ns Assessment*	94%	91%	90%	90%	89%
HCS records include the Nursing Service Plan*	82%	82%	80%	76%	73%
Up-to-date RN Comprehensive Ns Assessments*	90%	90%	84%	85%	82%
Up-to-date RN Nursing Service Plans*	83%	83%	79%	77%	77%
Records indicate LVN notified RN of initial call*	50%	55%	41%	43%	39%
Records indicate LVN followed-up with RN within 24/hours of call*	50%	45%	29%	33%	32%
Records indicate the LVN followed the Communication Protocol*	27%	23%	17%	17%	15%
Records indicate the LVN did not document adequately to demonstrate that Communication Protocol was followed*	47%	50%	43%	48%	53%
NOTE: All data are cummulative					
<b>Random Sample Review Data</b>					
	FY'14	FY'15	FY'15	FY'15	FY'15
<b>Measure Description</b>	7/31/14	11/4/14	2nd Quarter	3rd Quarter	4th Quarter
Number of reviews	517	613	750	888	982
ICF records include the Nurses Notes*	84%	84%	85%	83%	83%
ICF records include the Comprehensive Ns Assessment*	96%	95%	95%	96%	96%
ICF records include the Nursing Service Plan*	72%	71%	73%	72%	73%
HCS records include the Nurses Notes*	68%	69%	70%	72%	71%
HCS records include the Comprehensive Ns Assessment*	86%	88%	89%	90%	89%
HCS records include the Nursing Service Plan*	76%	77%	77%	78%	77%
Up-to-date RN Comprehensive Ns Assessments*	85%	86%	87%	88%	88%
Up-to-date RN Nursing Service Plans*	74%	74%	75%	75%	75%
Records indicate LVN notified RN of initial call*	42%	42%	43%	38%	39%
Records indicate LVN followed-up with RN within 24/hours of call*	39%	41%	40%	39%	41%
Records indicate the LVN followed the Communication Protocol*	16%	15%	15%	15%	15%
Records indicate the LVN did not document adequately to demonstrate that Communication Protocol was followed*	73%	74%	74%	75%	76%
* Indicates requirement for pilot participation					
NOTE: All data are cummulative					