



RN • UPDATE

Accreditation ★ Licensure ★ Practice ★ Compliance

February 1992

Vol. 23, No. 1

Executive Director... Louise Waddill, RN, PhD

President Eileen M. Piwetz, RN, MSN
 Vice President Pettey C. Ross, RN, MSN
 Treasurer Sara J. Keele, RN, MS
 Morris H. Parrish, PhD, Consumer

Board Members:

✓ APR 14 1992

Depository
Dallas Public Library

Editor... Kathy Vrazel

Pauline Barnes, RN
 Lynn C. Besselman, PhD, Consumer
 A. Joanna Seamans, RN, MSN
 Mary V. Fenton, RN, DrPH

SENATE INTERIM COMMITTEE STUDIES PRIVATE PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES

After hearing over 60 hours of public testimony regarding physical and sexual abuse, inappropriate referral, overcharging, and other misconduct in private psychiatric and substance abuse facilities, the Senate Interim Committee has called on state regulatory agencies to respond. The Board of Nurse Examiners' staff testified on the role it plays in investigating and disciplining registered nurses who violate the Nurse Practice Act and standards of practice.

The Senate Committee has heard what appears to be widespread abuse ranging from payment for referrals to detainment of patients until insurance coverage runs out. The Board expects that registered nurses working in these settings would have knowledge of these activities, yet we have received very few complaints. Therefore, we would remind you of Article 4525a, Section 1, which requires:

"Each registered nurse having reasonable cause to suspect that a registered nurse has exposed or is likely to expose a patient or other person unnecessarily to a risk of harm because of unprofessional conduct, failure to care adequately for a patient, failure to conform to the minimum standards of acceptable professional nursing practice, or impaired status shall report in a signed, written report to the board the name of the nurse committing the violation or suspected violation and any other pertinent information within the nurse's knowledge as the board may require."

Furthermore, Article 4525a, Section 7, grants authority for the registered nurse to report to the appropriate licensing board a licensed health care practitioner, agency, or facility that the nurse has reasonable cause to believe has exposed a patient to substantial risk of harm as a result of failing to provide patient care that conforms to the mini-

Senate Interim Committee continued on pg 3

Inside this Issue

Attn: ANPs.....	5
BNE Enters Sunset Process.....	2
Board Considers Guidelines on IV Conscious Sedation...	5
Compliance Reminders.....	15
Computerized Testing Approved for NCLEX.....	6
Continuing Education Now Required for Texas Nurses..	4
Continuing Education Questions & Answers.....	9
Declaratory Orders.....	7
Debits.....	18
Disciplinary Actions.....	19
Education Reports.....	19
Fee Increase for License Renewal.....	5
HB 7 Mandates Use of Universal Precautions by All Health Care Workers.....	12
In Memoriam.....	2
Kudos.....	15
Legal Eagle.....	17
Legislation Allows RNs to Pronounce Death.....	4
Lidocaine Errors Fatal.....	4
Loan Default Now Grounds for Non-Renewal of License.....	18
Mailing Lists.....	2
National Council Begins Implementation of Nurse Information System.....	7
NEAC Update.....	7
New and Proposed Rule Changes.....	19
1991 Nurse Practice Acts & Rules/Regs Available.....	15
Practice Related Questions and Answers.....	16
Procedure for Investigation of Complaints.....	14
Publications Order Form.....	20
Refresher Courses.....	8
Reporting Violations to the BNE.....	14
Senate Interim Committee Studies Private Psychiatric and Substance Abuse Services.....	1
Task Force Discovers Factors Influencing RN Employment at Nursing Facilities.....	8
TPAPN: One Fine Example of Professional Accountability.....	13
2,262 Candidates Apply for NCLEX-RN.....	6
Update on Limited Prescriptive Authority for ANPs.....	6
West Texas Nurses Named to Nat'l Advisory Panel.....	15

IN MEMORIAM

We are saddened to report the death of Board Member Patsy Sharpe on December 28, 1991. Dr. Eileen Pivetz, President of the Board, has written the following eulogy reflecting on the life of Mrs. Sharpe and her contributions to the Board of Nurse Examiners.

When Texas said "good bye" to 1991, the Board of Nurse Examiners cried "so long" to one of the Board's finest and most vibrant members, Mrs. Patsy Sharpe of Fort Worth. Patsy, a consumer member, was appointed in 1988 by Governor Bill Clements and rapidly became one of the BNE's most active and articulate members. Mrs. Sharpe's interest in quality health care began with her background in speech therapy; however, within a short time, her comprehensive knowledge about nursing care became evident. Patsy, who had numerous opportunities to observe nurses and nursing students in her role as a volunteer at All Saints Hospital in Fort Worth, was keenly interested in all aspects of nursing education in our state. Serving as Vice-President during her term on the Board, Mrs. Sharpe always researched every issue thoroughly and voiced her concerns from a consumer's perspective that the rest of us were unable to visualize.

Patsy never missed a Board meeting until she was hospitalized with the illness that took her from us. Although in great pain, she attended the Strategic Planning Session in October where the Board discussed its long range plans for the next five years. Service to the people of Texas through the BNE remained one of Patsy's priorities as she sought reappointment for a second term. In our last conversation five days before her death, we discussed the challenging future of nursing in an age of health care reform.

Patsy was a loving wife and mother, and we thank her family for sharing her with us for four years. We shall miss this lovely lady, for our loss is great and that void shall never be filled. Patsy, this quotation from The Brothers Karamazov by Doestoevsky is for you--

And even if we are occupied with
important things;
Even if we attain honor or fall
into misfortune--
Still, let us remember how good
it was once here,
When we were all together,
United by a good and kind feeling
which made us--
Better perhaps, than we are.

Memorial contributions for Patsy Sharpe may be made to the Nursing Scholarship Fund, All Saints Hospital, Box 31, Fort Worth 76101. ♦

BNE ENTERS SUNSET PROCESS

During September 1991, the Board of Nurse Examiners (BNE) began preparing for its Sunset Review in 1993. The Texas Sunset Act presents specific criteria that must be considered in determining the need to continue an agency or a board. Examples of these criteria are efficiency of operation, extent to which statutory objectives have been achieved and promptness and effectiveness with which the agency handles complaints.

As part of the review process, the Texas Sunset Act requires all agencies and boards subject to review to submit a self-evaluation report which addresses the criteria. On October 1, 1991, the BNE submitted its self-evaluation report to the Sunset Advisory Commission.

During October and November 1991, the Sunset Advisory Commission held two seminars with the 10 licensing agencies involved in the current Sunset Review. Through these seminars, the licensing agencies shared information about their continuing education requirements and impaired professional programs.

Sometime during April through September 1992, staff of Sunset Advisory Commission will gather additional information about operations at the BNE from the staff. As of January 1, 1992, the Commission had not specified the dates for public hearings about the BNE.

During the 73rd Texas Legislative Session, which begins January 1993, senators and representatives serving on the Sunset Advisory Commission will evaluate the information gathered by the staff of the Sunset Advisory Commission to determine if the BNE should continue to operate.

As the BNE receives further details from the Sunset Commission about public hearing dates and other pertinent information, this information will be reported in future newsletters. ♦

MAILING LISTS

The Board receives numerous requests from individuals or companies for mailing lists of registered nurses. The Board is required by law to provide this information. The "Texas Statutes Regulating the Practice of Professional Nursing" (Nurse Practice Act), Article 4514, Section 4 states, in part, that "the executive secretary shall be required to keep...a register of the names of all nurses registered under this law, which shall be at all times open to public inspection...The board shall make the information available to the general public and appropriate state agencies." There is a fee and for more information, please contact the Board office at 512/835-4880, ext. 14. ♦

Senate Interim Committee

continued from pg. 1

mum standards of acceptable and prevailing professional practice.

Article 4525a, Section 9, goes on to provide that "the appropriate state licensing agency may take action against a licensed practitioner, agency, or facility for not reporting as required."

Rule 217.13 states that, "the term 'unprofessional conduct' is conduct which, in the opinion of the board, is likely to deceive, defraud, or injure patients or the public."

The rules for unprofessional conduct include, but are not limited to, specific examples of conduct which the Board has determined to be in violation of the Nurse Practice Act. The Board has the authority to define as unprofessional conduct other behavior such as accepting remuneration for referrals or failing to report other professional practitioners, agencies or facilities if the nurse has personal knowledge of actions which warrant a report. These violations could result in disciplinary action being taken against the RN's license.

If you are aware of violations being committed by any health care professionals, you are obligated to report that individual to the appropriate licensing Board. Your failure to make that report is a violation of the Nurse Practice Act for which your license could be disciplined. A list of regulatory agencies and their phone numbers appears at the end of this article.

The Standards of Nursing Practice require registered professional nurses to: "institute appropriate nursing interventions which might be required to stabilize a patient's/client's condition and/or prevent complications," 217.11(3); "accurately report and document the patient/client's symptoms, responses and progress," 217.11(5); consult with members of health disciplines in the interest of the patient's/client's health care; and consult with the appropriate licensed practitioner to clarify any order or treatment regimen that the nurse has reason to believe is inaccurate and/or contraindicated." (217.11(10).

As a registered professional nurse, not only do you have an ethical obligation to provide the highest quality of care, you also have a legal obligation to prevent any type of abuse to those in your care.

Do not allow yourself to be a silent conspirator--practice as the standards require and report those professionals and facilities who do not.

Following is a list of the agencies to whom you should report any suspected abuse of patients in a psychiatric facility:

Board of Nurse Examiners
Box 140466
Austin, Texas 78714
512/835-8686

Board of Vocational Nurse Examiners
9101 Burnet Road, Suite 105
Austin, Texas 78758
512/835-2071

Board of Medical Examiners
P.O. Box 13562, Capitol Station
Austin, Texas 78711
512/834-7728

Board of Pharmacy
8505 Cross Park Dr., Suite 110
Austin, Texas 78754
512/832-0661

State Board of Examiners of Psychologists
9101 Burnet Road, Suite 212
Austin, Texas 78758
512/835-2036

Texas Department of Health
1100 West 49th St.
Austin, Texas 78756
512/458-7111

Texas Department of Mental Health and
Mental Retardation
Consumer Services and Rights Protection
P.O. Box 12668
Austin, Texas 78711
HOTLINE - 1-800-252-8154

Texas Commission on Alcohol and Drug Abuse
720 Brazos, Suite 403
Austin, Texas 78701
512/867-8700

NOTICE TO NON-PAYING RECIPIENTS

All units of state government and all local political subdivisions which expend appropriated state funds to publish periodicals on quarterly intervals or more frequently than quarterly intervals at no charge shall insert annually in such periodicals a notice, in three consecutive issues, indicating that anyone desiring to continue to receive the publication must so indicate in writing. The agency shall furnish future publications only to those persons requesting. This is our first notice. This quarterly newsletter is sent to directors of nursing service, schools of nursing, state boards of nursing and employers of registered nurses without charge. If you are in one of these categories and wish to continue to receive "RN Update," please send a postcard with your name, title and address. ♦

CONTINUING EDUCATION NOW REQUIRED FOR TEXAS NURSES

On September 1, 1991, Texas joined 20 other states and two territories which require continuing education for registered nurses as a condition of re-licensure. The new rules are the result of legislation passed in 1989 and require RNs to have 20 contact hours, or two Continuing Education Units (CEUs), in the two-year period which coincides with the nurse's license renewal.

Although the rules became effective on September 1, they will be phased in over the next two years. Beginning in September 1991, nurses began receiving notice of the CE requirements with their license renewal. Everyone will have two years in which to complete the 20 continuing education hours. The CE hours must be completed within the two-year period following notification from the Board and the subsequent license renewal. Continuing education hours taken prior to that time are not retroactive.

The rules require nurses to have at least 10 hours in Type I programs. These are programs which meet the criteria in the rules and have been reviewed and approved by a nursing organization recognized by the Board. The remaining 10 hours may be in additional Type I programs or in Type II programs. Type II programs are those which meet the criteria in the rules but have not been approved by a nursing organization.

There continues to be confusion regarding the terms, "contact hour" and "continuing education unit (CEU)". A contact hour is defined as 50 minutes of a clock hour. A CEU is a nationally-recognized unit of professional achievement. One CEU equals 10 contact hours.

Additional information on the continuing education requirements is found in the center section of this newsletter. ♦

SHARE THIS NEWSLETTER

Please share the information in this newsletter with as many nurses as possible by posting the newsletter, duplicating portions or all of the newsletter, or using excerpts in your own newsletter.

The newsletter is published four times each year. Two issues are mailed to all registered nurses in the state. If you would like to receive the newsletter on a quarterly basis, the annual subscription fee is \$2.50, plus 8% sales tax. An order form is included on the back page of this issue.

LEGISLATION ALLOWS RNs TO PRONOUNCE DEATH

Senate Bill 823 passed in the last legislative session gives RNs the legal authority to assess a patient/client and make a determination of death, unless the pronouncement is clearly prohibited under the Health and Safety Code (such as when an inquest is required). The bill specifically requires the RN's employing agency/facility to have written policies jointly developed and approved by the nursing and medical staff to direct the practice.

The bill amended Section 671.001 of the Health and Safety Code. The legislation directed "the board" to adopt rules to govern policies for facilities, institutions or entities that do not have organized nursing staffs and organized medical staffs or medical consultants. Since this legislation amended the Health and Safety Code generally enforced by the Texas Department of Health, it was assumed that "the board" referred to the Board of Health. Legal Counsel at TDH, however, plans to seek an Attorney General's opinion to assure they have authority to adopt rules. This delay only affects those who do not have an organized medical or nursing staff or medical consultant. All other employers of registered nurses may develop policies and once approved by the nursing and medical staffs, RNs may pronounce death. ♦

LIDOCAINE ERRORS FATAL

The Board has received at least two complaints concerning the inappropriate administration of Lidocaine Hydrochloride during code situations. The Florida Board of Nursing has reported similar incidents. Other cases of this nature have been reported in the health care literature as well.

In both cases investigated by this Board, the nurses administered bolus Lidocaine injections intended for dilution. The wrong pre-filled syringes were used resulting in greater than 10 times a normal bolusing dose being given.

Lidocaine Hydrochloride which is an effective antiarrhythmic, can cause death when given in excessive doses. Signs of toxicity include dizziness, numbness, blurred vision, tinnitus, seizures, and circulatory collapse.

Nurse managers and staff are encouraged to review how Lidocaine Hydrochloride is supplied and consult with the clinical pharmacist to appropriately stock crash carts only with pre-filled syringes in appropriate concentrations for bolusing. Nursing administration should consider conducting staff development programs to review the indications, actions and appropriate administration of this drug. Packaging of the drug and location of the various concentrations should also be reviewed. ♦

BOARD CONSIDERS GUIDELINES ON IV CONSCIOUS SEDATION

In response to numerous calls and written requests for information on RNs administering a variety of pharmaceutical agents for the purpose of sedation during various types of diagnostic and surgical procedures, the Board, at its July 1991 meeting, reviewed the guidelines on Qualified Providers of Conscious Sedation established by the American Association of Nurse Anesthetists (AANA).

The AANA's position is that optimal anesthesia care is best provided by qualified CRNAs and anesthesiologists. However, they recognize that the demand in the practice setting necessitates non-CRNA RNs providing IV conscious sedation. The guidelines address the RN's knowledge, the availability of resuscitation equipment, reversal agents and other drugs, and the need for readily available expert emergency support personnel. The Board recognized AANA's guidelines as being comprehensive and consistent with the Board's position. Therefore, if you are practicing in a setting which necessitates the use of conscious sedation or are developing policies related to this procedure, you may wish to review the AANA guidelines. For information, you may contact the American Association of Nurse Anesthetists, 216 Higgins Road, Park Ridge, IL 60068-5790.

The Board also recognizes the position statement and guidelines developed by the American Nurses Association and endorsed by many of the nursing specialty groups as acceptable standards of practice for the delivery of conscious sedation by RNs. For information on ANA's position statement, contact American Nurses Association, 2420 Pershing Road, Kansas City, MO 64108. ♦

ATTENTION: ADVANCED NURSE PRACTITIONERS

Did you know that in order to hold yourself out to be an Advanced Nurse Practitioner (ANP) or use a title that implies you are an Advanced Nurse Practitioner in Texas, your credentials must be approved by the Board of Nurse Examiners? If you are practicing as an Advanced Nurse Practitioner and using a title that implies that you are an ANP, and have not been approved by the BNE, you are violating the Board's rules and regulations.

Exactly what is an Advanced Nurse Practitioner? ANPs "are...prepared for advanced nursing practice by virtue of knowledge and skills obtained through a post-basic or advanced educational program of study acceptable to the Board." (Rule 221.1). The Board's rules further require

that the program of study be at least one academic year in length and that the program be accredited.

"Advanced Nurse Practitioner" is a generic term for advanced practitioner of nursing which includes the categories of **Nurse Anesthetist, Nurse Midwife, Nurse Practitioner and Clinical Nurse Specialist**. Requirements for educational preparation vary but, in general, Nurse Anesthetists, Nurse Midwives and Nurse Practitioners have attended either post-basic certificate programs or nursing graduate level programs to prepare them to practice in advanced roles. Clinical Nurse Specialists have attended nursing master's programs with a specific clinical focus.

Certification by a national organization is not required; however, certification may waive the need to review transcripts and course descriptions in the application process.

The specialty areas in which **Nurse Practitioners (NPs)** can be recognized by the Board include:

Adult NP	Women's Health NP
Pediatric NP	Family NP
School NP	Neonatal NP
Gerontological NP	

The specialty areas in which **Clinical Nurse Specialists (CNSs)** can be recognized by the Board include:

Community Health CNS	Maternal Child Health CNS
Oncology CNS	Gerontological CNS
Medical-Surgical CNS	Pediatric CNS
Neonatal CNS	Psychiatric/Mental Health CNS

There are currently more than 3800 ANPs approved by the Board. Certain statistical reports on ANPs are available upon request. Please direct inquiries to Tawnya Caster, (512) 835-4880, ext. 14.

Why does the Board approve ANPs? The Board's mission is to protect and promote the welfare of the people of Texas. To that end, the Board adopted rules in 1980 to provide assurance to the public that those who hold themselves out to be ANPs meet certain educational standards.

If you wish to be approved as an ANP, you may request an application by contacting the BNE at Box 140466, Austin, Texas 78714, (512) 835-8650. Please mark all correspondence "ANP" so that it may be routed expeditiously. ♦

FEE INCREASE FOR LICENSE RENEWAL

House Bill 1, the Appropriations bill for the 1992-1993 biennium funding the State budget, was passed during the Second Session of the 72nd Texas Legislature. A rider was attached to this bill by the Legislature requiring the RN license renewal fee to be increased from \$22.00 to \$30.00 effective **September 1, 1991**. ♦

UPDATE ON LIMITED PRESCRIPTIVE AUTHORITY FOR ANPs

House Bill 18, passed by the 71st Legislature (1989), required that the Board of Nurse Examiners (BNE) determine the educational requirements of and issue identification numbers to registered nurses eligible for limited prescriptive authority in certain medically underserved areas. Limited prescriptive authority simply means that the nurse can initiate prescriptions prescribed by the physician by filling in the appropriate information on the prescription form in accordance with protocols/policies or other physician orders. Physician supervision is required by House Bill 18.

Eligible Clinical Sites in Medically Underserved Areas

There has been some confusion about which work sites are eligible for limited prescriptive authority. The clinical sites where Advanced Nurse Practitioners (ANPs) may use prescriptive authority are specifically defined in House Bill 18 and in the Board's Rule 222, Advanced Nurse Practitioners Carrying Out Prescription Drug Orders. In order to be approved to carry out prescription drug orders, the ANP must function at an appropriate clinical site. To determine if the clinical site is appropriate for limited prescriptive authority, an ANP can contact Marcia Collins at the Texas Department of Health, Bureau of State Health Data and Policy Analysis at (512) 458-7344.

The Prescription Format

The prescription format and essential components are defined by the Board of Pharmacy. Sample prescriptions are provided to each ANP approved for limited prescriptive authority by the Board. The ANP approved for limited prescriptive authority must sign his/her name and identification number on the prescription.

Applicable Medications

The medications which can be initiated by the ANP with limited prescriptive authority are those classified as dangerous drugs only. Prescription of controlled substances was not authorized by HB 18.

Application Approval

The BNE began approving ANPs for prescriptive authority following the publication of emergency rules in February 1990. Over 200 ANPs have been approved and issued identification numbers to carry out prescription drug orders as defined by House Bill 18. The Board has initiated a system to verify ANP approval 24 hours a day. A voice information processing system allows pharmacists and other interested parties to verify ANP approval by dialing (512) 835-4880. It is necessary to have a touch tone telephone and the ANP's social security number or prescription identification number in order to verify approval.

To obtain an application for limited prescriptive authority, contact the Department of Practice and Compliance at the Board's office. Mark all correspondence Attn: ANP. ♦

2,262 CANDIDATES APPLY FOR NCLEX-RN

The NCLEX-RN was given on February 5-6, 1992. There were 2,262 candidates who registered to take the exam in Texas. By test site, the number of registered NCLEX-RN candidates was 882 in Austin, 593 in Galveston, and 787 in Fort Worth. The next NCLEX-RN will be given July 8-9, 1992. ♦

COMPUTERIZED TESTING APPROVED FOR NCLEX

In a move that will change the face of testing for nursing licensure, the Delegate Assembly of the National Council of State Boards of Nursing at its Annual Meeting last summer voted to implement Computerized Adaptive Testing (CAT) as the future method for administering the National Council Licensure Examination. Additionally, Texas is one of seven jurisdictions selected as test sites for the CAT Project field test for licensed practical/vocational nurses. The field test is scheduled to take place in October 1992, in conjunction with the regular National Council Licensure Examination for Practical Nurses (NCLEX-PN).

Implementation of CAT will occur no sooner than November 1993 in all jurisdictions in the United States and its territories. The first step is to select a national vendor(s) for the administration of CAT, after which a time line for implementation will be established.

With CAT, each candidate's test is unique and is assembled interactively as the individual is being tested. As the candidate answers each question, the computer calculates a competence estimate based on all earlier answers, then scans the bank of test questions and selects the one determined to measure the candidate most precisely in the appropriate test plan area. This process is repeated with each question, creating a test tailored to the individual's knowledge and skills to determine competence in nursing practice.

Use of CAT also provides the ability to schedule the exam throughout the year and the ready availability of the pass/fail results. Currently, the average time between nursing program graduation and licensure is about four months. Due to the year-round testing capability of CAT, that time span may be reduced by more than 50%. Testing candidates in a more timely fashion will expedite the entrance of qualified, licensed health care professionals into the workforce. ♦

DECLARATORY ORDERS

Beginning in the fall of 1991, the legislature expanded the Board's authority to investigate any person petitioning the Board to determine her/his eligibility to take the NCLEX-RN. Prior to that time, the Board was only authorized to determine the eligibility of applicants who had graduated from an accredited program of professional nursing.

A Declaratory Order is the decision of the Board regarding a person's eligibility to take the NCLEX-RN. The Declaratory Order process is **voluntary**. A Declaratory Order may be issued upon request to an individual prior to entering or during a program of nursing education who believes that she/he may be potentially ineligible to take the licensure examination based on a prior criminal conviction, mental illness or chemical dependency.

The Board staff is currently developing the policies and procedures for implementing the Declaratory Order process. Information regarding the Declaratory Order process may be obtained by writing the Department of Education at the Board's Office. ♦

NATIONAL COUNCIL BEGINS IMPLEMENTATION OF NURSE INFORMATION SYSTEM

Based on the results of a study, the National Council of State Boards of Nursing (NCSBN) has concluded that an unduplicated count of nurse licensees nationwide is both technically and financially feasible. The NCSBN has decided to proceed with stage I of the National Information System (NIS), which consists of establishing a contract with each member board to delineate that board's level of participation.

The NCSBN began the feasibility study of establishing a NIS in November 1990, with grants from the Robert Wood Johnson Foundation and the Division of Nursing (Bureau of Health Professionals, Health Resources and Services Administration, Public Health Services) and the American Nurses Association.

A survey of member boards showed that most boards would be able to provide information necessary to produce the NIS. Analysis of the pilot study data indicated that it is possible to produce an unduplicated, multi-state file containing licensee data. Social security number or date of birth (in conjunction with names) are the most effective data elements in the unduplication process.

In addition to producing an unduplicated count of nurses nationwide, the data also will be used to compile aggregate statistical information about the supply of nurses. ♦

NURSING EDUCATION ADVISORY COMMITTEE (NEAC) UPDATE

The Nursing Education Advisory Committee (NEAC) is scheduled to meet Thursday, February 27, 1992, at the Texas Department of Health. At the morning NEAC Core meeting, the drafted Provider of Care competencies will be presented. A discussion paper on "Differentiated Practice" is also scheduled to be addressed. The NEAC subcommittees will meet in the afternoon. The competency subcommittees will work on the development of the Coordinator of Care competencies.

The NEAC meetings are open to the public. Agenda and meeting location information are published in the *Texas Register*. ♦

NURSING FACILITY NURSES: UNCOVERING THE MYSTERIES

Are you a nurse looking for clues to a new career?
Or
Are you a nurse looking for clues to manage a new career in long-term care?

We can help you solve the mystery!

A three-day transition course designed to help nurses:

- Understand the rules and regulations of long-term care nursing;
- Provide quality resident care;
- Improve survey results;
- Manage an efficient, cost effective nursing department, and
- Become successful and satisfied in the long-term care nursing profession.

April 7-9, 1992 The Crest Hotel Austin	July 7-9, 1992 The Crest Hotel Austin	October 6-8, 1992 Red Lion Hotel Austin
--	---	---

Dates and locations:

This course was developed by the Board of Nurse Examiners' Task Force on Long-Term Care and is co-sponsored by the Texas Association of Homes for the Aging and the Texas Health Care Association through the Educational Institute on Aging.

Each day of the course will qualify for nine contact hours of Type I continuing education credit for RNs as mandated by the BNE. For more information contact: TAHA (512/477-6994) or THCA Education

TASK FORCE DISCOVERS FACTORS INFLUENCING RN EMPLOYMENT AT NURSING FACILITIES

The retention of registered nurses in the long-term care (LTC) or nursing facility (NF) environment is crucial for NF administrators to comply with the 1987 Omnibus Budget Reconciliation Act (OBRA). This Act requires NFs to have a RN on staff at least eight hours a day, seven days a week.

In order to discover the factors contributing to RNs' employment at NFs, the Board of Nurse Examiners' Task Force on LTC surveyed RNs currently and formerly employed at NFs. Through its surveys, the task force intended to answer three questions: What factors contributed to RN retention in NFs? What factors contributed to RN recruitment to NFs? What factors contributed to NF RN attrition?

During January 1991, the task force mailed 1,300 surveys to all nursing facilities in Texas who participate in Medicaid. A total of 656 (50.5%) NF RNs completed and returned their surveys to the task force.

During May 1991, the task force surveyed 726 former NF RNs. Of these, the task force received 170 (23.4%) correctly completed surveys.

What factors contributed to RN retention in NFs? More than 30% of the respondents indicated that the factors which would entice them to remain at NFs were competitive wages (60.4%, $n = 396$), job satisfaction and challenge (54.1%, $n = 355$), insurance benefits (43.9%, $n = 288$), good working relationship with co-workers (43.3%, $n = 284$), retirement plan (42.4%, $n = 278$), vacation and sick leave (39.3%, $n = 258$), seminars in long-term care (33.1%, $n = 217$), and nurse participation in decision making (31.7%, $n = 208$).

What factors contributed to attrition? More than 30 percent of the former NF RNs indicated that the factors influencing their departures from NFs were work load intensity (50.6%, $n = 86$), non-competitive wages (39.4%, $n = 67$), better opportunity elsewhere (35.9%, $n = 61$), other reasons (33.5%, $n = 57$) such as lack of trained staff and state and federal regulations, and non-competitive benefits (32.4%, $n = 55$).

What factors would contribute to a return to NF employment? More than 30% of the former NF RNs indicated that factors influencing a return to the NF setting were competitive wages (49.4%, $n = 84$), refresher course in LTC state and federal regulations (31.8%, $n = 54$), flexible scheduling (31.2%, $n = 53$), and job satisfaction and challenge (30.6%, $n = 52$).

Using the results from the surveys, the task force developed six recommendations.

1. Inform NF administrators about the factors influencing NF RN retention, attrition and recruitment;
2. Explore ways to eliminate and streamline paperwork;
3. Explore ways to assist NF administrators and NF owners in delineating nursing and non-nursing functions in order to ease work load intensity for nurses;
4. Continue to promote the transition course, "Nursing Facility Nurses--Uncovering the Mysteries";
5. Provide every new director of nursing with a "welcome wagon" packet, which would include pertinent information about working as a nurse in a NF setting; and
6. Encourage schools of nursing, both RN and LVN, to incorporate more LTC in their curricula.

The Board's Task Force on LTC was composed of representatives from various Texas health care organizations, state agencies and a consumer organization including: Board of Vocational Nurse Examiners for the State of Texas, Gray Panthers of Texas, Texas Association of Homes for the Aging, Texas Department of Health, Texas Department of Human Services, Texas Health Care Association, Texas Hospital Education and Research Foundation, and Texas Nurses Association.

For a copy of the report, "Retention, Recruitment and Attrition Factors Contributing to Registered Nurse Employment at Nursing Facilities in Texas" or the executive summary of this report, contact Wendy Francik at the Board of Nurse Examiners, Box 140466, Austin, TX 78714, (512) 835-8674. ♦

REFRESHER COURSES

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

The Board office does not maintain a schedule of refresher courses. We suggest you contact colleges, universities, nursing schools or major hospitals to find out if any courses are being offered in your area.

Board of Nurse Examiners Continuing Education for Registered Nurses What's Required?

Please retain this informational material for a quick reference on continuing education. Feel free to copy it and share it with others.

The role of the professional nurse in today's health care delivery system is becoming increasingly complex. New diseases, more complicated treatment programs, high tech equipment, and ethical issues are just a few of the challenges that the nursing profession faces today. Senate Bill 622, passed by the 71st Texas Legislature, authorized the Board of Nurse Examiners for the State of Texas to require continuing education (CE) for re-licensure.

In adopting the rules for mandatory continuing education, the Board's intent is to insure that registered nurses participate in programs designed to promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice, thus improving health care to the public.

The following information is designed as a guide for the registered nurse in understanding and complying with the requirements for continuing education. The complete rule is found in the *Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice*. A copy of the CE rules may be obtained by sending a stamped, self-addressed envelope to the Board's office, Box 140466, Austin, Texas 78714, Attention: C.E.

When did the rules requiring continuing education for re-licensure become effective?

The rules became effective September 1, 1991.

Does this mean that if I renew my license next month I must submit evidence that I have done CE?

No, although the rules became effective September 1, 1991, each RN will have two full years to meet the requirements. Each RN renewing his/her license during September 1991 or any month thereafter will be notified in the license renewal notice that the CE rules are now in effect. The nurse will then have the full two-year license renewal cycle to complete the CE requirements.

How many hours of CE must be completed during the two-year licensure period?

Twenty (20) contact hours or two (2) Continuing Education Units (CEUs) are required during the two-year period. A contact hour equals fifty (50) minutes of a clock hour. A CEU is equal to 10 contact hours.

If I complete more than 20 contact hours during a renewal period, may I carry those hours over to the next renewal period?

No, the rules require that the 20 hours be completed during the two years immediately preceding the renewal of license. This is to assure that the RN is gaining current knowledge during each two-year period.

If I am not practicing professional nursing at this time but want to keep my active license, must I do CE?

Yes, all RN's wishing to maintain their Texas licenses in active status must comply with the requirements for CE.

What are the requirements for acceptable CE programs?

The following criteria have been established to guide the registered nurse in selecting appropriate programs and to guide the provider in planning and presenting continuing education programs. All programs must comply with these criteria to be acceptable.

- 1) Length - The program shall be at least one contact hour (50 consecutive minutes).
- 2) Objectives - Objectives shall be written and be the basis for content, learning experiences, teaching methodologies, and evaluation.
- 3) Target audience - The target audience shall be identified.
- 4) Planning - There shall be evidence of program planning based on the needs of the potential audience.
- 5) Content - The content shall be relevant to nursing practice and/or health care and provide for the professional growth of the licensee.
- 6) Instructors - The instructor's expertise in the content area shall be documented.
- 7) Teaching Methods - Teaching methods shall be appropriate to achieve the program objectives.
- 8) Evaluation - Participants shall complete a written evaluation of the program.
- 9) Records - Records shall be kept by the provider and the provider shall furnish each participant a record of attendance which specifies the provider; title, date and location of the program; and the number of contact hours; and provider number, grades and organization granting approval, if appropriate.

How can I be sure a program meets these criteria?

Programs approved by one of the Board's credentialing agencies assures that the program will be accepted for CE credit. These programs are referred to as Type I. The Board currently recognizes the following national nursing organizations to accredit providers and approve programs:

American Nurses Association (ANA)
American Association of Critical-Care Nurses (AACN)
American College of Nurse Midwives (ACNM)
American Association of Nurse Anesthetists (AANA)
National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

These organizations use nationally acceptable standards in the review of providers and/or programs.

Does this mean that all programs must be reviewed by one of the five (5) national organizations?

No, there are already state associations or chapters accredited by these national organizations to approve providers and programs. (An example is the Texas Nurses Association which is accredited by ANA to review and approve programs and providers in Texas.)

Must all 20 contact hours be taken in approved (Type I) programs?

No, 10 (ten) contact hours must be completed in approved programs. The remaining 10 (ten) hours may be completed in Type I programs or in Type II programs.

What is a Type II program?

Type II refers to those CE activities which meet the Board's requirements but which have not undergone a review process by an organization recognized by the Board. Type II programs may be offered in the same format as Type I (i.e. workshops, seminars, home study, etc.). However, Type II credit may also be obtained through activities such as self-directed study (authorship, program development/presentation, initial specialty certification, auditing of academic courses).

May college courses be used to fulfill the CE requirement?

Yes, academic courses related to nursing and taken for academic credit may be used to meet Type I CE requirements if a grade of C or better or pass on a pass/fail system is achieved. One academic quarter hour = 10 contact hours; one academic semester hour = 15 contact hours. Academic courses in nursing or health care which are audited meet Type II requirements. Two hours of Type II credit per course may be obtained.

Will programs offered by my employer be acceptable by the Board for CE credits?

If a program meets the criteria described in the rules and provides the attendee with evidence of attendance, such as a certificate, it would be accepted as a Type II program. If the employer is an approved provider or has submitted the program to a credentialing agency and received approval, the program would be accepted for Type I credit.

Does this mean that the 15-minute in-services offered on my work unit each week count?

Although these in-services may be necessary and valuable, they do not meet the definition of CE and thus do not meet the requirements of the Board. The rules require that a program be at least 50 minutes in length, have planned learning objectives, have a defined target audience, content relevant to nursing, and a qualified instructor.

What about programs approved for other medical professionals such as physicians, dentists, pharmacists, etc?

These programs may be accepted for Type II credit provided they meet the Board's criteria and the subject is applicable to nursing practice.

Are home study programs published in journals an acceptable CE activity?

Yes, home study programs are acceptable for CE credit provided they meet the Board's criteria for Type I or Type II programs. Up to 20 hours of Type I or five hours of Type II CE credit may be obtained through home study.

Do these CE rules require that I participate in CE specific to my area of practice?

No, each RN is free to choose programs relevant to nursing/health care which will meet his/her individual learning needs.

Will the Board accept programs that have been taken to fulfill CE requirements in other states?

Continuing education programs undertaken outside of Texas or used to fulfill CE requirements for other states are acceptable provided they meet the criteria.

How many Type II credits may I receive for activities such as authorship?

The following self-directed study activities are acceptable for Type II credit:

- 1) Authorship (five hours per published article)
- 2) Program development and presentation (two hours per program topic; must not be part of licensee's regular job responsibilities)
- 3) Auditing of academic courses (two hours per course)
- 4) Certification (five hours for initial certification only)

Are there activities which the Board will not accept for CE credit?

Yes, the following activities do not meet continuing education requirements for licensure renewal:

- 1) Basic CPR
- 2) In-service programs which provide specific information about the work setting's philosophy, procedures, on-the-job training and equipment demonstration
- 3) Refresher courses designed to update knowledge
- 4) Orientation programs designed to introduce employees to a specific work setting

What kind of documentation does the nurse have to provide that the CE requirement has been met?

Each nurse is responsible for maintaining his/her own records of continuing education programs attended. This includes the name of the provider, date(s), number of contact hours, along with certificates, grade slips or other documentation. These records should be kept for four years.

When should I submit my CE documentation to the Board?

The Board will conduct a random audit to determine compliance with the CE requirement. If you are audited, you will be notified of the documentation that you need to submit. **Otherwise, You Do Not need to send anything to the Board office.** A statement regarding continuing education will appear on your license renewal and your signature indicates your compliance with the requirement.

HB 7 MANDATES USE OF UNIVERSAL PRECAUTIONS BY ALL HEALTH CARE WORKERS

House Bill 7, a health and human services reorganization bill passed during the first special session of the 72nd Texas Legislature, included stipulations regarding HIV and hepatitis B infected health care workers. This legislation mandates that all health care workers follow the universal precautions set by the Centers for Disease Control, that all institutions establish procedures to monitor compliance, and that professional educational programs provide training on the universal precautions.

According to this legislation, health care workers with exudative lesions or weeping dermatitis must avoid all direct patient care and the handling of patient care equipment used to conduct invasive procedures. A health care worker can return to direct patient care and the handling of patient care equipment when the worker's condition resolves.

If a health care worker is infected with HIV or hepatitis B virus and is HBeAG positive, the worker cannot perform exposure-prone procedures without advice from an expert review panel, which would determine under what cir-

cumstances the worker can continue performing these procedures. A health care worker who performs an exposure-prone procedure must notify a prospective patient of the health care worker's seropositive status and obtain the patient's consent before the patient undergoes the procedure, unless the patient is unable to consent. Professional health care associations and health facilities have been given the responsibility of setting guidelines for the expert review panels and identifying exposure-prone procedures.

The legislation specifically states that mandatory testing of health care workers is not required. An infected health care worker who follows universal precautions is allowed to perform procedures that are not exposure-prone and to provide services in emergency situations. In addition, the legislation mandates that health care facilities provide infected workers the opportunities to continue patient care and receive job retraining and career counseling. If a health care worker fails to comply with the new requirements, disciplinary action by a licensing board is warranted.

THE TEXAS PEER ASSISTANCE PROGRAM FOR NURSES (TPAPN):

ONE FINE EXAMPLE OF PROFESSIONAL ACCOUNTABILITY

Guest Editorial by

Michael Van Doren, MSN, RN, Program Director, TPAPN

Since 1967, licensed nurses (LVNs and RNs) in the state of Texas have helped maintain TPAPN, a resource whose existence helps to promote competent practice and efficient, humane treatment of our nursing colleagues. This article will explain TPAPN and how one can access the program.

TPAPN represents just one of the responses to the current epidemic of substance abuse in our society. In the long run, however, this response is a very personal one, reflecting our personal values, knowledge and desires. As one nurse supervisor put it, after learning that one of his best ER nurses was chemically dependent, "It absolutely devastated me emotionally. I was at such a loss myself that I was unable to help my staff deal with the situation effectively. I wish I had known then what I know now."

TPAPN is a private, nonprofit project of the Texas Nurses Foundation. Peer assistance for nurses operates via state legislation passed in 1985 that allows every licensed profession to implement state approved peer assistance programs for professionals licensed by the State of Texas. The Texas Nurses Foundation administers TPAPN and contracts with the Board of Nurse Examiners (BNE) to provide services on an annual basis. The BNE and the Board of Vocational Nurse Examiners appropriate a portion of each nurse's relicensure fee to TPAPN. Currently, each nurse contributes four dollars every two years, so in a very real sense, every nurse in Texas provides peer assistance. There have been 2,150 referrals to TPAPN since the program's inception and active cases currently number 658. Approximately 61% of TPAPN's clients are registered nurses.

TPAPN's mission is threefold. First, it exists to educate the professional and the public regarding the nature and consequence of impairment, ideally to work toward prevention. Second, it stands as an advocate for the nurse needing treatment and rehabilitation. Third, TPAPN gives the promise of opportunity by supporting the nurse's recovery and return to competent nursing practice.

There are three major concepts that impact TPAPN's operations. First, while TPAPN operates courtesy of all nurses and their licensing boards, it exists as an alternative to reporting to the licensing board those nurses whose practice may be impaired due to chemical dependency and/or mental illness. Second, unlike nurses who are under board stipulations, information regarding a nurse's participation in TPAPN is confidential. Third, participation in TPAPN is voluntary, though TPAPN is legally

obligated to report nurses not participating or complying to the appropriate licensing board.

TPAPN relies on referrals made in good faith, that contain a sufficiency of evidence as to both practice violation and disease state, either chemical dependency or mental illness. In cases where a nurse's practice has been impaired but assessment of the nurse is negative for chemical dependency or mental illness, reports may still be made to the licensing board for their disposition. Persons making referrals to TPAPN in good faith are, by law, granted civil immunity so as to encourage responsible reporting. Often times TPAPN receives referrals that are vague or may be a questionable one-time incident. In such cases, it is likely that the TPAPN case manager will advise the referring party to monitor the nurse in question more closely, to counsel the nurse regarding performance deficiencies, and to document and corroborate future behaviors.

TPAPN presently has 150 nurses statewide who volunteer their time to give support and education to TPAPN participants and their colleagues. TPAPN applauds the employers of advocates in giving them the support to do their volunteer work. For nurses interested in becoming volunteers, one need only call TPAPN for application information.

Employers are the next important component to TPAPN's success. Through education and identification of nursing personnel, employers help TPAPN assist nurses in need. And by committing to a positive and proactive work environment, employers make supporting recovering nurses easier for all involved.

TPAPN also has 28 approved treatment providers that will soon be assisting with intervention, treatment, and monitoring needs of nurses referred to TPAPN. These providers agree to provide certain services and address the special needs of nurses while in treatment, as well as help TPAPN monitor their progress during the course of participation.

Supporting organizations provide the fourth component. Representatives of these organizations comprise the majority of TPAPN's Advisory Committee and make recommendations relating to TPAPN's policies, procedures and activities. The supporting organizations have been instrumental in making TPAPN a viable service from

TPAPN continued on pg 16

REPORTING VIOLATIONS TO THE BNE

This is the first in a series of articles designed to assist nurses to better understand the disciplinary process. Subsequent articles will address the hearing procedure and the various forms of discipline which the Board may impose.

The Nurse Practice Act, Article 4525a, Section 1 requires registered nurses, employers of nurses, as well as other entities, to report to the Board of Nurse Examiners (BNE) any RN who has exposed or is likely to expose a patient or other person unnecessarily to a risk of harm as a result of: (1) unprofessional conduct, (2) failure to care adequately for a patient, (3) failure to conform to the minimum standards of professional nursing practice, or (4) impaired status. Reporting forms are available through the BNE although it is not necessary to have a form in order to report. In those situations involving suspected chemical impairment or mental illness, the matter may be immediately reported to the Texas Peer Assistance Program for Nurses (TPAPN) in lieu of reporting to the Board.

The Board has developed the following guidelines for use when reporting violations:

- 1) Establish the identity of the registered nurse involved and the unlawful act or practice involved.
- 2) Report suspected problem immediately to the supervisor, or the person in authority, and to the BNE.
- 3) Limit the number of people who are investigating the problem. Do not discuss suspicions with others.
- 4) Verify the problem through official records where possible. Copies of same should be secured.
- 5) Document information in writing; sharply distinguish between first-hand observations based upon personal knowledge and hearsay statements obtained from others. Where possible, signed statements should be obtained from individuals having direct, first-hand knowledge of the activity.
- 6) Submit a signed, written complaint to: **Board of Nurse Examiners, Department of Practice and Compliance, Attn: Supervising Investigator, Box 140466, Austin, Texas 78714, telephone (512) 835-8686.**

The written complaint should include the following:

- a. The RN's license number or social security number
- b. Correct spelling of the RN's name
- c. Date(s) of the incident(s)
- d. Brief, factual description of the incident(s), including location
- e. Were any witnesses present? (Yes or No only, no names)
- f. Copy of the Peer Review report (if you are an employer of 10 or more nurses and the Peer Review process has been completed) ♦

PROCEDURE FOR INVESTIGATION OF COMPLAINTS

Receipt of complaints

Complaints are reviewed by Board staff to determine whether they involve acts by a licensee of this Board and whether the allegations, if true, would be a violation of the Nurse Practice Act and/or the Rules and Regulations.

If the answer is "No" to either or both of these questions, the allegations are not investigated and the file is closed for lack of jurisdiction. The matter may be referred to another agency or entity.

Will the registered nurse know about the complaint?

The licensee will be notified in writing of receipt of a complaint and the nature of the allegations.

By statute, the complainant's identity is confidential and is not disclosed, even under subpoena. Licensees should not ask the Board to disclose the complainant's identity or attempt to obtain this information through their attorney.

How is the investigation conducted?

The case is assigned to an investigator who will interview the complainant, any witnesses, and obtain records and documentation. If applicable, the records may be reviewed by a specialist. The investigation is not limited in scope to the original allegations.

Conclusion and resolution

Upon completion of the investigation the investigator will recommend that the case either be closed or that it proceed to one of the following:

- 1) Hearing before the Executive Director
- 2) Formal charges
 - (a) Prehearing Conference
 - (b) Board Hearing

Who can find out about the investigation?

The content of the investigative file is statutorily confidential and is not subject to subpoena.

Who can find out about pending complaints?

Under Article 4525a, Section 14(5), on written request by an employer, the Board will provide information regarding the allegations contained in the complaint, the findings of the Peer Review committee and the status of the Board's investigation. The Board will not release information on pending complaints to individuals or the public.

How long will the investigation take?

Because investigations differ in complexity, duration and priority, no definite time frame can be given as to how long the investigative process will take. Until it is completed, the complainant will be notified in writing every ninety (90) days that the complaint is still active. The Board should be notified of any change of address if the complainant wishes to continue receiving these notices. ♦

COMPLIANCE REMINDERS

The standards of practice identify roles and responsibilities of the professional registered nurse. Since the first standard requires that the registered professional nurse "know and conform to the laws and regulations governing the practice of professional nursing in the State of Texas," we offer these reminders to assist you.

- It is illegal to practice professional nursing in Texas without a current Texas license or permit. You may not practice in Texas with a license from another state, unless in a Federal facility (i.e., military base).
- There is no grace period for renewing a license. Practicing on an expired license is a violation. License renewal information and fee must be postmarked no later than the last day of your renewal month. It is the responsibility of the RN to renew his/her license regardless of whether or not he/she received a renewal notice.
- RN's are required to notify the Board in writing within 10 days (please type or print) of any change of address. The RN's name, license number and Social Security number should appear on the correspondence.
- The law does not allow for extensions on length of any permit. In the case of reactivation from inactive status, application for licensure and completion of a refresher course must be done in a timely manner prior to expiration of the permit. ♦

1991 NURSE PRACTICE ACT, REVISED RULES/REGS AVAILABLE

The 1991 Nurse Practice Act and excerpts from the Board of Nurse Examiners' *Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice* have been revised to include amendments to these documents made since 1989. Single copies may be obtained by sending a self-addressed, \$.75 stamped envelope to the Board of Nurse Examiners, Box 140466, Austin, TX 78714, Attn: Publication Clerk. Additional copies are available for \$1.00 each, plus 8% sales tax.

The January 1992 revised edition of the complete *Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice* will be available soon. The cost is \$3.50 per copy, plus 8% sales tax.

An order form for these and other Board publications is found on the back page of this issue. ♦

WEST TEXAS NURSES NAMED TO NATIONAL ADVISORY PANEL

Two nurses from the West Texas area have been named to the National Council of State Boards of Nursing Job Analysis and Role Delineation Data Collection Instrument Advisory Panel. Cerena H. Suarez, RN, MSN, CS, El Paso, was appointed to the four-member panel. Sharon B. Cannon, RN, EdD, Lubbock, was named alternate.

The advisory panel will study the activities of a wide range of nursing personnel including nurse aides, licensed practical/vocational nurses, registered nurses, and clinical specialists and will assist in compiling a list of nursing activities which are representative of activities nursing personnel currently perform in the various clinical settings and practice areas. This list will serve as the foundation for the final instrument used in both the job analysis and role delineation studies to be conducted by the National Council.

In announcing the appointments, the National Council noted that Ms. Suarez and Dr. Cannon bring a wealth of experience to the panel and have the potential for making a worthwhile contribution to the committee's efforts.

Ms. Suarez is currently Clinical Nurse Specialist for the Medical-Surgical Services at Providence Memorial Hospital, El Paso, a position she has held since April 1988.

Dr. Cannon is an Associate Professor at Texas Tech University Health Science Center School of Nursing, and Clinical Director, St. Mary of the Plains Hospital, Lubbock.

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 public health, safety, and welfare. Headquartered in Chicago, the Council is comprised of 62 member boards throughout the United States, as well as several territories. The Council provides services and guidance to its members in performing their functions which regulate entry into nursing practice, continuing safe nursing practice and nursing education programs. ♦

KUDOS...

...to **Mary Anne Hanley, MA, RN**, Nursing Consultant for the Board of Nurse Examiners, whose paper, "Therapeutic Touch: The Art of Improvisation," was published recently in the *Journal of Holistic Nursing*. The paper is a comparison of the art and practice of Therapeutic Touch with the art and practice of music through improvisation. Therapeutic Touch has been the focus of Ms. Hanley's studies of various healing modalities over the past 10 years. Formerly an instructor of Nursing at Lehman College, Bronx, New York, Ms. Hanley has lectured extensively on Therapeutic Touch and its clinical applications. ♦

PRACTICE RELATED QUESTIONS AND ANSWERS

The Board receives numerous calls and letters regarding practice issues. In this column, Cady Crismon, MSN, RN, CNS responds to frequently asked questions.

Q: I have heard from other nurses that there is some new law about patients having "living wills" but no one seems to be sure. Do you know what they are talking about?

A: I am sure you are referring to the Patient Self-Determination Act which became effective December 1, 1991. The U.S. Congress, as a part of OBRA '90, enacted this legislation which applies to all health care institutions receiving Medicare or Medicaid funds and requires that all individuals receiving medical care be given written information about their right under state law to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives such as living wills and durable power of attorney. The law also requires that the written policies of the health care provider respecting the implementation of the patient's rights be provided prior to or at time of admission.

Nurses will play a key role in assisting patients and families to understand their rights regarding advance medical directives. Facilities may choose to include questions regarding advance directives in the admitting nursing assessment. It is essential that RNs become familiar with state laws regarding the two types of advance directives, "Directive to Physicians/Living Will" and "Durable Power of Attorney."

Your facility's administrator and/or nursing service director may have already received information from the Texas Department of Human Services or other agencies/associations on this topic. If the nursing staff in your employment setting has not received educational information, plan a staff development program on the subject.

Q: I am familiar with the Board's delegation rules and fully support them, but under pressure in the clinical setting I sometimes get confused about what I should consider. Can you provide a concise outline to assist?

A: All delegation by a registered nurse is based upon the premise that the registered nurse:

- a) has assessed the individual patient/client prior to delegation;
- b) has identified the specific activity to be delegated;
- c) has determined the competency of the delegate caregiver;
- d) is available to supervise the care of the clients; and
- e) delegates only those tasks not prohibited under the delegation rules.

If you have a practice related question that you would like to have answered through the Board's newsletter, send your question to:

Cady Crismon, MSN, RN, CNS
Director, Department of Practice and Compliance
Board of Nurse Examiners
Box 140466
Austin, Texas 78714 ♦

TPAPN- continued from pg. 13

its infancy to its present stage of growth. These organizations include: Licensed Vocational Nurse Association of Texas, Texas Association of Nurse Anesthetists, Texas League for Nurses, Texas Nurses Association, Texas Nurses Foundation, and Texas Organization of Nurse Executives. The Board of Nurse Examiners and the Board of Vocational Nurse Examiners have non-voting members on the Advisory Committee.

The last component is the TPAPN staff headquartered in Austin. Presently, the six paid staff include two clerical staff, an administrative assistant, two case managers, and the program director. When referrals or questions come about, the case manager determines whether the referral is appropriate. It is important for nurses to remember that referring a nurse to TPAPN whose practice may be impaired due to chemical dependency and/or mental illness fulfills their obligation for reporting. One need only call TPAPN's toll free, 24-hour helpline (1-800-288-5528).

As one can see, it is through active collaboration and commitment that a positive response can be made, one that can mark the beginning of a nurse's path to recovery. In effect, TPAPN may be thought of as a human recycling plant, helping to salvage nurses and improve the profession. Most importantly, nurses can be proud of **their** endeavor, a program that makes a very clear statement about the potential for change and the inherent worth of another's life. ♦

BOARD MEETING DATES

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

March 24-26, 1992 Irving

May 19-21, 1992 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.

Individuals or representatives have an opportunity to communicate directly with the Board during the open forum which is held during each meeting.

Interested persons are requested to notify the Executive Director in writing or by telephone 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. ♦

THE LEGAL EAGLE

In each issue of the Board's newsletter, Joan Stewart, General Counsel for the Board of Nurse Examiners, responds to questions regarding the Nurse Practice Act, the Board's rules and regulations, and other legal issues related to nursing.

If you have a question for the "Legal Eagle", send it to:

*Joan Stewart, JD
General Counsel
Board of Nurse Examiners
Box 140466
Austin, Texas 78714*

Dear Legal Eagle,

As a registered nurse, am I responsible for an error made by another individual whom I am supervising?

**Signed,
Worried**

Dear Worried:

The RN is accountable for the direct care that he or she provides, for making appropriate assignments and delegation of tasks.

For example, if a RN assigns an individual to give medications to a group of patients, and the individual is experienced and is assigned appropriately, the RN is not responsible for an error made by the individual. However, if the RN assigns the individual to give, for example, chemotherapy knowing that the individual is not educated or experienced in this procedure, then the RN would be accountable for the inappropriate assignment.

Dear Legal Eagle,

I am employed as an office nurse (RN) by a physician who also employs medical assistants (MAs). While I am the primary person giving injections, instructions to patients, and doing phone triage, when I am unavailable, the MAs are instructed to do these things. I always correct or offer instruction to these persons when I see the need, but I do not see or hear all that is done. I question the competence of one person in particular, and am very concerned about the extent of my legal responsibility should harm occur. Technically, I am not the "nursing supervisor"; we simply all work in the same office.

Just what is the extent of my responsibility if these MAs are doing what they are told to do by the physician?

**Signed,
Very Concerned**

Dear Very Concerned,

Although I think that it is very clear from your letter that these individuals are being instructed to perform these duties by the physician and are, therefore, performing under the physician's delegation, you must comply with your Board's rules. Since it could be construed that you are functioning in a supervisory capacity to a certain extent, Rule 218.11 of the Delegation Rules applies. This rule states that, "If a registered professional nurse functions in a supervisory role over an unlicensed person performing tasks delegated by a physician, dentist, podiatrist, or other individual health care practitioner licensed by the state, that registered professional nurse is responsible for verifying that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the patient's/client's welfare. If the registered professional nurse cannot verify the unlicensed person's capability to perform the delegated task, the registered professional nurse must communicate this fact to the licensee who delegated the task."

You need to express your concern about the competence of the medical assistant to the physician. You need to have the physician document the fact that you are not the supervisor of the medical assistants. When you "correct or offer instruction to these persons", you should do so in compliance with the Board's Delegation Rules. If patient harm resulted from a task for which you provided correction or instruction, I do not believe that the statement, "Technically, I am not the nursing supervisor; we simply all work in the same office" will demonstrate compliance with the Delegation Rules and/or the Nurse Practice Act. I also believe that if you corrected or instructed a medical assistant and harm occurred to a patient during or as a result of the function that was performed, you very well might share in the legal liability that results. ♦

LOAN DEFAULT NOW GROUNDS FOR NON-RENEWAL OF LICENSE

The 71st Legislature amended the Texas Education Code to require all licensing agencies, including the Board of Nurse Examiners, to deny license renewal for licensees who are in default on a guaranteed student loan. The bill provides for a one-year warning period. Therefore, a license may be renewed one time for a person in default, but not a subsequent time, unless that person has made satisfactory arrangements with the Texas Guaranteed Student Loan Corporation (TGSLC.)

Beginning September 1, 1991, the BNE will notify all registered nurses who are in default on student loans guaranteed by the TGSLC that they must enter into a repayment agreement with TGSLC or face disciplinary proceedings during their next renewal cycle.

The bill requires TGSLC to:

- identify the RNs who are in default on loans guaranteed by TGSLC; and
- provide a written list of names of those persons to the Board of Nurse Examiners.

The bill requires the Board to:

- deny license renewal for a RN who has defaulted on a loan guaranteed by TGSLC, until TGSLC certifies that the licensee has entered into a repayment agreement with TGSLC, or is not in default of a loan.

If a registered nurse is denied renewal of her/his license because of default on a student loan guaranteed by TGSLC, the Board may not renew the license until the registered nurse presents a certificate issued by TGSLC to the Board which certifies that:

1. the licensee has entered into a repayment agreement on the defaulted loan; or
2. the licensee is not in default on a loan guaranteed by TGSLC.

To comply with the provisions of this bill, the Board has proposed rules which were published in the October 18, 1991 issue of the *Texas Register*.

DEBITS

As of January 1, 1992, 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 employed by or seek employment with your agency/institution, please contact the Board at 512/835-4880, ext. 25.

If any of these nurses are practicing in Texas as a Registered Nurse, they are in violation of the Nurse Practice Act and would be subject to disciplinary action by the Board of Nurse Examiners.

NAME	LICENSE # OR PERMIT #
Asble, Alex Walter	564983
Bablitz, Nancy	553715
Barrow, Sherri	574879
Buol, Kolleen Kay	516233
Cantu, Janet	570204
Clark, Victoria	50398
Conti, Angela Rose	552231
Craft, Betty Jane	546665
Dennis, Patricia Ann	503975
Denny-Shaffer, Bridget Maureen	553409
Farra, Diane Rae	560781
Felkins, Bettye Lisa	557452
Filler, Marcia Ann	553220
Finucan, Mary	250025
Glisson, James M.	239549
Goodwin, Sandra	554519
Hendren, Jacqueline	575047
Howell, Sharon	459387
Hutto, Glenda	539739
Jenkins, Victor I.	517158
Jones, Cherie Lyne	241063
Jones, Gwendolyn	63362
Kahn, Beatrice	558897
Kochel, Sharon	464049
Kuntz, Eileen Marie	514331
Masters, Mary Jane	550218
Mitchell, Sandra	565160
Nazal-Barr, Lori Anne	537652
Nims, Teresa Masadie	565233
O'Connell, Anna	57239
Olivier, Marie Claudia	514361
Ourisu, Augustina E.	457100
Pangilanan, Julie	445792
Payne, Traci	539734
Robinson, Lynn	518008
Rosko, Lisa Marie	538707
Sanderson, Brenda	538111
Strouhal, Susan Kay	557026
Trainham, Nancy Hodgerson	521980
Tucker, Sherri	58040
Vannorden, Catherine	569069
Vasquez, Emerald J.D.	207588
Wheeler, Alice	518569
Zutell, Jean	57374

DISCIPLINARY ACTIONS

NOVEMBER, 1991

NAME	LICENSE #	VIOLATION	DATE
REVOKE			
Benedict Daniel Agnello	443730	4525(a)(7)	11/12/91
Michael James Bryant	456834	4525(a)(7)	11/12/91
Sharon Faye Campbell	545141	4525(a)(7)	11/12/91
Betty S. Carney++	215967	4525(b)	11/13/91
Victoria C. Castro	233644	4525(a)(11)	11/13/91
Malee Charoendee	557667	4525(a)(11)	11/12/91
Bridget Maureen Denny-Shaffer	553409	4525(a)(7)	11/12/91
Judith Ann House	515125	4525(a)(7)	11/12/91
Patricia Eileen Moran	462042	4525(a)(7)	11/12/91
Margaret Lynn McGinnis++	566495	4525(b)	11/13/91
Katherine M. Sewell	537815	4525(a)(8)	11/13/91
Ellen A. Vickery	501421	4525(a)(9)	11/13/91

SUSPEND AND PROBATE

Alicia Marie Haschke	572147	4525(a)(9)	11/13/91
Joanne J. Sciutti*	510896	4525(a)(1)&(2)	11/12/91
Jo Ann (Small) Tapley	Applicant	4525(a)(3)	11/13/91

REPRIMAND WITH STIPULATIONS

James Edward Barber*	502721	4525(a)(1)&(9)	11/12/91
Olga Benitez**	552894	4525(a)(8)&(9)	11/13/91
Jennifer M. Elmore**	253486	4525(a)(8)&(9)	11/13/91
Judith Erwin**	508070	4525(a)(9)&(12)	11/13/91
LaJean Hicks-Spillman**	562907	4525(a)(8)	11/13/91
James Alan Kubecka**	251045	4525(a)(9)	11/13/91
Karen A. McEntyre**	513914	4525(a)(9)	11/13/91
Angelica Li McGregor**	559048	4525(a)(9)	11/13/91
Lisa Kay Parks**	551724	4525(a)(9)&(12)	11/13/91
Dorothy Sadler**	215204	4525(a)(9)	11/13/91
Judith Sandlin**	235204	4525(a)(9)	11/13/91

REPRIMANDS

Evelyn K. Coffey**	516298	4525(a)(9)	11/13/91
Donna K. Taylor**	502256	4525(a)(9)	11/13/91

WARNINGS

Dale Hubert Overton**	445202	4525(a)(9)	11/12/91
Susan F. Reneau**	502135	4525(a)(9)	11/12/91
Edna Wright**	527295	4525(a)(1)	11/12/91

DENIED ENTRANCE TO NCLEX-RN EXAM

Maurice J. Sowell, Jr.	Applicant	4525(a)(11)	11/13/91
------------------------	-----------	-------------	----------

DENIED ENDORSEMENT

Virginia L. Fox	Applicant	4525(a)(2)	11/12/91
-----------------	-----------	------------	----------

The professional nursing license of the following persons were issued a warning for practicing with a delinquent license:

Dorothy D. Allen	500013	*	11/13/91
Wanda Black	532722	*	11/13/91
Rebecca Ann Fine	551274	*	11/13/91
Gloria Ann J. McElreath	251140	*	11/13/91
Barbara L. Jones Otting	215336	*	11/13/91
Mary Ann Sanchez	452672	*	11/13/91
Linda C. Weaver	241455	*	11/13/91

* Agreed Orders

** Consent Orders

++ Voluntary Surrender

EDUCATION REPORTS

At the November 12-13, 1991 meeting of the Board of Nurse Examiners, the Board took the following action:

- Granted Full Accreditation status to Blinn College, Associate Degree Nursing Program at Bryan.
- Placed Dallas Baptist University Baccalaureate Nursing Program on Conditional Accreditation for continued NCLEX-RN pass rate of less than 75%.
- Approved the development of a generic Associate Degree Nursing Program at Vernon Regional College.
- Approved the development of a generic Baccalaureate and a RN-BSN program at East Texas Baptist University at Marshall and ordered a site visit to evaluate the program's progress during the developmental stage. ♦

NEW AND PROPOSED RULE CHANGES

At their November 12-13, 1991 meeting, the Board of Nurse Examiners took the following action in relation to rules:

- Withdrew proposed rule changes to 213.12 and 213.22, Hearing Procedure and Hearings Examiner, respectively.
- Proposed rule changes to Nurse Education Rules, specifically, 215.1, Definitions and 215.3, Accreditation. These proposed rule changes were published in the December 13, 1991 issue of the *Texas Register*. ♦

PUBLICATIONS ORDER FORM

The following publications are available from the Board of Nurse Examiners. Complete the information below and mail with your check or money order to: Publication Clerk, Board of Nurse Examiners, Box 140466, Austin, TX 78714.

	<i>Quantity</i>	<i>Unit price</i>	<i>With tax</i>
Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice (A Nurse Practice Act is included with the purchase of the Rules and Regulations.)	_____	\$3.50	\$3.78
Excerpts from Vernon's Civil Statutes for the State of Texas (Nurse Practice Act)	_____	\$1.00	\$1.08
RN Update (quarterly newsletter of the Board of Nurse Examiners)	_____	\$2.50	\$2.70

Name _____

Address _____

Tax Exempt Number _____

Sales Tax _____

Total Amount _____

Date Publication Mailed _____

Include 8% sales tax for the total amount. Please supply number if tax exempt. Prepayment of all orders is required.

Newsletter Committee: Kathy Vrazel, Editor; Committee members: Cady Crismon, Wendy Francik, Mary Anne Hanley, Noemi Leal, Laura Williford

Contributors to this issue: Mary Jane Ashe, Tawnya Caster, Cady Crismon, Erlene Fisher, Wendy Francik, Mary Anne Hanley, Noemi Leal, Eileen Piwetz, Joan Stewart, Kathy Thomas, Michael Van Doren, Kathy Vrazel, Louise Waddill, Laura Williford

Board of Nurse Examiners for the State of Texas
 Box 140466
 Austin, Texas 78714
 (512) 835-4880

BULK RATE US POSTAGE PAID AUSTIN, TX PERMIT NO. 1610
