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RN UPDATE

A Quarterly Publication of the Board of Nurse Examiners For the State of Texas

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September 1994

Volume 25, No. 3

Board Adopts Schedule of Fines, Penalty/Sanction Factors

During the 73rd Legislative Session, the Nursing Practice Act was amended to allow the Board to assess fines. To implement this additional sanction, the Board published proposed rules in the June 10, 1994 edition of the *Texas Register*. Adopted by the Board at the July meeting, the proposed rules became effective August 12, 1994.

According to Louise Waddill, PhD, RN, Executive Director of the BNE, the "...deterrent effect of fines should increase the level of compliance and reduce the number of non-practice violations in the disciplinary case load." The adoption of these rules should also enable lower-priority cases to be moved through the system quicker and staff to spend more time on higher-priority cases.

For more information regarding these rules or any other amendments to the Nursing Practice Act, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

- (i) first occurrence: \$100 - \$500;
- (ii) subsequent occurrence: \$200 - \$1,000;
- (E) failure to comply with CE requirements:
 - (i) first occurrence: \$100;
 - (ii) subsequent occurrence: \$250;
- (F) failure to comply with mandatory reporting requirements:
 - (i) first occurrence: \$100 - \$500;
 - (ii) subsequent occurrence: \$200 - \$1,000;
- (G) failure to assure licensure/credentials of personnel for whom the nurse is administratively responsible:
 - (i) first occurrence: \$100 - \$500;
 - (ii) subsequent occurrence: \$200 - \$1,000;
- (H) failure to provide employers, potential employers or the board with complete and accurate answers to specific questions

(continued on page 15)

213.33. Schedule of Fines.

In disciplinary matters, the board may assess a monetary fine in the circumstances and amounts as described.

- (1) The following violations may be appropriate for disposition by fine with or without educational stipulations:
 - (A) practice on a delinquent license for more than six months but less than two years:
 - (i) first occurrence: \$250;
 - (ii) subsequent occurrence: \$500;
 - (B) practice on a delinquent license for two to four years:
 - (i) first occurrence: \$500;
 - (ii) subsequent occurrence: \$1,000;
 - (C) practice on a delinquent license over four years: \$1,000 plus \$250 for each year over four years;
 - (D) aiding, abetting or permitting a registered nurse to practice on a delinquent license:

INSIDE THIS ISSUE

**Board Elects Officers
For 1994-95
(Page 2)**

**New Education Rules
In Effect
(Page 3)**

**SPECIAL REPORT: ANPs and
Rural Health: Filling the Gap
(Page 9)**

**Notice of Disciplinary
Action
(Page 12)**

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A Word From the Executive Director

by Louise Waddill, PhD, RN

Although the Health Care Reform debate on the national level might be at an impasse, Texas and its lawmakers are preparing themselves for a full slate of health related bills.

State governments have been grappling with their own brand of health care reform mostly by anticipating what the federal government might or might not do. Most have had to swallow budgetary cuts and heed strong warnings from the Legislature not to ask for more money than last year, while still providing increasing services. To say the least, health care reform is both necessary and complicated.

The Board of Nurse Examiners has been gearing up for "the necessary and complicated" changes of Texas health care reform by informing themselves on issues that affect both the public and professional nursing. Just recently, the Board held a retreat for its members and BNE staff to prepare for the upcoming legislative session and flesh out their initiatives for the next fiscal year.

This month's **SPECIAL REPORT** focuses on one of the Board's identified concerns: Advanced Nurse Practitioners (ANPs). The role of ANPs in a reformed era is a hot topic, considering that many rural Texans could widely benefit from the primary care ANPs have to offer. Scope of practice, educational requirements, and access to care issues are high priorities for the Board and its position on Advanced Nurse Practitioners.

The ensuing months promise to bring about important developments in Texas health care --ones that necessitate solid judgement on the part of state government. The Board has committed its efforts to be the kind of government both the public and the profession of nursing deserve and to facilitate the changes, albeit difficult ones, that will provide the quality health care Texans need.

Board Elects Officers For 1994-95

At the July 1994 board meeting, the Board of Nurse Examiners for the State of Texas elected the following officers for 1994-95:

<p><u>President</u> Sara J. Keele, MS, RN</p>
<p><u>Vice President</u> Mary V. Fenton, DrPH, RN</p>
<p><u>Treasurer</u> Rose M. Caballero, BSN, RN</p>

All of this year's officers were re-elected to the offices they held last year. The Board holds elections for officers at the last meeting of every fiscal year.

BOARD MEMBERS 1994-1995

Officers

Sara J. Keele, MS, RN
President
Nursing Practice
Houston

Mary Fenton, DrPH, RN
Vice President
BSN Programs
Galveston

Rose M. Caballero, BSN, RN
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Pat Y. Crowe
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Diploma Programs
Lubbock

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ADN Programs
Beaumont

Robert J. Provan, JD
Consumer Member
Austin

Petty Ross, MS, RN
Nursing Practice
El Paso

EXECUTIVE DIRECTOR

Louise Waddill, PhD, RN

Roselyn Holloway, MSN, RN Elected To NCSBN Board of Directors



Roselyn Holloway, MSN, RN

The 1994 Delegate Assembly of the National Council of State Boards of Nursing (NCSBN), elected Roselyn Holloway, MSN, RN, to its nine member Board of Directors. Ms. Holloway, the Lead Instructor in Patient Care Management at Methodist Hospital School of Nursing (Lubbock) and a member of the Board of Nurse Examiners, will serve on the NCSBN Board of Directors as its Director-At-Large.

The National Council of State Boards of Nursing, Inc., is the organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensure examinations for nursing.

The Delegate Assembly of the National Council is the voting membership which represents each state board of nursing throughout the United States as well as Washington, D.C., the Virgin Islands, American Samoa, Guam, Puerto Rico and the Northern Mariana Islands.

New Education Rules In Effect

by Mary Anne Hanley, MA, RN

On September 1, 1994, revised education rules took effect. Developed by a task force of the Board of Nurse Examiners, these rules represent a reorganization and contemporization of the Board's education rules. A major change affects the new program proposal and accreditation process. Qualifications and role responsibilities of Deans/Directors were also included.

The task force recommended factors to be considered in determining faculty/student ratios and revised the board's requirements for faculty/student ratios. The use of preceptors, teaching assistants and faculty waivers were expanded. Further, processes related to the proposal and approval of curriculum changes, major and minor, were more clearly defined; staff is now responsible to approve all curriculum changes.

A group comprised of board members, representatives from nursing education programs and staff met in July 1994, to discuss the development of guidelines to support the implementation of the new education rules. These guidelines will address such topics as the use of preceptors, the reeducation process for NCLEX-RN candidates who fail to pass the test after three attempts within four years of graduation. The guidelines will be published this fall.

For more information regarding the new education rules, contact Mary Anne Hanley, MA, RN, at (512) 835-8660.

NOTICE TO NON-PAYING RECIPIENTS

Registered nurses and employers of nurses automatically receive the newsletter free of charge. Other individuals receive the newsletter either through a paid subscription or free of charge. If you receive the newsletter free of charge (and are NOT an RN or an RN employer), please write the Board's office indicating your desire to continue receiving RN Update. State law requires the BNE to place this notice in three consecutive issues.

Continuing Education Questions and Answers

Q:
A:

The Board receives numerous questions regarding the Continuing Education requirements. In an effort to assist nurses in understanding and complying with the rules, Kathy Vrazel, Office of Continuing Education, answers some recently asked questions:

Q: I received a request from your office for verification that I had earned 20 hours of continuing education during the past two years in order to maintain my Texas license as a registered nurse. After I received my new license, I erroneously thought that I would not be audited and discarded my certificates. I truly thought that I would have received the audit with my license renewal form. I was really surprised when I called your office and was told that RNs would be subject to a warning or fine if they did not comply, not a refusal of licensure like we have been led to believe. Is this correct?

A: Yes, auditing for continuing education compliance is done after the license is renewed. Legally, the Board cannot refuse to renew a license, thereby interfering with a nurse's right to work, without affording the nurse due process rights. Failure to comply with the continuing education requirements is a violation of the Nursing Practice Act and the Board may impose discipline similar to that for any other practice violation from a fine or warning up to revocation of the license. At this time, the customary penalty is an Agreed Order requiring additional continuing education and monitoring for two years. In addition, the nurse's name is published in the listing of disciplinary actions in *RN Update*, the disciplinary bulletin distributed to employers of nurses and to boards of nursing in other states. The disciplinary action also becomes part of the nurse's permanent record. You should keep your CE documentation for two renewal periods (four years).

Q: Due to a serious illness and a number of other personal circumstances, I was not able to complete my continuing education this past two years. Is it possible for me to obtain a waiver or extension to complete the hours?

A: The CE rules do not include any provisions for exemptions or extensions. If you find yourself in this situation, you have two options to remain in compliance with the Board's rules: (1) Check "No" to the CE question on the license renewal, renew your license before the expiration date, and immediately begin accruing your CE hours. The Board's office will notify you that you are in violation of the Board's rules and require you to submit documentation of 20 hours of continuing education within 30 days. If you live in a large city, contact local hospitals, colleges, universities, nursing schools or your professional association chapter. If you live in a remote area, check into the home study programs that are available. (2) Place your license on "Inactive" status and cease practice. Continuing education is not required until you decide to reactivate your license.

Q: Do I need to have continuing education in order to substitute for the school nurse?

A: RNs are required to complete 20 hours of continuing education every two years in order to maintain an "Active" Texas RN license. The requirement is the same for full or part-time employment. If your school district requires the school nurse to be a Registered Nurse and you are practicing in this role, even if substituting, you are required to have a current license and complete the 20 hours of CE.

Q: I have recently entered Texas Woman's University to obtain my BSN via the "Bridge" program. Presently I am taking nutrition. I will start my first nursing course in the Fall. What are my CE requirements to renew my license in 1995? Do I need to supplement my nursing curriculum with additional CEUs in order to maintain good standing?

A: Academic courses in nursing are acceptable for Type I credit. One academic semester hour equals 15 contact hours, so a three-hour course would fulfill the CE requirement for two years. You should keep a copy of your transcript or grade slip showing the name of the course, date of completion and the grade earned (grade must be C or better, or pass if on pass/fail basis). Prerequisite courses such as nutrition, statistics, biology, etc. are not accepted.

Please write for our brochure, "The 1-2-3's of CE". Include a self-addressed, stamped envelope and mail to the Board's office, Attn: CE.

BNE Advisory Committee Update

Nursing Practice Advisory Committee

The Nursing Practice Advisory Committee met July 7, 1994, to continue discussion regarding recommendations for rules on Minimum Procedural Standards During Peer Review. The rules are intended as guidelines for facilities and peer review committees to assure that due process rights of the RN are protected during peer review. Final recommendations are expected to be made to the Board soon. The committee is also looking at the problems of new graduates being unprepared to enter practice as well as nurses reentering practice after an extended period of time. The committee will be reviewing other states' requirements as well as requirements for other professions.

The committee meets quarterly to identify and discuss practice issues that significantly impact or may potentially impact the practice of nursing for which the regulation of nursing practice should be addressed. The next meeting is scheduled for November 3, 1994 in Austin. Meetings are open to anyone wishing to attend. For information, contact Kathy Vrazel at (512) 873-6599.

Advanced Nurse Practitioner Advisory Committee

The Advanced Nurse Practitioner Advisory Committee met June 17, 1994, with the specific intent of reviewing the credentialing and re-credentialing requirements for ANPs to determine whether or not additional requirements should be imposed. The committee's discussion focused on central issues such as ANP practice, certification and continuing education requirements. The committee plans to make recommendations to the Board in the fall.

For more information regarding this committee, contact Kathy Thomas, MN, RN, CPNP, at (512) 835-8657.

Practice Related Questions and Answers



The Board receives numerous calls and letters regarding practice issues. In this column, Dona Oliver, MSN, RN, CNS and Donna Carlin, MSN, RN respond to frequently asked questions:

Q: Doctors in our area are really busy and frequently have their office staff call over orders for individuals hospitalized in our facility. My nursing staff is concerned because most of these office staff are unlicensed medical assistants. Can RNs accept such orders?

A: Article 4518, Sec. 5 of the Nursing Practice Act states that an RN may accept and carry out orders for the administration of medications and treatments directly received from a licensed physician, dentist or podiatrist. An RN also may accept orders transmitted or relayed through a third party as long as it is understood that the order originates from one of the three licensed practitioners referenced above.

To minimize error and still provide reasonable accommodation to physicians' offices, some facilities have instituted policies authorizing the acceptance of signed physician orders transmitted via fax. Although the office staff may write down the orders, the physician signs and hopefully screens prior to sending. As with any order, however, the RN continues to remain accountable to "clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated....." as stated in §217.11(5), Rules of Professional Nursing Practice.

Another commonly instituted practice is for the facility to request that the physician put in the form of a letter, his named designated agent(s) for transmitting telephone orders of any kind. The information is shared with appropriate facility staff. When orders originating from the physician are then transmitted by the named designated agent, they are typically transcribed into the client record

(continued on page 10)

Board Surveys Advanced Nurse Practitioners

Important Data Sought

by Kathy Thoms, MN, RN, CPNP

In May of this year a survey was mailed to all Advanced Nurse Practitioners (ANPs) in Texas soliciting information on educational preparation, certification and employment. This information is frequently requested by interested parties including legislators, other state agencies and professional nursing organizations. Until recently, the Board's computer system did not have the file space needed to store this data. However, with the expansion of the computer system the Board is now able to enter this data on the RN file and produce statistical reports.

Advanced Nurse Practitioners include Nurse Anesthetists, Nurse Practitioners, Nurse Midwives and Clinical Nurse Specialists. Data on the employment and education of these providers is often needed for health and manpower policy, reimbursement and scope of practice concerns.

The response to the survey has been very positive; however, some surveys were returned because of address changes. If you have changed your address please notify the Board in writing immediately and include your old and new address as well as your RN license number. The ANP data will be updated with your license renewal. Reports on these data are expected to be available by the end of the year.

Titles Used By Clinical Nurse Specialists

Additional Titles May Be Recognized

by Kathy Thomas, MN, RN, CPNP

Clinical Nurse Specialists (CNSs) in the United States have been prepared for a variety of advanced specialty practices. The traditional titles of CNS in Community Health, Neonatal, Gerontological, Oncology, Maternal Child Health, Pediatrics, Medical-Surgical, and Psychiatric/Mental Health Nursing have been recognized by the board since the inception of the recognition process in 1980.

Over the past decade, however, nursing masters programs have responded to the evolving needs of many acute health care specialties by designing programs which reflect highly technical and subspecialized areas of practice. These areas include Intensive Care, Cardiovascular, Transplantation, Emergency, Infertility and Developmental CNS programs.

The Board has decided to expand the titles to reflect the actual educational preparation of CNSs. The computer system will soon be able to accommodate additional data fields to reflect these titles. Therefore, beginning in 1995, the board will approve CNS titles which reflect the educational preparation of the masters in nursing program. This means that both didactic and clinical experiences must be focused in the specialty area; the course titles and descriptions must reflect the specialty preparation; and the program must verify the specialty preparation in its written program information materials. Individuals who had more generic didactic preparation and specialized only in the clinical area would not be able to change their titles.

Watch for an article in the December 1994 issue of *RN Update* for more information on the process to request a change in CNS title. PLEASE DO NOT SEND ANY MATERIALS AT THIS TIME.

REFRESHER COURSES

A frequent request to the Board of Nurse Examiners, "Do you have a schedule of refresher courses for RNs?"

The Board's office does not maintain a schedule of refresher courses.

We suggest you contact collegas, universities, nursing schools or major hospitals to find out if any courses are being offered in your area.

Education Report

The following actions were taken by the Board at its July 12, 1994 meeting:

- * **Continued full accreditation of East Texas Baptist University BSN program following a survey visit and review of the 1993 Annual Report**
- * **Continued full accreditation of Amarillo College ADN program following a review of the Annual Report**
- * **Accepted plan for 1994-95 School Visits**
- * **Accepted report on Mobility Options used by nursing programs in Texas**

NCLEX Using Update

by Mary Anne Hanley, MA, RN

NCLEX-RN (National Council Licensure Examination for Registered Nurses) Using CAT has been successfully launched. Between April 1, 1994 and June 30, 1994, nationwide, 49,058 RN and PN candidates took their respective national licensure examinations using computer adaptive testing. 25,944 RN candidates were tested; 24,211 or 93.3% of the candidates passed the exam; 1,733 or 6.7% failed. The average number of items taken was 105. 16,470 (63.5%) candidates took the minimum number of items, 75, and 2,208 (8.5%) took the maximum number of items, 265. The average testing time was 1.81 hours per candidate. Only 306 candidates used the entire five hour testing period.

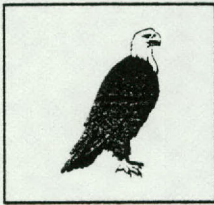
In Texas the 15 centers were the busiest after Memorial Day. Some sites had to add work stations and others had additional computers brought in to accommodate disabled candidates. Several sites moved to increase available workspace and others had construction in adjoining suites. The two problems most often reported by candidates related to environmental noise and computers going off-line unexpectedly.

Throughout the implementation process, board staff were in touch with the staff of the National Council of State Boards of Nursing, Educational Testing Service and Sylvan Technology Center on a daily, sometimes hourly, basis. Clarification of communication processes, directing candidates to the correct resources and processing of results by different jurisdictions were all daily topics.

Primary concerns expressed to the board dealt with the processing of results and temporary GN permits. As in the past, results will continue to be mailed after the receipt of the hard copy of the results. This assures that successful candidates for licensure receive both their NCLEX-RN results and Certificate of Licensure at the same time.

Permits will continue to be valid for 60 days from the date each GN completes program requirements and only if the GN tests prior to the identified expiration date on the permit. This fall, new instructions for both GNs and employers have been included with permits. While the permit may be valid until results are received in writing, each GN is encouraged to test at least three weeks prior to the expiration date on the permit. Employers are instructed to examine the GN's Authorization to Test letter for the allotted testing period.

The Board will continue to study the effectiveness of issuing temporary permits over the next year. Some revisions to internal procedures have taken place and new instruction forms and application forms have been sent to all of the nursing programs in Texas. A survey regarding the use of permits and GN practice has been mailed to all employers of registered nurses in Texas.



Legal Eagle

Penny Burt, JD, RN, General Counsel for the Board of Nurse Examiners, answers your questions regarding the Nursing Practice Act, board rules and regulations, and other legal issues relating to nursing.

Our office has recently received a concern from a nurse who works on a unit where they transfuse a large quantity of blood. The nurse states that her concern is based on the fact that the Department Head has instructed the nurses on the unit not to look for the signed informed consent forms before transfusing the blood. The Department Head has told the nurses that acquiring these signed forms is the responsibility of the doctor, not the nurses, and thus the nurses should not concern themselves with whether or not the signed consent forms are present.

Unfortunately, the Department Head is focusing on only one part of the informed consent issue. Certainly the physician has the obligation to inform the patient and obtain consent. However, depending on the setting, various members of the health care team may prepare and maintain the paperwork documenting the information provided by the physician and the consent given by the patient. Signed consent forms tell all health care givers that the patient has been educated and is aware of the procedures, significance and risks involved with blood transfusions and has agreed to the procedure willingly. This informed agreement is very significant given the moral, religious and physical implications of receiving a blood transfusion. If a patient, who does not sign this consent form, is later given a transfusion against his will, he may file suit against not only the hospital and the doctor but also the nurse who administered the transfusion without checking for the form.

The following references to the Nursing Practice Act and rules created by the Board are intended to guide nurses dealing with informed consent in any setting (transfusion, surgery, experimental drugs, tissue transplants, etc.):

Rule 217.11 (1), (5), (11), (12), (20) of the RULES AND REGULATIONS RELATING TO PROFESSIONAL NURSE EDUCATION, LICENSURE AND PRACTICE. According to 217.11, the RN shall:

(1) know and conform to the Texas Nursing Practice Act and the Board's rules and regulations as well as all Federal, State, or local laws, rules or regulations affecting the RN's current area of nursing practice;

(5) clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the RN makes the decision not to administer the medication or treatment;

(11) promote and participate in client education and counseling based on health needs;

(12) collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;

(20) report unsafe nursing practice by an RN which a nurse has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The RN should report unsafe practice conditions or other practitioners to the appropriate authority or licensing board.

Moreover, administration of an unwanted transfusion could violate Rule 217.13 (1), (2), (3), (6) of the RULES AND REGULATIONS RELATING TO PROFESSIONAL NURSE EDUCATION, LICENSURE AND PRACTICE. This section of the Rules defining unprofessional conduct in the nursing profession pertains to behavior including but not limited to:

1) failing to know and conform to the Texas Nursing Practice Act and the Board's rules and regulations as well as all Federal, State, or local laws, rules or regulations affecting the RN's current areas of nursing practice;

2) failing to assess and evaluate a client's status or failing to institute nursing interventions which might be required to stabilize a client's condition or prevent complications;

3) failing to administer medications or treatments or both in a responsible manner;

6) causing or permitting physical, emotional, or verbal abuse or injury to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board.

In conclusion, I am afraid that the Department Head's attempt to prevent nurses from being in the middle is in vain because once a nurse takes responsibility for a patient, he/she is in the middle and must perform all tasks up to the standards of his/her license. A competent nurse cannot legally omit an important aspect of patient care on the theory that another practitioner is responsible. The solution to the problem you face is either inform the Head Nurse that you cannot accept the assignment if that is a requirement or only perform blood transfusions after checking all patient charts to be assured that the consent forms are signed.

[Text prepared by Bill Hopkins,
BNE Law Clerk]

SPECIAL REPORT

ANPS and Rural Health: Filling the Gap

susan watson, mpa
center for rural health initiatives

An inadequate supply of health care services is one of the leading problems facing rural Texas. With 196 nonmetropolitan counties, rural Texas represents almost 80 percent of the state's land area and 18 percent -- almost 3 million people -- of its population. Common demographic characteristics such as higher percentages of elderly and poverty populations and lower population density create other unique challenges in rural health care. The shortage of health care providers and facilities only further complicates the situation.

A shortage of nursing professionals exists in nonmetropolitan counties. For example, 1994 data from the Board of Nurse Examiners shows that of the 1,352 nurse practitioners in Texas, only 129 (9.5 percent) are in rural counties. However, this could rapidly change. The passage of H.B. 18 in 1989, which allows for less direct physician supervision of nurse practitioners and physician assistants practicing in medically underserved areas, made federally designated rural health clinics (RHCs) a viable delivery option for rural Texas. As a result, the number of active RHCs in Texas has steadily increased over the past few years, reaching 251 in July 1994. Federal law requires that a rural health clinic utilize the services of a nurse practitioner, physician assistant, or certified nurse midwife at least 50 percent of the time the clinic is open. Theoretically, this requirement should increase the number of ANPs practicing in rural areas. However, the rapid growth in the number of rural health clinics is quickly outstripping the supply of nurse practitioners and other providers qualified to work in these clinics. Additionally, many nurse practitioners are not yet aware of available rural health clinic practice opportunities.

H.B. 18 also created the Center for Rural Health Initiatives, Texas' state office of rural health. As part of its efforts to help rural Texas find the health care providers it needs, the Center administers forgiveness loan and scholarship programs that assist rural communities in "growing their own" health care providers. It also administers a Health Professional Registry that aids communities in their search for nurse practitioners, nurse midwives and physician assistants. Additionally, the Center publishes *The Rural Health Clinic Services Act: A Guidebook* to educate and assist those who are interested in establishing a rural health clinic. For more information about these and other programs, contact the Center for Rural Health Initiatives at (512) 479-8891.

kathy thomas, mn, rn, cpnp
nursing consultant for advanced practice, bne

The successful partnership between the Advanced Nurse Practitioner (ANP) and the rural community is more than just a simple case of primary health care needs being met. If anything, it's a good example of how Texans have found new and creative ways of battling the health care crisis and revitalizing their communities. It's also an example of good government.

Since the adoption of the rules and regulations on accreditation of Advanced Nurse Practitioner Programs in 1977, the Board has kept stride with the expanding roles of ANPs in a variety of practice settings. In 1980, the Board increased its regulatory range over ANPs by adopting rules on ANP credentialing. And as recently as 1987, the Board has witnessed the amendment of the Nursing Practice Act granting ANPs in designated rural or medically underserved areas limited prescriptive authority.

The Board's commitment to provide safe and competent advanced nurse practitioners has not been far behind its sensitivity to the rural communities' sense of well being and the fierce economic challenges they face. Highly educated, well prepared, generalist practitioners are only good to rural communities if they are accessible and affordable. Although the Board has no power over market forces, it can aid rural health care consumers by assuring that ANPs are fit to meet the strains and challenges of a more autonomous nursing practice. This in fact, is the charge of the Board's Advanced Nurse Practitioner Advisory Committee.

Established in 1987, the Advanced Nurse Practitioner Advisory Committee, has been the Board's "eyes and ears" to the kinds of issues that affect ANP practice and education as well as a primary source for identifying health care trends in both metropolitan and rural areas. Recent focus has been placed on ANP certification and re-certification, scope of practice issues, and refresher courses, as the committee prepares to make recommendations to the Board that will assure nurses in advanced practice continue to maintain their knowledge and skills in their specific practice roles and specialties.

Clearly, rural Texans will benefit from any expansion in the role of the advanced nurse practitioner. The primary care ANPs have provided to rural Texans has become the benchmark of quality health care and in effect, a tangible expression of the Board's mission of exemplary regulation.

Names In The News

Edward J. Boggess has been hired as the Administrative Officer for the Health Professions Council (HPC). Mr. Boggess, MA, has 26 years military experience in the United States Air Force and most recently was the Director of Operations and Human Resources at Barter Exchange, Inc. (Austin). The HPC, established by SB 674 during the 73rd Legislative Session, has the initial charge of implementing a toll-free telephone complaint system to provide assistance and referral services for persons making a complaint about a health professional regulated by the state.

Cady Crismon, MSN, RN, CNS, has resigned her position as the Board's Director of Practice and Compliance. Kathy Thomas, MN, RN, CPNP, Nursing Consultant For Advanced Practice, has been appointed Interim Director.

Mary Anne Hanley, MA, RN, has been appointed to the National Council of State Boards of Nursing (NCSBN) Member Board Education Needs Subcommittee. Ms. Hanley is the Board's Director of Education.

Edward J. Lorentzen, MPA, has been hired as the Board's Supervising Investigator. Mr. Lorentzen, a graduate of George Washington University's Masters of Public Administration program, spent five years supervising investigations for the Department of Defense.

Kathy Thomas, MN, RN, CPNP, presented a paper entitled, "Advanced Practice Education: A Collaborative Effort To Define Curricular Guidelines" at the NCSBN's Annual Meeting.

Louise Waddill, PhD, RN, provided a poster presentation at the NCSBN Annual Meeting. The poster presentation was entitled, "Disciplined Professional Nurses in the State of Texas: A Profile and Comparison to Non-Disciplined RNs."

Paul Waller, PhD, RN, has been hired as a Nursing Consultant in the Board's Education Department. Mr. Waller was previously employed as an Associate Professor at the University of Texas at Austin School of Nursing.

Practice Related Questions and Answers (continued from page 5)

in the following way:

Dr. Smith per Jane Doe (designated agent)/Mary Jones, RN (receiving nurse)

Although this second practice does not reduce the potential for error inherent in any third party transmission, it does afford both the facility and physician some measure of protection from unauthorized orders and use of name.

Q: I work in the critical care unit of a hospital. I am aware that there was legislation some time ago that allowed nurses to pronounce death in long-term care and hospice facilities, but the nurses on my unit are being asked to pronounce death. Is this allowed, or am I jeopardizing my license?

A: During the 1991 Legislative Session, registered nurses were given the legal authority to determine and pronounce a person dead in situations not involving artificial life support, if permitted by written policies of a licensed health care facility, institution, or entity providing services to that person. The statutory authority is set forth in Chapter 671 of the Health and Safety Code. The bill specifically states that if the RN's employing health care facility has an organized nursing staff and an organized medical staff or medical consultant, the nursing staff and medical staff or consultant shall jointly develop and approve those policies. Facilities that do not have an organized nursing or medical staff should contact the Texas Department of Health, who is charged with adopting rules regarding nurse determination of death policies.

Insufficient Funds Items

As of September 1, 1994, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they are in violation of the Nursing Practice Act and would be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>		<u>NAME</u>	<u>LICENSE# OR PERMIT#</u>	
Asble, Alex Walter	564983	License	Jones, Cherie Lyne	241063	License
Bablitz, Nancy Elizabeth	553715	License	Jones, Gwendolyn	063362	Permit
Barr, Lori Anne	537652	License	Kahn, Beatrice Margarete	558897	License
Bloom, Cheryl Ann	542727	License	Kishbaugh, Shari Elizabeth	575583	License
Buol, Kolleen Kay	516233	License	Kuntz, Eileen Marie	514331	License
Clark, Victoria	50398	Permit	Kurylo, Kim Diane	580995	License
Conti, Angela Rose	552231	License	Levingston, Lynnell	73626	Permit
Currie, Katherine Marie	582036	License	Masters, Mary Jane	550218	License
Dare, Carol I Bishop	225800	License	Mealor, Helen	50375	Temp. License
Dennis, Patricia Ann	503975	License	Mitchell, Sandra	565160	License
Essary, Vicky L	245739	License	Morganti, Dominick J	530514	License
Falkner, Barbara Marie	587013	License	Nims, Teresa Masadie	565233	License
Farra, Diane Rae	560781	License	Olivier, Marie Claudia	514361	License
Felkins, Bettye Lisa	557452	License	Owusu, Augustina E	457100	License
Filler, Marcia Ann	553220	License	Pangilinan, Julie	445792	License
Fryer, Renee Marie	578735	License	Payne, Traci Lee	569734	License
Gazey, Patricia Mary	069539	Permit	Pierce-Berkil, Kristie	071891	Permit
Glisson, James M	239549	License	Rosko, Lisa Marie	538707	License
Guthrie, Kelly R.	547982	License	Sanderson, Brenda Mary	538111	License
Handlin, Kathy L	512842	License	Sloane, Gail Theresa	550406	License
Hart, Janet	070678	Permit	Strouhal, Susan Kay	557026	License
Howell, Sharon	459387	License	Taylor, Maxine Renee	555844	License
Jenkins, Victor I	517158	License	Vasquez, Emerald J D	207588	License

Proposed and Adopted Rules

by Erlene Fisher

At the annual meeting held in July 1994, the Board of Nurse Examiners took the following action in relation to rules:

- Adopted new §§213.33 and 213.34 regarding Schedule of Fines and Penalty/Sanction Factors. The adoption appeared in the July 29, 1994 issue of the TEXAS REGISTER and became effective August 12, 1994.
- Proposed an amendment to §217.8, Inactive Status. The proposed amendment appeared in the August 5, 1994 issue of the TEXAS REGISTER and will be considered for adoption at the September 13, 1994 meeting of the Board.

Notice of Disciplinary Action

The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please contact the Practice and Compliance Department at (512) 835-8686.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Phil Abel	568990	Revoke	6/16/94
Rita M. Sanchez Aguilar	212124	Suspend	8/25/94
Cynthia Sylvester Amey	570155	Revoke	6/16/94
Tessie Anthony	550966	Suspend	8/25/94
Elizabeth Ann Bajork	409838	Limited	6/16/94
Bruce R. Barker	521518	Revoke	8/25/94
Jonetta Kay Best	516458	Remedial Education	7/12/94
Luanne Lee Billington	557657	Revoke	8/25/94
Mary Dolores Bribescas	567350	Reprimand with Stipulations	6/16/94
William Grant Collins	594112	Warning with Stipulations	7/12/94
Carol Ann Cope	464767	Reprimand with Stipulations	6/16/94
Alexandra Cordova-Wyant	454209	Reprimand with Stipulations	6/16/94
Bertie Cromwell Laduke	212611	Remedial Education	8/25/94
Sheila Kay Dellinger	562317	Revoke	6/16/94
Janice Sue Duncan (Homeyer)	236486	Reprimand with Stipulations	6/16/94
Nita Veola Ellingson	571720	Stipulations	6/16/94
Kari Jo Ferguson	554365	Revoke	6/16/94
Robert Dale Fowler	588897	Reprimand with Stipulations	6/16/94
Julie Efrain Garcia, Jr.	507613	Revoke	6/16/94
Clifford N. Good	500281	Revoke	8/25/94
Audra Ann Hamilton	572092	Revoke	6/16/94
Brenda Ann Harrison	562829	Stipulations	7/12/94
Hope A. Henslee	516686	Warning	7/12/94
James Warren Hudeck	577669	Warning	6/16/94
Stephen Paul Jaglowitz	563054	Remedial Education	6/16/94
John Mac Kendrick	543292	Revoke	8/25/94
Philip W. King	243390	Reprimand with Stipulations	6/16/94
Kelly Ann Kuper	564770	Stipulations	6/16/94
Jo Ann Lackey	249842	Reprimand	7/12/94
Christine Ann Laremont	510903	Reprimand with Stipulations	6/16/94
Nancy Hope Lenox	457972	Reprimand with Stipulations	8/25/94
Helen Susan Luch	538341	Warning with Stipulations	8/25/94
Denise Beth Marlier	462733	Reprimand with Stipulations	6/16/94
Donna Sue McLeister	546330	Revoke	6/16/94
Suzan Marie Morton	578037	Reprimand with Stipulations	6/16/94
Lucy Carolyn Nesbit	607733	Suspend/Probate	5/10/94
Marla Ellen Owuama	583873	Warning with Stipulations	8/25/94
Patricia Ann Pacheco	243817	Reprimand with Stipulations	6/16/94
Mark Allen Paris	598532	Remedial Education	7/12/94
Paula Maria Peterson	504482	Reprimand with Stipulations	6/16/94
Patricia J. Rios	253522	Reprimand with Stipulations	8/25/94
Brenda Faye Spain	584605	Remedial Education	7/12/94
Judith Ann Goffty Stark	219932	Reprimand	7/12/94
Ann Burland Taylor	551942	Reprimand with Stipulations	6/16/94
Thomas Richard Vanderlaan	241600	Remedial Education	8/25/94

<u>NAME</u>	<u>LICENSE#</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Betty Jennell Vaughans	573998	Enforced Suspension	6/16/94
Frances Lucinda Witt	446345	Warning	7/12/94
Lori Dale Wooten	438867	Remedial Education	7/12/94
Zelda Ann Wright	256318	Remedial Education	7/12/94
Norma Zarsuela-Henderson	455158	Reprimand with Stipulations	8/25/94
Gloria Zuniga	574312	Warning with Stipulations	7/12/94

The professional nursing licenses of the following persons were disciplined for practicing with a delinquent license.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Lynda J. Allen	250351	Warning	7/12/94
Deborah Kay Biscoe	503020	Warning	7/12/94
Sondra E. Hoffman	461095	Warning	6/16/94
Janis Denice McDonald	586310	Warning	7/12/94
Donald Bernard Moye	230938	Warning	6/16/94
Forrest Steve Payer	591588	Warning	6/16/94
Thelma K.M. Welch	426220	Reprimand	6/16/94

The following individuals have voluntarily surrendered their license to practice professional nursing in the State of Texas.

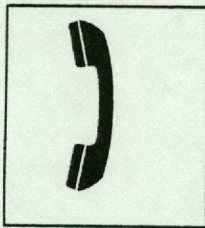
<u>NAME</u>	<u>LICENSE #</u>	<u>MONTH/YEAR OF SURRENDER</u>
Jo Lind Cripliver	551173	August, 1994
James Haskell Davis	232092	August, 1994
Joanne Linda Fabel	580020	August, 1994
Nancy J. Flowers	250441	August, 1994
Robert Lee French	554428	August, 1994
Randall L. Lamberson	540760	August, 1994
Jeannie Michael Lewis	563291	July, 1994
Joyce Basdai Lockhart	452321	July, 1994
Regina K. Maresh	408101	August, 1994
Bobbie Jean Patterson	522959	June, 1994
Laura Ellen Remsburg	511529	August, 1994
Paul Andrew Riordan	550902	August, 1994

The professional nursing licenses of the following persons were disciplined for failing to comply with the requirements of mandatory continuing education.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
David R. Garrett	238317	Reprimand with Stipulations	6/16/94
Edward C. Girard	238662	Reprimand with Stipulations	6/16/94
Mary A. Gottschalk	516844	Reprimand with Stipulations	6/16/94
Mazie E.W. Hamilton	222034	Reprimand with Stipulations	7/12/94
Patricia Anne Kunego	511523	Reprimand with Stipulations	7/12/94
Theresa A.G. McElwain	421956	Reprimand with Stipulations	6/16/94
Yvonne Virginia Nicholas	568269	Reprimand with Stipulations	6/16/94
Mary Ellen Steele	510312	Reprimand with Stipulations	6/16/94

(continued on page 14)

Who To Call For Assistance



Last year the Board's office received over 220,000 telephone calls. In an ongoing effort to assist callers by answering questions about the Board's policies, the telephone system now includes more direct numbers, recorded information messages and voice mail. Voice mail and information features are available during and after regular office hours and on weekends and holidays. The following is a list of helpful numbers:

GENERAL INFORMATION/LICENSING & SUPPORT SERVICES.....(512) 835-4880

(License verification, endorsement/reciprocity information, prescriptive authority information, ANP approval status, general information)

EDUCATION/EXAMINATION.....(512) 835-8650

(RN nursing programs, extended campuses, NCLEX-RN applications, graduate nurse permits, Nursing Practice Act (NPA) questions, board rules and regulations inquiries, and declaratory orders)

PRACTICE AND COMPLIANCE.....(512) 835-8686

(NPA and Rules and Regulation violations, complaint and disciplinary action inquiries, monitoring of disciplined RNs, interpretation of NPA and Board's rules regarding disciplinary proceedings, practice issues, advanced nurse practitioners)

ACCOUNTING.....(512) 873-6555

(Returned checks, refunds, debits)

CONTINUING EDUCATION.....(512) 835-8685

(Information on the state's requirements for mandatory continuing education for registered nurses)

SALES OF LISTS.....(512) 873-6554

(Computerized lists of RNs on floppy diskettes, magnetic tape, hard copy and/or mailing labels)

LEGISLATIVE INFORMATION.....(512) 835-8674

(Recent legislative amendments affecting NPA, health care reform issues, and any other legislation regarding the regulation of professional nursing)

Board Meeting Dates/Open Forum

Regular meetings of the Board of Nurse Examiners for the State of Texas are scheduled on the following dates:

November 8-9, 1994, Austin

The board meetings are open to the public. Any group or individual wishing to attend any portion of the board meeting should contact Erlene Fisher at (512) 835-8675 at least four weeks prior to the board meeting to verify availability of space, the date and location. All contested cases (formal disciplinary hearings) are heard by an Administrative Law Judge in the State Office of Administrative Hearings. These hearings are open to the public. If interested, call the State Office of Administrative Hearings at (512) 475-4993.

Individuals or representatives have an opportunity to communicate directly with the Board during the Open Forum which is held at each meeting. Interested persons are requested to notify Erlene Fisher prior to the scheduled board meeting so that the request to address the Board is assured and to confirm the date, time, and location of the Open Forum.

Disciplinary Action (continued from page 13)

The following individuals have been reinstated:

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Ben Edward Burnett	460422	Reinstate	8/25/94
Candy J. McCarthy	541973	Reinstate	6/16/94

The following individual has been reinstated with stipulations:

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Lisa L. Gibbs	537336	Reinstate with stipulations	6/16/94

As of August 31, 1994, the following individual has failed to return her license to the Board for appropriate disciplinary notation.

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Judy K. Davis	249525	Suspension/	5 years 7/20/93

As of August 31, 1994, the following individuals have failed to return their licenses to the Board. Their licenses have been REVOKED.

NAME	LICENSE #	DATE OF ACTION
Phil Abel	568990	6/16/94
Cynthia Sylvester Amey	570155	6/16/94
Janice L. Armstrong	245319	3/24/93
Shirley Ellena Black	551029	9/22/93
Darla Pike Boyd	224709	7/20/93
Kari Jo Ferguson	554365	6/16/94
Ricardo Franco	226447	9/22/93
Julio Efrain Garica, Jr.	507613	6/16/94
Shirlee Jeanne Grace	550376	2/22/94
Audra Ann Hamilton	572092	6/16/94
Audrey Elaine Kardum	438053	9/22/93
Margaret Ann Morris	255919	5/25/93
Mirta Rebecca Perez	585830	9/22/93
Mary S. Quinlan	517910	5/10/94
Lois Louise Schultz	461230	7/20/93
Kenneth George Thomas	584757	3/24/93
Leanna Dale Watson	580790	7/20/93
Susan Elaine Welch	580991	3/8/94

Office Hours and Location

The office of the Board of Nurse Examiners is located at 9101 Burnet Road, Suite 104, at the Intersection of Highway 183 and Burnet Road in Austin, Texas. The mailing address is Box 140466, Austin, Texas 78714. Office hours are 8:00 am to 5:00 pm Monday through Friday, except for designated holidays. The Board's office will be closed the following day:

November 11 — Veteran's Day

November 24-25 — Thanksgiving Holidays

The Board of Nurse Examiners is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in employment or in the provision of services, programs or activities.

Board Adopts Schedule of Fines, Penalty/Sanctions
(continued from page 1)

- regarding employment or background (e.g., presenting incomplete employment history):
 - (i) first occurrence: \$100 - \$500;
 - (ii) subsequent occurrence: \$200 - \$1,000;
 - (I) failure to report unauthorized practice:
 - (i) first occurrence: \$100 - \$500;
 - (ii) subsequent occurrence: \$200 - \$1,000;
 - (J) failure to comply with board requirements for change of name/address:
 - (i) first occurrence: \$100;
 - (ii) subsequent occurrence: \$150;
 - (K) failure to develop, maintain and implement a peer review plan according to statutory peer review requirements:
 - (i) first occurrence: \$100 - \$1,000;
 - (ii) subsequent occurrence: \$500 - \$1,000;
 - (L) failure to file, or cause to be filed, complete, accurate and timely reports required by Board Order:
 - (i) first occurrence: \$100;
 - (ii) subsequent occurrence: \$250;
 - (M) failure to make complete and timely compliance with the terms of any stipulation contained in a Board Order:
 - (i) first occurrence: \$100;
 - (ii) subsequent occurrence: \$250; and
 - (N) other non-compliance with the NPA, board rules or orders which does not involve fraud, deceit, dishonesty, intentional disregard of the NPA, board rules, board orders, harm or substantial risk of harm to patients, clients or the public:
 - (i) first occurrence: \$100 - \$500;
 - (ii) subsequent occurrence: \$200 - \$1,000.
- (2) The following violations may be appropriate for disposition by fine in conjunction with one or more of the penalties/sanctions listed in Texas Civil Statutes, Article 4525.1:
- (A) violations other than those listed in paragraph (1)(A)-(N) of this section:
 - (i) first occurrence: \$100 - \$1,000;
 - (ii) subsequent occurrence: \$200 - \$1,000; and
 - (B) a cluster of violations listed in paragraph(1)(A)-(N) of this section: \$100 - \$5,000.

(3) The Executive Director is authorized to dispose of violations listed in paragraph(1)(A)-(N) of this section, by fine, or by a combination of fine and stipulations for education, which shall be effective without ratification by the Board. The Executive Director shall report such cases to the Board at its regular meetings.

213.34. Penalty/Sanction Factors.

(a) The following factors shall be considered by the Executive Director when determining whether to dispose of a disciplinary case by fine or by fine and educational stipulation and the amount of such fine. These factors shall be used by the State Office of Administrative Hearings and the Board in determining the appropriate penalty/sanction in disciplinary cases:

- (1) evidence of actual or potential harm to patients, clients or the public;
- (2) evidence of a lack of truthfulness or trustworthiness;
- (3) evidence of misrepresentation(s) of knowledge, education, experience, credentials or skills which would lead a member of the public, an employer, a member of the health-care team, or a patient to rely on the fact(s) misrepresented where such reliance could be unsafe;
- (4) evidence of practice history;
- (5) evidence of present lack of fitness;
- (6) evidence of prior disciplinary history by the Board or any other health care licensing agency in Texas or another jurisdiction;
- (7) the length of time the licensee has practiced;
- (8) the actual damages, physical or otherwise, resulting from the violation;
- (9) the deterrent effect of the penalty imposed;
- (10) attempts by the licensee to correct or stop the violation;
- (11) any mitigating or aggravating circumstances;and
- (12) the extent to which system dynamics in the practice setting contributed to the problem.

(b) Each day of a continuing violation may be treated as a separate violation.

(c) Unless otherwise specified, fines shall be payable in full by cashier's check or money order not later than the 45th day following the entry of an Order.

(d) The payment of a fine shall be in addition to the full payment of all applicable fees and satisfaction of all other applicable requirements of the NPA and Board Rules.

Board of Nurse Examiners
For the State of Texas
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ACKNOWLEDGEMENTS



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CHANGE OF ADDRESS

Rule 217.10, Change of Name and/or Address, states that if a registered nurse/candidate for registration changes his/her name through marriage, divorce, religious order, or for any other reason, a request for a change of name should be sent to the Board's office within 10 days of the change of name. An affidavit will then be mailed to the petitioner.

A registered nurse must also notify the Board in writing within 10 days of a change of address.

With all correspondence include the following:

- 1.) RN license number, date of birth, and social security number
- 2.) Complete name including maiden name
- 3.) Complete address with zip code
- 4.) County and zip code of place of employment

