

Report on Implementation of SB 1857, 82nd 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.

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 is not educationally prepared to provide triage or telephonic assessments, the Board of Nursing (Board or BON) believes it is beyond the scope of practice for a LVN to provide triage or on-call services over the telephone. Prior to 2004, this was also the position of the Board of Vocational Nurse Examiners.

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 entered into on 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. The pilot program is in the third year of implementation and is scheduled to end on September 1, 2015. BON and DADS staff continue to collect and evaluate data from the DADS mortality review reports.

Current Perspective:

On November 5, 2014 BON staff presented a summary of the random sample and mortality review pilot data to the SB 1857 Advisory Committee and reiterated the safety issues raised by adverse outcomes, and the lack of compliance regarding documentation as required in the Operational and Communication Protocols. See Attachment A.

The random sample data collection resumed in November 2014 after being temporarily suspended while DADS developed a corrective action plan to be used when providers did not submit records as requested. After the initial request for records, if providers do not comply, the corrective action plan consists of two reminder phone calls to providers. In addition, two certified mailings requesting the documentation will be sent, notifying providers their participation in the pilot will be terminated if the documentation is not received within 7 days.

DADS staff reported to the Advisory Committee that in September 2014, only 55% of the records requested were submitted for the random sample review after the first letter and in October 2014, only 40% of the records requested were submitted to DADS after the first letter. The rate of return improves slightly after the second letter; however, DADS is finding out that when they call the providers, the providers will report that they have dropped out of the pilot. BON staff will continue to monitor the corrective action plan to determine how many providers have been terminated from the pilot.

Similarly, DADS developed a survey monkey to collect information from RNs and LVNs participating in the pilot regarding the required training. DADS concluded that 60% of the nurses surveyed did not respond and most likely have not met the training requirements specified in the operational protocol.

BON staff continue to reach out to stakeholders to share information and answer questions. Staff was invited by the Private Providers Association of Texas (PPAT) to present information at their annual conference on the LVN and RN scope of practice, RN delegation, nursing documentation, the new nursing jurisprudence and ethics continuing nursing education requirement and the LVN On-Call Pilot Program. BON staff remains responsive to questions from nurses and providers who are participating in the pilot program and plans to continue working closely with DADS staff and the advisory committee in all aspects of the LVN On-Call pilot program.

Pros: BON and DADS staff have taken action in an attempt to address safety concerns. The Board is in compliance with the requirements of SB 1857.

Cons: BON staff remain concerned about the safety and utility of continuing the pilot.

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

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

Mortality Review Data					
	FY'14	FY'15	FY'15	FY'15	FY'15
Measure Description	7/31/2014	11/4/2014	2nd Quarter	3rd Quarter	4th Quarter
Number of reviews	31	61			
ICF records include the Nurses Notes*	100%	100%			
ICF records include the Comprehensive Ns Assessment*	100%	100%			
ICF records include the Nursing Service Plan*	90%	92%			
HCS records include the Nurses Notes*	70%	80%			
HCS records include the Comprehensive Ns Assessment*	94%	91%			
HCS records include the Nursing Service Plan*	82%	82%			
Up-to-date RN Comprehensive Ns Assessments*	90%	90%			
Up-to-date RN Nursing Service Plans*	83%	83%			
Records indicate LVNs did not notify RN of call*	50%	46%			
Records indicate LVNs did not follow-up with RN within 24/hours of call*	50%	46%			
Records indicate the LVN did not follow the Communication Protocol*	26%	27%			
Records indicate the LVN did not document adequately to demonstrate that Communication Protocol was followed*	46%	50%			
Random Sample Review Data					
	FY'14	FY'15	FY'15	FY'15	FY'15
Measure Description	7/31/2014	11/4/2014	2nd Quarter	3rd Quarter	4th Quarter
Number of reviews	517	613			
ICF records include the Nurses Notes*	84%	84%			
ICF records include the Comprehensive Ns Assessment*	96%	95%			
ICF records include the Nursing Service Plan*	72%	71%			
HCS records include the Nurses Notes*	68%	69%			
HCS records include the Comprehensive Ns Assessment*	86%	88%			
HCS records include the Nursing Service Plan*	75%	77%			
Up-to-date RN Comprehensive Ns Assessments*	85%	86%			
Up-to-date RN Nursing Service Plans*	72%	74%			
Records indicate LVNs did not notify RN of call*	57%	42%			
Records indicate LVNs did not follow-up with RN within 24/hours of call*	38%	41%			
Records indicate the LVN did not follow the Communication Protocol*	11%	12%			
Records indicate the LVN did not document adequately to demonstrate that Communication Protocol was followed*	72%	74%			