

Georgia Public Health Expanded-Role Nurses

History

In 1965, all 159 counties in Georgia had a County Board of Health and at least one public health nurse in every county in the state. In June of 1965, the Public Health's Family Planning Program made oral contraceptives available to county health departments. The Family Planning Program expanded the role of Georgia Public Health Nurses (Registered Professional Nurses) to include the provision of Family Planning services to underserved populations. In 1968, Public Health Nurses began providing expanded-role nursing services for children birth to age 21 in response to newly implemented Medicaid services such as those included in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program (Source; The History of Public Health Nursing in Georgia, 1898-2002, 2006). Initially, Georgia Expanded-Role RNs practiced under standing orders until 1989, when the Nurse Protocol legislation (O. C. G. A. § 43-34-23) was enacted.

Definition

Expanded-Role Nurses are licensed by the Georgia Board of Nursing as Registered Professional Nurses, are agents or employees of a County Board of Health in Georgia or the Georgia Department of Public Health, practice under nurse protocol and provide targeted clinical and population health services. In addition, Expanded-Role Nurses must meet the following requirements:

- Successful completion of a baccalaureate level course in health assessment; and
- Successful completion of a clinical preceptorship in health assessment; and
- Successful completion of 920-1280 hours of specialized training in public health; and
- Documented evidence of meeting all statutory, regulatory and training requirements to practice under a current, written and signed nurse protocol agreement, as delegated by a physician licensed by the Georgia Composite Medical Board; and
- Documented evidence of following a drug dispensing procedure.

Statutory Authority

Registered Professional Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) who are agents or employees of a County Board of Health or the Georgia Department of Public Health are among those authorized to practice under nurse protocol (O.C.G.A. § 43-34-23). Under this statutory authority, a physician may delegate the performance of certain medical acts to RNs and APRNs who are agents or employees of a county board of health or the Department of Public Health. These medical acts, which are not performed by most other RNs, may include any of the following:

- Ordering dangerous drugs
- Ordering medical treatments
- Ordering diagnostic studies
- Dispensing dangerous drugs



The delegated medical acts must be performed by the RN or APRN in accordance with a current nurse protocol, which has been signed by the RN or APRN and the delegating physician, and in accordance with a drug dispensing procedure. In addition, the RN or APRN operating under nurse protocol must comply with all rules and regulations established by the Georgia Board of Nursing and the Georgia Board of Pharmacy. Prior to practicing under nurse protocol, there must be documentation that the RN or APRN has been adequately trained and prepared to perform the delegated medical acts. Public health has a statewide and standardized system of Quality Assurance/Quality Improvement that delineates the specific training required to practice under nurse protocol by program area (e.g., Women's Health, Child Health) and provides a system of oversight for RN and APRN practice under nurse protocol.

Oversight of Expanded-Role Nurses Practicing Under Nurse Protocol

The Department of Public Health coordinates a statewide, standardized system of Quality Assurance/Quality Improvement that is used by public health at the local level to assure that Expanded-Role Nurse practice is consistent with the Georgia nurse practice act, all relevant rules and regulations, standards of care and best practices. Guidance documents that are used as part of the statewide system are posted at

http://dph.georgia.gov/sites/dph.georgia.gov/files/QA_QI%20Manual%20Final_2015.pdf

Components of the system of oversight include the following:

1. Standard Nurse Protocols
2. Nurse protocol agreements reviewed, revised or updated annually
3. Peer Review conducted at least annually
4. Direct observation of clinical skills conducted at least annually
5. Record reviews by delegating physician conducted quarterly
6. Access to consultation by delegating physician

Standard Nurse Protocols

The Office of Nursing, within the Division of District and County Operations, works with each of the state office programs to coordinate the process of reviewing and revising the standard nurse protocols for over 75 standard nurse protocols, which are used by the Expanded-Role Nurses and Advanced Practice Registered Nurses (APRNs) in the county health departments.

The standard nurse protocols are posted on the web at <http://dph.georgia.gov/nurse-protocols>.

Groupings of standard nurse protocols with examples include the following:

- Tuberculosis (e.g., Uncomplicated Pulmonary Tuberculosis)
- Sexually Transmitted Infections (e.g., Chlamydia, Gonorrhea, Syphilis)
- Immunization
- Child Health (e.g., Impetigo, Head Lice, Scabies, Pin Worms)
- Women's Health (e.g., Oral Contraceptives)
- HIV/AIDS-Related (e.g., Continuation of Antiretroviral Therapy, Diarrhea, Herpes Zoster, Oral Candidiasis, Seborrhic Dermatitis)
- Other Infectious Diseases (e.g., Preventive Treatment of Contacts to Pertussis, Preventive Treatment to Contacts of Haemophilus Influenzae Meningitis)

Requirements for Expanded-Role Nurses to Practice under Nurse Protocol:

Expanded-Role Nurses in Georgia must meet the following requirements:

1. Licensed by the Georgia Board of Nursing as a Registered Professional Nurse.
2. Practice in accordance with the Georgia Nurse Practice Act (O.C.G.A. § 43-26).

3. Compliance with the Nurse Protocol Statute, which is an amendment to the Georgia Medical Practice Act, O.C.G.A. § 43-34-23.
4. Georgia Board of Nursing rules for practice under Nurse Protocol (Chapter 410-11).
5. Georgia Board of Pharmacy rules for dispensing drugs under Nurse Protocol (Chapter 480-30).
6. Successful completion of all of the training requirements, as delineated in the *Quality Assurance/Quality Improvement Manual for Public Health Nurses*, Georgia Department of Public Health, 2015, which may be viewed at http://dph.georgia.gov/sites/dph.georgia.gov/files/QA_QI%20Manual%20Final_2015.pdf
7. For Family Planning, additional training requirements include Contraceptive Technology, Microscopy and Sexually Transmitted Infections.
8. Successful completion of a baccalaureate-level health assessment course.
9. Successful completion of a clinical preceptorship and performance of the following competencies:
 - a. Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes, and populations.
 - b. Ability to communicate effectively via written, oral, electronic, and other means with various, diverse individuals and populations.
 - c. Ability to elicit data for a health history that includes physical, social, cultural, nutritional, mental, developmental and environmental information.
 - d. Ability to differentiate normal/abnormal findings.
 - e. Ability to interpret and apply findings to develop an appropriate plan of care to improve health.
10. Successful completion of all annual training requirements.

Clinical Services Provided by Expanded-Role Nurses (ERNs)

- a. Elicit a health, family and social history on patients served.
 - Establish rapport with patient/family
 - Begin to build patient's trust and confidence in ERN
 - Actively listen to the patient/family
 - Identify the patient's chief concern/reason for visit
 - Interview the patient to collect specific parameters regarding health concerns/symptoms (e.g., location, quality, quantity, time sequence, environmental factors, precipitating conditions, alleviating condition, concomitant symptoms)
 - Determine patient's immunization history
 - Identify whether patient has a primary care medical provider and encourage such
- b. Perform physical exam to screen for health concerns, assess for normal growth and development or to detect abnormal findings
 - Conduct health exam appropriate for age and chief concern/reason for visit
 - Measure height, weight, B/P, Temperature, Pulse, Respirations, as indicated

- Use assessment techniques of inspection, palpation, percussion and auscultation, as indicated
 - Use systematic approach to assess multiple or targeted body functions, as indicated (e.g., eyes/vision, ears/hearing, nutrition, dental, skin, respiratory, cardiovascular, musculoskeletal, neurological, clinical breast and cervical, genitalia, abdominal, rectal)
 - Assess for signs and symptoms of abuse
- c. Perform selected laboratory tests.
- Based on history, physical exam, nurse protocol and program requirements, perform appropriate laboratory tests (e.g., Pap Smear, Wet Prep, KOH Smear, Gram Stain, Hemaglobin, Pregnancy Test, Rapid HIV, HPV, Hepatitis B, Hepatitis C, Titers for MMR and Varicella, Sputum for TB)
 - Monitors results of laboratory tests and shares results with other health care providers, as appropriate
 - Provides counseling and interpretation of laboratory tests to the patient, as appropriate
- d. Develop, implement and evaluate a health plan for each patient served.
- Engage patient/family and appropriate others in developing an individualized plan with goals/desired outcomes and timelines for each
 - Identify plan priorities with the patient/family
 - Include strategies that address such areas as promotion and restoration of health; prevention of illness, injury or disease; plan or prevent pregnancies; maintaining blood pressure
 - Select strategies that reflect current evidence and are realistic and achievable
 - Monitors progress with the plan and provides feedback to the patient/family
- e. Administer and dispense drugs, treatments and diagnostic tests per nurse protocol.
- The standard nurse protocols are posted on the web at <http://dph.georgia.gov/nurse-protocols>. Groupings of standard nurse protocols with examples include the following:
- Tuberculosis (e.g., Uncomplicated Pulmonary Tuberculosis)
 - Sexually Transmitted Infections (e.g., Chlamydia, Gonorrhea, Syphilis)
 - Immunization
 - Child Health (e.g., Impetigo, Head Lice, Scabies, Pin Worms)
 - Women's Health (e.g., Oral Contraceptives)
 - HIV/AIDS-Related (e.g., Continuation of Antiretroviral Therapy, Diarrhea, Herpes Zoster, Oral Candidiasis, Seborrhic Dermatitis)
 - Other Infectious Diseases (e.g., Preventive Treatment of Contacts to Pertussis, Preventive Treatment to Contacts of Haemophilus Influenzae Meningitis)
- f. Provide health education and counseling.

- Provide health teaching that addresses such topics as healthy life-styles, risk reducing behaviors, developmental needs, and preventive self-care
 - Customizes health promotion and health education methods appropriate to the patient's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture and socioeconomic status
 - Focus on empowering the patient to be knowledgeable and equipped to take charge of his/her health
 - Educate patients and families regarding all available vaccines for disease prevention
 - Counsel persons with positive HIV screening regarding laboratory results, management of HIV, management of drug therapy
 - Counsel persons with negative HIV screening to stop the spread of infection
 - Counsel patients regarding the advantages of Long Acting Reversible Contraceptives (LARCs)
 - Counsel patients regarding strategies to prevent elevated blood pressure
 - Educate patients regarding what is a pap smear and the importance of doing self-breast exams
- g. Control and prevent the spread of disease.
- Screen for tuberculosis, sexually transmitted infectious, HIV and other infectious diseases
 - Identify persons with at-risk conditions or exposure to infectious disease
 - During an outbreak of infectious disease (e.g., meningitis), assist in identifying persons at-risk and administer prophylaxis per nurse protocol
 - Administer Directly Observed Therapy (DOT) to persons diagnosed with Tuberculosis, in accordance with a nurse protocol or a physician's order
 - Organize, plan and conduct school-based and community-based "Flu" clinics in collaboration with school officials, businesses or other community organizations
- h. Make referrals.
- Collaborates with other health care providers in making referrals for health conditions identified through physical assessment which are not covered under nurse protocol
 - Provide patient with information regarding available community resources
 - Contact community resources or other health care providers regarding patient referral to obtain an appointment for the patient
 - Review instructions, expectations and plans with the patient regarding the community resource or health care provider to which patient is referred
 - Clarify the purpose of the referral and the action or service that is needed
 - Assist the patient in securing transportation to the referral location, as needed

- Follow up on the outcome of patient appointments and referrals is based on “good faith effort”
- i. Make home visits to at-risk populations.
- Complete a health assessment of C1st referrals in the home environment
 - Provide Directly Observed Therapy (DOT) for tuberculosis treatment
 - Make home visits to Breast and Cervical Cancer Program patients who do not complete follow-up for treatment of precancerous or cancerous cervical lesions, or do not follow-up for abnormal mammogram results or for treatment of breast cancer
 - Make home visits to Prenatal patients for Hepatitis B follow-up, location for notification of contact to patient or positive lab result for infectious disease (e.g., Gonorrhea, HIV)
- j. Provide care coordination/case management.
- Listen to patient’s concerns
 - Identify health related areas that need clarification
 - Assist patient in identifying options for care or needed services
 - Explain health related conditions and issues to the patient/family
 - Assist patient in making appointments with other health care providers
 - Follow up with patient to review outcome of visits to other health care providers
 - Encourage patient with implementing the recommendations to improve health
 - Assist patient with transportation needs, child care needs and other support services that the patient may need to enable the patient to seek needed care
 - Assist patient with finding resources to pay for needed drugs and therapies (this may involve extensive phone calls, online searches and/or exploring multiple avenues before locating the needed resource or support)
 - Advocate for quality care that is responsive to the patient’s needs, with particular emphasis on the needs of diverse populations
 - Coordinate patient goals and plans with other health care providers and community resources involved in the patient’s care
 - Monitor patient’s progress and need for additional intervention or referral
- k. Connect patients to Medical Consultants via Telemedicine
- Coordinate plans with the medical provider in scheduling and planning for the consultation
 - Prepare the patient for the telemedicine exam and what to expect
 - Apply the telemedicine equipment to the patient according to the specific type of exam or medical assessment
 - Assist with interpreting the results of the exam to the patient
 - Incorporate the results and recommendations of the telemedicine exam into the patient’s plan of care

- Follow up as needed
- I. Document clinical and health data in patient's health record.
- Document diagnoses and health problems/issues in a timely manner and in accordance with agency standards
 - Document expected outcomes as measurable goals
 - Use standard language and approved abbreviations
 - Document each patient encounter (phone, clinic, home visit, other)
 - Document changes to the plan
 - Document care coordination/case management
 - Document outcomes of care/services provided
 - Document discharge/termination of services
- m. Provide care for persons with functional medical needs during disasters/emergencies.
- Provide nursing staff for the shelter
 - Triage persons to determine shelter is appropriate setting for persons in the shelter
 - Provide nursing services to maintain health and safety while in the shelter
 - Administer medications/vaccines per Public Health Nurse Protocol, as needed.
 - Monitor the health needs of persons in the shelter.
 - Assess the safety of persons in the shelter and communicate actual/potential safety concerns to the safety officer.
 - Assist with discharge planning.

Advantages

- In FY2016, there were 1190 Public Health Nurses (LPNs, RNs and APRNs) located among the 159 county health departments in Georgia. The majority of PHNs are Expanded-Role Nurses.
- They provide cost-effective quality services to the populations served.
- They provide screening and treatment to prevent spread of HIV-AIDS, Sexually Transmitted Infections and Tuberculosis and this allows Public Health to coordinate the screening and treatment of these diseases with Public Health mandates to provide contact tracing and preventive treatment, when appropriate. The bulk of the treatment and control of HIV-AIDS, Sexually Transmitted Infections and Tuberculosis is provided by Public Health and without Expanded-Role RNs to perform the screening and treatment, the rates of these diseases would be far greater than they currently are and the increased burden of disease would put a tremendous strain on health care providers in the private sector or the persons infected would go untreated and would be at risk of infecting a greater proportion of the population.
- They provide ongoing disease management for HIV-AIDS and Tuberculosis.

- They provide breast and cervical cancer screening to underserved populations, which involves significant amounts of clinical services, case management, referral of abnormal clinical findings, tracking, follow up and transitioning for those diagnosed with breast cancer for treatment.
- They help prevent unnecessary visits to the local emergency rooms.
- They are skilled in providing health assessments and treatment of minor child health problems, which may also contribute to unnecessary school absenteeism, especially in the rural areas.
- They identify abnormal findings that need referral to a higher level provider.
- They represent a potential solution for providing access to health care.
- They are in position to assist with responses to bioterrorism attacks, such as anthrax, and they provide the majority of nursing services for the American Red Cross shelters during an emergency response to hurricanes, tornados and other disasters.
- Allows Public Health to make maximum use of the authority of its very small number of physicians.
- Public Health seeks to expand in-network provider enrollment with private health insurance companies to maximize revenue for nurse provided services. Expanded-Role Nurses and APRNs are critical to providing the type of covered services that will bring in revenue for county health departments.

Opportunity for Reducing Health Care Costs

The Expanded-Role Nurse model of practice under a nurse protocol agreement, as delegated by a Georgia-licensed physician, has effectively and economically served the public health needs of Georgia for a quarter of a century. With the growing population and increasing complexity of population needs, the Expanded-Role Nurse model could be used, if staffing increases, to serve a greater proportion of the population, especially in areas where there is no or limited access to health care. However, the model is currently threatened by the steady decline in the number of Expanded-Role Nurses due to funding reductions and non-competitive salaries. Based on a standard of 1 RN:5000 population, Georgia Public Health needs an additional 1036 RNs to meet the national minimum staffing standard (Source: Association of Public Health Nurses, 2008).

