

RN UPDATE

Accreditation ★ Licensure ★ Practice ★ Compliance

December 1992

Volume 23, No. 4

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Texas State Documents**
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Sunset Commission Staff Completes Report and Recommendations for Health Care Licensing Boards

Over the past several months, the Board of Nurse Examiners, along with 19 other health regulatory boards, have been undergoing the sunset review process. The final report from the Sunset Commission staff was released in late October.

The health care licensing boards addressed in the sunset report are subject to the Sunset Act and will automatically be abolished on September 1, 1993, unless statutorily continued by the 73rd Legislature. As required by statute, the sunset review of the health care licensing boards included: a determination of the continued need for the regulation of health care professionals carried out by the boards; whether benefits could be achieved by changing the organizational structure used to carry out the regulation; and whether statutory changes are needed to improve the regulatory ability of the boards under review.

The results of the review indicated that the regulation of the 20 health care professions under review should be continued for a 12-year period.

The Sunset Commission staff recommended that the current organizational structure used to carry out the regulation of health care professions under review should be changed by:

- merging the boards that regulate registered nurses and vocational nurses into a single policy board;
- merging the boards that regulate psychologists, professional counselors, social workers, and marriage and family therapists into a single policy board;
- merging the policy bodies that regulate speech-language pathologists, audiologists, and fitters and dispensers of hearing aids into a single policy board;
- merging the boards that regulate occupational therapists, physical therapists, and athletic trainers into a single policy board;

- abolishing the board that regulates nursing home administrators and transferring its functions to the Texas Department of Human Services; and

- creating a Health Care Professions Coordinating Council.

The Commission also made a number of across-the-board recommendations which would apply to all health care regulatory boards where the recommendations are not already in place.

A number of issues were identified during the review that related to changes which were unique to the profession regulated. Four statutory changes have been recommended which will address specific concerns of the Board of Nurse Examiners. The four changes to the Nurse Practice Act, along with the benefits of these changes are:

1. Authorize the board to clarify, by rule, the types of incidents that are included under the mandatory reporting requirements.

Benefits:

+ Further refinement of the reporting requirements would eliminate the reporting of minor infractions. In addition, clarifying the types of incidents that must be reported will allow the board to focus its enforcement efforts.

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SUNSET REPORT AND RECOMMENDATIONS

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- + Compliance with the reporting requirements may improve because health care professionals may better understand the requirements and view them as reasonable.
2. Authorize the board to summarily suspend the license of a nurse.

Benefit:

- + The board would be able to act quickly to stop the practice of a licensee who is an obvious threat to the public.
3. Require state agencies that license or operate health facilities to develop memoranda of understanding with the State Board of Nurse Examiners to ensure compliance with the nursing peer review requirements.

Benefits:

- + Improved monitoring of health facilities in Texas that are required to establish a nursing peer review process will ensure that effective programs are available throughout the state.
 - + Involving the state agencies that already have responsibility for licensing or operating the facilities will ensure that the monitoring is done in an efficient manner by the agencies that have primary responsibility for the standard under which the facility operates.
4. Authorize the board to limit, by rule, the number of times an applicant may take a licensure examination and to define any conditions to be met before re-examination.

Benefit:

- + Flexibility to establish limitations on licensing examination retakes would provide an additional regulatory check on potential licensees. The limitations will help the board assure that applicants meet the minimum standards of competence before licensure and have not passed the examination through sheer repetition.

The board also has identified a number of other issues which would clarify the Nurse Practice Act. These issues have been submitted to the Sunset Commission.

The board does not oppose those recommendations which directly affect our functions.

Public hearings were held by the Sunset Commission on November 19 and 20, 1992, to receive testimony from the 20 agencies and the public. The Sunset Commission will determine their recommendations in early January 1993. Subsequently, the Legislature will take action on these recommendations during the 73rd Session starting January 1993.

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PRESIDENT'S MESSAGE

My first three months as President have been busy ones for me and for the Board of Nurse Examiners, as we focus on four major areas of concern that will affect the BNE and the regulation of nursing practice in the years ahead. They are sunset review, budget planning, the 1993 legislative session and changes in the hearings process.

As reported in the cover story of this issue of *RN Update*, a number of Texas agencies, including the BNE, are undergoing the sunset review process. According to the Texas Sunset Act which went into effect in August 1977, each agency must be reviewed periodically to evaluate the agency's performance and to determine if the agency should continue to operate or be "sunsetted".

For the past several months, the staff and board have been providing information to the staff of the Sunset Commission. The result is a comprehensive sunset report which the Sunset Commission staff has submitted with its recommendations to the Commission. While the Sunset staff has recommended that all of the health care regulatory agencies be continued for the next 12 years, it has proposed a number of changes to their current organizational structure. The most significant of these is a series of mergers of "like" boards including the Board of Nurse Examiners and the Board of Vocational Nurse Examiners. If the mergers are accomplished, the result would be 13 policy boards which would then be co-located and mandated to form a coordinating council for the purpose of centralizing most of the administrative functions and complaint investigations.

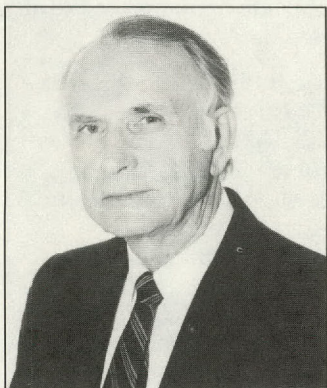
The Sunset Commission will act on its staff recommendations in January 1993 and the Commission's recommendations will be submitted to the Legislature during the 73rd Legislature which begins in January 1993.

Another important area that has occupied our time is budget planning as we attempt to project the agency's fiscal needs for the 1994-1995 biennium. Although the BNE is self-funded through licensure fees and other non-tax revenues, these monies must be appropriated by the Legislature before they can be spent. So, even though the board would like to provide other services, we are restricted by the state budget process.

Looking ahead to the upcoming legislative session, we anticipate various bills to be introduced that would impact the Board of Nurse Examiners or nursing. The board will closely monitor all proposed health related legislation for intent and substance. We will be prepared to testify at hearings and provide other information and resources if needed.

Lastly, in April of this year, our hearing process was changed so that all contested hearings are now heard by an Administrative Law Judge rather than presented to the board. Although this change has helped to streamline the process, it has directly increased the cost to the agency. The board has recommended changes to the

Nurse Practice Act which hopefully will help to reduce costs in other areas.



So, as I begin my year as President, there are many challenges ahead for the Board of Nurse Examiners. I am confident that working together, we can meet these challenges head-on as we strive to carry out our mission of public protection.

*Morris H. Parrish, PhD
President*

Board Considers Revised Delegation Rules

In March 1992, the board appointed a task force to review issues surrounding the use of unlicensed personnel in a variety of settings in order to determine the need for possible amendment of the current Delegation Rules to allow for broader RN delegation in certain settings. The task force members represented a wide cross section of RNs from various practice settings, state agency representatives from Texas Department of Health, Department of Human Services and Department of Mental Health and Mental Retardation as well as consumers and representatives of the disabled community.

With the shift from institutional care of persons with disabilities to increased services being provided in the community, the board directed the task force to consider the needs of individuals with disabilities. The group considered when certain nursing tasks could be safely provided by unlicensed persons after RN assessment and delegation.

After several meetings and lengthy discussions, draft rules were considered by the board at its September 1992 meeting. The board voted to publish the rules as proposed rules in the *Texas Register* and invite public comment. The board considered written comments at their November 17, 1992 meeting and voted to adopt the rules with editorial changes. Once the rules are published in the *Texas Register*, they become effective 20 days thereafter. It is anticipated the rules will become effective in mid-December.

Once effective, a copy of the revised Delegation Rules may be obtained by sending a stamped, self-addressed envelope to the Board of Nurse Examiners, Attn: Kathy Vrazel. Be sure to enclose a note requesting the Delegation Rules. ♦

Standards, Unprofessional Conduct Rules Undergo Revision

Last March, the board appointed a task force to review and recommend revisions to the BNE's Standards of Nursing Practice, §217.11 and Unprofessional Conduct Rules, §217.13. The task force met several times during the spring and summer to update the language of the Standards and Unprofessional Conduct Rules. Their recommendations were presented to the board during its September meeting.

Members of the task force included nurses with a broad range of experience, as well as individuals from nursing practice, education, law and administration.

The board voted to publish the rules as proposed rules in the *Texas Register* and invite public comments. The board considered written comments at their November 17, 1992 meeting and voted to adopt the rules with minor changes. Once the rules are published in the *Texas Register*, they become effective 20 days thereafter. It is anticipated the rules will become effective in mid-December.

Once effective, both sets of rules may be obtained by sending a stamped self-addressed envelope to the Board of Nurse Examiners, Box 140466, Austin, Texas, 78714, Attn: Kathy Vrazel. Be sure to enclose a note requesting the Standards.

Opportunities with the Board

The terms of three members of the Board of Nurse Examiners will expire on January 31, 1993. However, each of these members will continue to serve until Governor Richards appoints a replacement. As identified in the Nurse Practice Act (NPA), the Board of Nurse Examiners is a nine member board; each member serves a six year term. The NPA also specifies the composition of the board to be six registered nurses, three of whom are engaged in professional nurse education, representing baccalaureate, associate degree and diploma programs; three registered nurses shall be engaged in nursing practice; and three members represent the general public.

Currently, the Board of Nurse Examiners (BNE) meets six to seven times per year. Meetings range from one to two days in length and are usually held in Austin. In addition to time spent in board meetings and travel to and from those meetings, members must also spend five to seven days in interim work. Members may also represent the BNE at various meetings, workshops, hearings, etc.

Appointments for 1993 will include a representative from an associate degree nursing program, a diploma nursing program and a consumer member. If you are interested in a position on the board and fall into one of the three categories, please contact the senator or representative for your district or for general information, write to the Office of the Governor, Appointments Secretary, State Capitol Building, Room 103, Austin 78711. ♦

NCSBN Delegate Assembly Tackles Variety of Issues at Annual Meeting

The Delegate Assembly of the National Council of State Boards of Nursing met August 18-22, in Colorado Springs, to discuss a variety of issues that will impact State Nursing Boards and ultimately the nursing profession throughout the country. Dr. Eileen Piwetz and Dr. Louise Waddill were the BNE delegates. Also attending were: Pettey Ross, Morris Parrish, Cady Crismon, and Mary Anne Hanley.

Here are some of the highlights of this meeting:

- Selected vendors for testing and administration services for NCLEX when Computerized Adaptive Testing (CAT) is implemented
- Approved option of fingerprinting candidates
- Added 10 minutes to the time allotment per examination booklet for NCLEX-RN and NCLEX-PN beginning with the October 1992 NCLEX-PN based on the results of research conducted regarding the effects of English as a second language
- Denied a motion to allow Manitoba and similarly-situated provinces/countries access to the NCLEX
- Affirmed the policy to cooperate with member boards in providing appropriate examination modification for disabled NCLEX candidates whom member boards deem eligible for licensure
- Authorized the implementation of a Nurse Information System (NIS) contingent upon the receipt of substantial external funding for development and initiation of the system
- Agreed to discontinue the formal monitoring of conditions required for the conduct of a limited scope job analysis, to validate competencies synthesized by the committees in 1988 and 1989
- Referred a position paper on the licensure of advanced practitioners and the additions of model language to the Subcommittee to Study the Regulation of Advanced Nursing Practice to review comments and develop model rules
- Approved a paper on nursing shortage, jointly developed by the National Council with the American Nurses' Association and the National Federation of Licensed Practical Nurses
- Adopted a resolution to support philosophically the basic concepts inherent with the *Nursing's Agenda for Health Care Reform*
- Directed Board of Directors to explore the feasibility and desirability of establishing certification programs for member boards for nursing education program surveyors and nursing disciplinary investigators and make a recommendation to the 1993 Delegate Assembly

- Requested National Council staff to conduct a feasibility study regarding the inclusion of nurse aide disciplinary information in a disciplinary data bank and make a recommendation to the 1993 Delegate Assembly

Elections also were held during this meeting. Elected to two-year terms on the Board of Directors were Rosa Lee Weinert, Ohio, President; Gail McGuill, Alaska, Vice President; Tom Neumann, Wisconsin, Area II Director; Sr. Teresa Harris, New Jersey, Area IV Director; and Judi Crume, Alabama, Director-at-Large. Fran Roberts, Arizona, was elected to fill a one-year term as Area I Director. The newly-elected officers join continuing members of the board: Carol Osman, North Carolina, Treasurer; Helen Kelley, Massachusetts, Secretary; and Marcella McKay, Mississippi, Area III Director.

The National Council of State Boards of Nursing 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. The Council is comprised of 62 member boards throughout the United States, as well as several territories. ♦

Education Rules Task Force Convenes

The Education Rules Task Force, charged with conducting a total review of the Board's Education Rules and Regulations, met for the first time on September 11, 1992. Members reviewed current rules, identified and discussed areas needing change, and began to look at how other jurisdictions had addressed key areas of concern. Later, BNE staff met with the Texas Higher Education Coordinating Board (THECB) to clarify THECB's requirements for curriculum changes and new program development.

Board staff is in the process of drafting new rules incorporating the suggestions of the task force members. The task force will reconvene on November 20, 1992 to review the working draft and consider the new rules, particularly in relation to the competencies arising from the Nursing Education Advisory Committee report and newly proposed Tech-Prep Programs advocated by THECB.

The task force expects to recommend proposed rules for the board's consideration sometime in the Spring of 1993. ♦

SUNSET REPORT AND RECOMMENDATIONS

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Members of the Sunset Commission are: Representative David Cain, Chair; Senator Carl Parker, Vice-Chair; Senators Steve Carriker, Gene Green, and Mike Moncrief; Representatives David Counts, Nicholas Perez and Ashley Smith; and Public Members, Charles Edmonds and Paul N. Wageman. ♦

BNE Representatives Participate in Statewide Cancer Pain Meeting

The second annual meeting of the Texas Cancer Pain Initiative was held on October 30-31, 1992 in Austin. BNE President, Morris Parrish; Treasurer, Pettey Ross; and Executive Director, Louise Waddill represented the BNE at the meeting of physicians, nurses, pharmacists, social workers, clergy and federal and state law enforcement officers.

Entitled "Relieving Cancer Pain—An Overdue Imperative," the two day program included discussions of the psychosocial factors contributing to the undertreatment of cancer pain, current problems and disputes related to the treatment of cancer pain, ways to improve treatment and achieve high quality pain relief, pharmacology of opioids, and treatment of pain for past or known drug abusers.

BNE representatives presented information on how the members and staff are educated about cancer pain management from a nursing perspective. Mrs. Ross spoke on the board's position of advocating adequate pain management for persons with cancer. She invited input from any RN who believes his/her license is threatened because of nursing interventions to relieve cancer pain, including administration of narcotics and controlled substances which have been legally prescribed.

Organized in 1991, the mission and goal of the Texas Cancer Pain Initiative is to promote optimum pain relief for all cancer patients suffering pain, regardless of the state of their disease or prognosis through education, demonstration or other means. ♦

General Counsel Appointed

Penny Burt, JD, RN, assumed the position of General Counsel for the Board of Nurse Examiners on September 15, 1992. Prior to joining the board staff, Mrs. Burt was an Assistant Attorney General assigned to the Medicaid Fraud Unit, a position she held since 1988. Prior to 1988, she was in private practice in Georgetown and served as Assistant District Attorney for the 31st and 223rd Judicial District Courts. A graduate of St. Anthony's Hospital School of Nursing, Amarillo, she also received a Bachelor of Science degree in Nursing from The University of Texas at Austin, and a Doctor of Jurisprudence from St. Mary's University, San Antonio.

As General Counsel, Mrs. Burt will represent the board in legal matters related to its mission of public protection through the regulation of the practice of professional nursing. ♦

BNE Licenses 3,996 RNs Following July Exam

Congratulations to the candidates who passed the July 1992 National Council Licensure Examination for Registered Nurses (NCLEX-RN) in Texas! Of the 3,811 first time Texas candidates writing the July 8-9, 1992 NCLEX-RN, 3,549 (93%) became registered nurses. The national pass rate for US first time candidates was 92.7%. A total of 4,532 candidates, including graduates of Texas, out of state and foreign nursing programs wrote the July 1992 NCLEX-RN in Texas and 3,996 (88%) passed the examination.

The following chart describes the overall performance of candidates by categories.

TYPE OF CANDIDATE	WRITING	PASSING/ REGISTERED	% PASSING
Texas First Time	3,811	3,549	93%
Texas & Out of State Repeat	210	104	50%
Foreign First Time			
Taking Accustomation Course	101	77	76%
Not Taking Accustomation Course	22	8	36%
Foreign Repeat	141	34	24%
Out of State First Time	247	224	91%
Total	4,532	3,996	88%

The following nursing programs had a 100% pass rate on the July, 1992 NCLEX-RN:

Diploma Program

Baptist Memorial Hospital System

Associate Degree Programs

Abilene Intercollegiate, Abilene
 Alvin Community College, Alvin*
 Austin Community College, Austin
 Blinn College, Bryan
 Central Texas College, Killeen
 College of the Mainland, Texas City
 Collin County Community College, McKinney
 Houston Baptist University, Houston*
 Midland College, Midland*
 Navarro College, Corsicana
 South Plains College, Levelland*

Baccalaureate Degree Programs

Houston Baptist University, Houston*
 Texas Christian University, Fort Worth*
 Texas Tech University, Lubbock
 University of Texas Health Science Center at Houston
 University of Texas at Tyler

Masters Program

University of Texas at Austin*

*Achieved 100% pass rate for the 1992 examination year. ♦

1993 NCLEX-RN DATES

NCLEX-RN is scheduled **February 3-4, 1993** (Wednesday-Thursday) and **July 7-8, 1993** (Wednesday-Thursday) in Austin, Galveston, and Fort Worth. The application deadline for the February exam is December 31, 1992.

NCLEX-CAT Update

In August 1992, the Delegate Assembly of the National Council of State Boards of Nursing selected Educational Testing Service (ETS) along with Sylvan Kee Systems, Inc. as the vendors to provide testing and administration services for NCLEX when Computerized Adaptive Testing (CAT) is implemented.

Part of the validation and verification of the CAT system nationally is the Beta test in July 1993. The National Council staff and ETS are very interested in having Texas participate because of the state's size and diversity. The board voted to accept the proposal to participate in the CAT Beta test at its November meeting.

Through its participation in the Beta test the BNE will gain experience with the communications network with ETS from the beginning. Software and hardware will be installed and staff training will begin in February 1993. Beta testing will involve the testing of 5,000 RN and 4,500 PN candidates across the country. Four different exams will be offered—CAT, the regular NCLEX-RN, one-day paper-and-pencil NCLEX, and one-day computer NCLEX. Texas may be asked to provide volunteers for at least one of the testing methods.

Implementation of CAT in Texas is projected for July 1994. ♦

New York Regents External Degree Program

Recently the board has received several inquiries regarding mailings from publishing companies implying that their businesses are affiliated with the New York Regents College Degree program in Albany, New York. These companies are not recognized, approved or accredited by the BNE.

Graduates of New York Regents College are recognized by the BNE. New York Regents College is the only official source of information regarding either the program or its prerequisite requirements.

Questions about any unsolicited mailings mentioning the Regents program should be referred directly to the

college. Information about the associate and baccalaureate degree programs offered by Regents college may be obtained by writing:

Mary Beth Hanner, PhD, Dean
Nursing Programs
Regents College
1450 Western Avenue
Albany, NY 12203
(518) 474-3703

The board encourages all interested persons to be judicious consumers. Please call Regents College before signing a contract with any company implying an affiliation with the college.

This notice is not intended to refer to the Regents Program on Noncollegiate Sponsored Instruction (PONSI).

Source: *Communique*, Kentucky Board of Nursing, Fall 1992. Reprinted with permission. ♦

Texas RNs Selected to Item Writer Panel

Two Texas RNs have been chosen to serve on the National Council of State Boards of Nursing item writer panel. Beverly McCoy of Bacliff and Veronica Parker of San Antonio will meet with other panel members in Chicago and Atlanta in December to write test items for use in the NCLEX-RN.

Additional item writers are needed to assist with this important task. RNs with a Master's degree or higher who have knowledge and experience with entry level nurses are eligible. If you are interested, please contact the National Council of State Boards of Nursing, Inc. 676 North St. Clair Street, Suite 550, Chicago, IL 60611-2921 for an application and information. ♦

Nurse Information System (NIS) Receives Funding

The Robert Wood Johnson Foundation (RWJF) has approved a grant of \$530,110 to the National Council of State Boards of Nursing to be used over a two-year period, in continued support of the Nurse Information System (NIS). Member boards will participate in the project which is designed to produce an unduplicated count of nurse licensees and licensee data nationwide. National Council staff is currently exploring other sources of funding to cover cost of computer equipment (scanning device and mini-computer memory upgrade) needed to implement the NIS. ♦

Peer Review—What It Is, How It Works

Staff continue to receive many questions regarding Peer Review. In this article, we will provide information and respond to the questions which have been asked of our investigators and nursing consultants.

What is Peer Review?

Peer Review is a process whereby RNs review the nursing practice of a professional peer and nursing services being delivered in an organization. The amendments to the Nurse Practice Act which were enacted in 1987 state that the Peer Review Committee, composed of at least a majority of RNs, evaluates professional nursing services, the qualifications of professional nurses, the quality of patient care rendered by professional nurses, the merits of complaints concerning professional nurses and nursing care, and makes recommendations regarding complaints. Therefore, the Peer Review committee can be convened for a number of reasons.

Should attorneys be involved in the Peer Review process?

Peer Review is not a legal hearing process. Although the statute does indicate that a reported RN must be notified of a Peer Review committee meeting and given an opportunity for rebuttal, this is not a hearing or trial. Peer Review is an opportunity for RNs to review nursing practice. Each facility should follow its Peer Review plan or revise it as appropriate. If the plan states that attorney representation is allowed, then the plan should be followed. Since the committee can review nursing services, delivery systems, etc. there would be no need for attorney involvement in these matters; thus, the plan may not indicate attorney involvement in the process.

Do all incidents and RNs reviewed by the Peer Review committee need to be reported to the Board of Nurse Examiners?

No. Article, 4525a, Sec. 2(c) of the Nurse Practice Act states that only required reports under the mandatory reporting section be reported to the board and reviewed by Peer Review. If a RN has been reported because: (a) the RN has exposed or is likely to expose a patient or other person unnecessarily to risk of harm because of unprofessional conduct, (b) failure to conform to the minimum standards of acceptable professional nursing practice or (c) failure to care adequately for a patient, then Peer Review must be done.

The Peer Review Committee is advisory to nursing administration. Therefore, the findings of the committee should be reported to nursing administration.

If nursing administration has taken or decides to take disciplinary action for one of the reportable causes listed above, then a letter reporting the RN must be sent to the Board of Nurse Examiners. The Peer Review report may be enclosed with the complaint letter. In order to maintain the confidentiality of the Peer Review report, this report should not serve as the initial complaint.

If your Peer Review plan allows the committee to review general nursing services, violations of facility policy or outstanding nursing performance, the reports of these findings would not be submitted to the board.

Does the board provide any sample Peer Review policies?

The board has guidelines for Peer Review policy development. Practice settings are very diverse; therefore, we are unable to address the specific requests of each type of institution. Thus, general guidelines are provided, as well as the statutory requirements defined in the Nurse Practice Act. Many institutions will develop or refine policies based on experience, individualization for practice settings and networking/recommendations of similar institutions.—*Cady Crismon* ♦

FY92 Licensing Statistics Reflect Increased Activity

The BNE's Licensing and Support Services Division is charged with numerous responsibilities related to issuing and renewing licenses of registered nurses in Texas. In addition, it also issues temporary permits, provides verification of licensure information to nurses, employers and to other states, issues duplicate licenses to nurses whose licenses have been lost or destroyed, and answers thousands of telephone calls each year.

One objective of the agency is to process each form, telephone call or letter accurately, quickly and courteously, while protecting the public by licensing only qualified individuals.

The following statistics from the Licensing and Support Services Division reflect the activity in the fiscal year ended August 31, 1992, as well as for the two previous years. Perhaps the most dramatic increase was in the number of telephone calls handled by BNE employees or by the board's Voice Information Processing System (VIPS), by which callers using a touch-tone telephone can verify licenses 24 hours a day, 7 days a week.

	FY90	FY91	FY92
Licenses Renewed	54,127	57,856	56,192
Licenses Issued by Endorsement	4,092	4,310	5,052
Licenses Placed on Inactive Status	2,838	2,482	2,772
Licenses Reactivated	454	537	413
Duplicate Licenses Issued	2,790	2,891	2,374
Temporary Permits Issued	2,387	2,637	3,374
Licensure Verifications to Other States	4,044	3,868	3,775
Written Verifications to Employers	4,279	5,237	5,063
Telephone Calls Received	88,074	106,604	119,337
Licenses Verified by VIPS	32,943	47,593	56,672

Approximately 87% of the licenses renewed during the fiscal year were processed through the BNE's lockbox. Renewal forms mailed to the lockbox that are filled out

correctly and include the correct renewal fee are processed automatically by the State Treasury and the BNE's Data Processing Department. The lockbox procedure saves time and expense, and helps to keep the license renewal fee as low as possible.

It is interesting to note that 1,681 nurses were late renewing their licenses last year. The Nurse Practice Act (Article 4526, Re-Registration) states, "Any application received after the expiration date shall be charged a late fee" and specifies how the fee is to be calculated. Failure to return the renewal form on time with the correct fee cost those nurses additional late fees of approximately \$109,000 in fiscal year 1992. In addition to those costs, nurses whose licenses have expired are not allowed to work as registered nurses until their licenses have been renewed. The message is, **"Please renew your license on time. It will cost you money, time and frustration if you don't."**

A primary reason for late renewal is that the nurse has moved and has failed to inform the board of an address change. Renewal notices are mailed 60 to 75 days prior to license expiration. Board Rule 217.10 (a) requires a registered nurse or candidate for registration to notify the board in writing each time he or she moves or has a name change so that each nurse's name and address are always current in the agency files. It is also important to remember that the nurse is responsible for renewing the license whether or not the nurse received a renewal.

The board expects fiscal year 1993 to set new records for telephone calls, automated verifications, license renewals, endorsements and written verifications. Perhaps we will have the opportunity to be of service to you or to your employees. If you have any questions about license renewals, permits, endorsements or verifications, please call the Licensing Department at (512) 835-4880.

—Glenn Parker ♦

Task Force Finalizes Recommendations On State Health Care Policy

On November 1, 1991, Governor Ann Richards appointed the Health Policy Task Force and charged it with proposing legislative and policy changes to allow Texans access to affordable basic health care.

The task force has met over the past year to address its charges. Four subcommittees on Essential Services, Cost Containment, Finance and Access/Availability have heard expert testimony and conducted extensive research concerning specific issues. Concurrently, the full task force conducted eight public hearings around the state where they heard testimony from over 500 citizens.

Members of the task force visited several health care delivery sites to observe first hand the issues impacting health care services.

A draft report was released by the Task Force in August and is now being edited for final publication and presentation to the Governor. The report contains a discussion of the problems of health care delivery in Texas and states in part:

"Texas faces a crisis in health care, the proportions of which are so great that its delivery system could collapse before the turn of the century. The crisis in Texas mirrors a national crisis. Health care is delivered in a manner that is grossly unfair to its citizens and is incapable of responding to the basic needs of all people. The crisis can no longer be ignored. It is a crisis of increasing costs and decreasing access. It is a crisis that must be dealt with boldly but with compassion. It is a crisis that Texans must be prepared to meet."

In addition to a discussion of the problems of access to care impacted by private and public reimbursement programs, the report emphasizes the lack of comprehensive health care for children and pregnant women in Texas. The supply and distribution of health care providers, including registered nurses and advanced nurse practitioners, is described as "inadequate". The report also explores problems with the infrastructure of health care including barriers to primary care, availability of trauma services, and transportation for clients to access health care.

The chapter which focuses on solutions to these problems contains recommended remedies, several of which emphasize the need to remove barriers for clients and providers. Perhaps the most far reaching of the solutions is the Texas Children's Health Plan, a program which would offer coverage of comprehensive health care for children and pregnant women at all income levels. The task force believes that this plan is a realistic short term solution for Texas.

The report concludes with a long term solution to the health care problems of Texas, the Texas Health Plan (THP). The task force views the THP, a single payer plan with universal coverage for all Texans, as a major reform requiring extensive analysis prior to implementation.

For a copy of the final report, you may contact the Health Policy Task Force office in Austin at 512/463-6473.
—Kathy Thomas ♦

LINC: A Texas Work/Study Experience

BNE Director of Education Mary Anne Hanley attended a consortium meeting of the Texas Hospital Association Foundation on October 16, 1992. The purpose of the meeting was to identify issues related to developing a Robert Wood Johnson Ladders in Nursing Careers (LINC) education grant proposal.

Board staff will provide data and other information in support of the proposal. Decisions regarding approval of grant proposals will occur early in 1993 ♦

CE QUESTIONS & ANSWERS —

In an effort to assist nurses to understand and comply with the mandatory continuing education requirements which went into effect on September 1, 1991, here are some of the questions which the staff is receiving regarding the new requirements.

Q: I am a new RN who took the state board exam in February. My license will expire in May, 1994. When do I need the CE hours?

A: The CE hours will be required for your 1996 renewal. A new Texas RN (licensed by exam or by endorsement) is not required to have continuing education hours for the initial licensure and for the immediate renewal period following Texas licensure. This time period ranges from six to 29 months depending upon the licensee's birth date. You then have two years from the renewal in which to complete the CE hours.

Q: I am going back to school to obtain a BSN. Can I receive CE credit for courses such as history, government, biology, etc.

A: No, prerequisite courses may not be counted for CE credit. Only nursing or health related courses are accepted.

Q: I have not practiced nursing for almost 12 years. However, I have maintained a Texas license in the event that someday I might return to nursing. How does the CE requirement apply to me?

A: All registered nurses are required to complete 20 hours of continuing education every two years in order to maintain an active Texas license. If you do not plan to return to nursing, you may place your license on "inactive" status. This is done at the time of the license renewal. Continuing education is not required as long as you are inactive. Should you wish to reactivate and you have been inactive for less than four years, you would be required to show proof of completion of 20 hours of CE within the previous two years. If you are inactive for more than four years, and have not been working in another jurisdiction, in addition to the CE, you would need to complete a nursing refresher course, extensive orientation or academic course(s) prior to reactivation.

If you are not practicing nursing and do not wish to maintain an active license, do choose the option of becoming "inactive". Failure to renew the license results in it becoming "delinquent" and the reactivation process may be more difficult and more costly.

Q: I am still confused about when I need to have the CE hours done. My license will be renewed in 1993.

A: The CE rules went into effect on September 1, 1991 and become effective with the nurse's first license renewal after 9-1-91. If your license will be renewed during the months of January through August of 1993, the CE rules

become effective with your '93 renewal and you will need to complete the 20 contact hours prior to your '95 renewal. If you renew your license in September '93 or thereafter, the CE hours will be required at that time.—
Kathy Vrazel

Remember: Do not send CE certificates or other documentation to the board's office. We are not able to handle the CE records of all 131,000+ licensed RNs in Texas. RNs are responsible for retaining their own CE records. This information should be kept in your files for two renewal periods (four years). An audit system will be utilized to verify compliance. If you are audited, you will be instructed on what to send. ♦



TPAPN Education Subcommittee Formed

An Education Subcommittee of the Texas Peer Assistance Program for Nurses (TPAPN) has been appointed to evaluate learning needs of RN and VN programs regarding knowledge of impaired professionals. The committee is chaired by Ellarene Duis-Nittsche, Bryan, Director of Blinn College ADN Program. Mary Anne Hanley, Director of Education, is representing the BNE on the committee. The committee has met two times and has discussed ways to develop curricular models and identify faculty development needs to incorporate information on professional impairment into nursing curriculum. ♦

BNE Executive Director Elected To National Organization

Louise Waddill, PhD, RN, Executive Director of the Board of Nurse Examiners was elected Secretary of the Board of Trustees of the Commission on Graduates of Foreign Nursing Schools (CGFNS) at the November 16 meeting of the CGFNS Board in Philadelphia. Her term of office will run until December 31, 1993. Earlier this year, Dr. Waddill was reappointed to the CGFNS Board of Trustees for a two-year term ending December 31, 1994.

CGFNS is a private, non-profit organization whose mission is to provide foreign nurse graduates with a realistic assessment of their chances for becoming licensed professional nurses in the United States, while at the same time ensuring the quality of nursing care for the American public. ♦

Prescriptive Authority for ANPs

Eligible Sites

The Omnibus Rural Health Rescue Act (House Bill 18) passed by the 71st Legislature in 1989 allowed the Board of Nurse Examiners (BNE) to determine the necessary education required for RNs to have limited prescriptive authority. The board determined that Advanced Nurse Practitioners, recognized by the BNE, would be eligible for prescriptive authority if they met the requirements for pharmacotherapeutics education.

This bill imposed several limitations on prescriptive authority including physician supervision criteria, a requirement for the use of protocols, exclusion of controlled substances, the specific format and content of the prescription prescribed by the physician and restriction to a site serving a medically underserved population.

One of the major provisions of this bill defined the eligible sites where the ANP actually utilizes prescriptive authority. There were six categories of sites defined as eligible, four of which were previously established definitions of sites serving medically underserved populations. The four established sites were:

- (1) A site located in a Medically Underserved Area (MUA) — an area or population group designated by the United States Department of Health and Human Services (USDHHS) as having a shortage of personal health services;
- (2) A site located in a Health Manpower Shortage Area now known as a Health Professional Shortage Area (HPSA) — an area, population group, or facility designated by the USDHHS as having a shortage of primary care providers;
- (3) A clinic designated as a Rural Health Clinic (RHC)— a clinic designated as a RHC under the Rural Health Clinic Services Act of 1977 (Public Law No. 95-210); the designation of which is made by the Health Care Financing Administration (HCFA) of the USDHHS;
- (4) A public health clinic or family planning clinic under contract with the Texas Department of Human Services or the Texas Department of Health (TDH).

In addition, House Bill 18 gave the TDH the authority to determine eligibility of two additional categories of sites defined as:

- (5) A site located in an area in which the TDH determines there exists an insufficient number of physicians providing services to eligible clients of federal, state or locally funded health care programs; or
- (6) A site that the TDH determines serves a disproportionate number of clients eligible to participate in federal, state or locally funded health care programs.

It was believed that these last two categories of eligible sites would also address those clinics located in urban areas where medically underserved populations are served.

The TDH adopted rules in October 1990 establishing the application process for site approval as defined by (5) and (6) above. TDH has approved 31 designations of sites serving medically underserved populations.

If you have questions concerning application for approval of a site through the TDH, please call the Bureau of State Health Data and Policy Analysis in Austin at 512/458-7261.—*Kathy Thomas* ♦

THE LEGAL EAGLE

In each issue of the RN Update, Penny Burt, General Counsel for the Board of Nurse Examiners, will respond 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:

Penny Burt, JD, RN
General Counsel
Board of Nurse Examiners
Box 140466
Austin, Texas 78714

Q: I am Director of Nursing in a nursing home. Our bedfast patients have orders to be turned every two hours. My 3-11 and 11-7 charge nurses are charting "turned every 2 hours" on the flow sheets. I know they are making only two to three rounds per shift because they are short staffed. So far, the only patients with decubiti had them when they were admitted. If a patient is neglected or injured, would I be responsible under the Nurse Practice Act? What should I do?

A: You are already responsible. The Nurse Practice Act requires that you protect the patient from unnecessary risk . . . not only from actual harm. The Nurse Practice Act, Article 4525(a)(12) subjects a nurse to disciplinary proceedings for:

"Failing to care adequately for patients or to conform to the minimum standards of acceptable professional nursing practice that, in the opinion of the board, exposes a patient or other person unnecessarily to risk of harm."

Board Rule 217.11, as amended, effective mid-December, sets out the standards of nursing practice. The following subsections define the minimum required of a nurse who supervises nursing care delivered by staff:

- (1) know and conform to the Texas Nurse 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;

- (3) use a systematic approach to provide individualized, goal-directed nursing care by:
 - (A) performing nursing assessments regarding the health status of the client;
 - (B) making nursing diagnoses which serve as the basis for the strategy of care;
 - (C) developing a plan of care based on assessment and nursing diagnosis;
 - (D) implementing nursing care; and
 - (E) evaluating the client's responses to nursing interventions;
- (7) accurately report and document the client's symptoms, responses, and status;
- (15) make assignments to others that take into consideration client safety and which are commensurate with the educational preparation, experience, knowledge and ability of the persons to whom the assignments are made;
- (16) supervise nursing care provided by others for whom the RN is administratively or professionally responsible;
- (17) accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge and ability;

The Director of Nursing in a long-term care facility is responsible for the total nursing service, twenty-four (24) hours a day, seven (7) days a week. You should bring your staffing problems and specific requests for help to administration at once and in writing. You should keep a copy of your documentation and all responses, verbal or written.

You should correct the problem of inaccurate notations on the flow sheet. The clinical record is a "governmental record" if the nursing home receives state or federal funds. It is a crime (Tampering with Governmental Record, §37.10 V.A.P.C.) to make a false entry in a governmental document. It is also a crime to "present" or "use" such a record with knowledge of its falsity and with the intent that it be taken as genuine. If the tampering is done with the intent to defraud or harm (eg. to obtain a higher TILE score) the offense is a felony of the third degree which is punishable by confinement in the penitentiary for 2-10 years and a fine not to exceed \$10,000. Otherwise, tampering is a class A misdemeanor punishable by confinement in the county jail for up to a year and a fine not to exceed \$2,000.

I hope this information will be helpful to you. ♦

Monitoring of RNs Under Board Order

This is the fourth article in our series designed to assist nurses to understand the board's disciplinary process. This article addresses the monitoring of licensee's who have been issued an Order with either stipulations or probation conditions.

According to Article 4525(a) of the Nurse Practice Act, the Board of Nurse Examiners may issue a warning or reprimand with or without stipulations, suspend for any period not to exceed five years or revoke the license of any professional nurse who has violated the law.

If the decision of the board is to sanction the nurse for the violation, the board is responsible for monitoring the nurse to insure that he/she is compliant with the Order issued. If the board issues a reprimand with stipulations, probates a suspension, or reinstates a revoked license with stipulations, the nurse will be required to have reports submitted to the board verifying compliance. The terms of the stipulations or probation conditions outlined in the Order of the Board are very specific about what is required. For example, a nurse who is disciplined as a result of a substance abuse problem may be required to have the following reports submitted to the board:

- (1) employer reports to evaluate nursing practice;
- (2) results of random urine screens for controlled substances and alcohol;
- (3) verification of support group attendance;
- (4) therapy reports.

In addition, the nurse's practice may be limited such that he/she may be prohibited from:

- (1) administering controlled substances;
- (2) practicing in critical care areas;
- (3) working rotating shifts, night shifts.

A nurse who is disciplined as a result of a practice violation may be required to have the following submitted to the board:

- (1) verification of successful completion of a course in medication administration, physical assessment, nursing jurisprudence, etc.
- (2) employer reports to evaluate nursing practice

The majority of the Orders issued stipulate that the nurse may not be employed by a nursing agency and must be supervised either directly (which requires another RN on the unit) or indirectly (which requires another RN in the building).

To insure that the employer is fully informed of the conditions of the Order of the Board, it is specified that the Order be presented to the employer or potential employer within 10 days of the effective date. The nurse must provide a Notification of Employment form to the employer to complete and return to the board. This form verifies that the Order has been read and all of the terms are understood by the employer. Once received, this form notifies the board of the nurse's employment and initiates the monitoring period. The nurse must also return his/

her nursing license to the board to be marked with the appropriate disciplinary action: 01 Probation/Conditions; 02 Stipulations; 03 Limited License.

Since it is the responsibility of the nurse to be compliant with the Order issued, all of the appropriate forms (indicating due dates of either the 15th or 30th of the month) are sent to the nurse. The nurse must then provide the forms to the employer, inform the employer of the due date and follow-up with the employer to insure that the forms are submitted in a timely manner. Failure to comply with any of the stipulations or probation conditions may result in further disciplinary action by the board.

Prior to employment, an employer should carefully review the Board Order to determine if the position will be acceptable to the terms. An employer who has questions or needs clarification on any portion of the Board Order should contact the board office, Department of Practice and Compliance at (512) 835-8686.

—Cynthia A. McRae ♦

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 work in an endoscopy lab and the RNs give Versed (midazolam HCl/Roche) for IV conscious sedation. We follow policies and procedures which comply with the board's recommendations. I understand there is a new reversal agent now available. Do you have any information?

A: Yes, Mazicon (flumazenil/Roche) acts as a benzodiazepine antagonist on the central nervous system. We would suggest that you consult with your facility's pharmacist to obtain the literature on this reversal agent.

Q: Our facility currently does not recruit foreign educated nurses, but I have seen the articles on the Accustomation Course which prepares the foreign graduate for practice in this country. Have the results of this requirement been beneficial?

A: We certainly believe they have been. Since the rules became effective, the pass rate of foreign candidates has improved substantially. In February 1992, the pass rate for foreign educated nurses rose to 82% and in July 1992 to 76%. In the last 10 years, the pass rates for foreign graduates have been well below the 1992 figures. We feel the requirement for the Accustomation Course participation protects the public, benefits the foreign candidate and assists employers in maintaining their recruits.

Q: I have recently left an acute care practice setting to accept a position in home health. I have been shocked by the type of documentation and that I have been asked by the agency owner to document visits on different days than they were actually made. I am really concerned about how this could affect my license.

A: First of all, if you have not done so, you should be sure to review the Texas Department of Health's home health licensure rules. These rules will assist you to know what is expected of a RN working in home health as well as the supervision requirements when working with home health aides.

The board clearly defines the falsification of documentation as unprofessional conduct. You are accountable for the entries you make in records related to patient care and the board could take action against your license for making false entries.

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

Telephone System Expanded to Handle Increased Phone Call Volume

Last year the board's office received over 119,000 telephone calls. In an ongoing effort to assist the public in answering questions about the board's policies and functions, the telephone system has been expanded to include more direct numbers, recorded information messages and voice mail. Voice mail gives callers the option of leaving a message if their party is unavailable. Voice Mail and information features are available during and after regular office hours and on weekends and holidays.

We apologize for any inconvenience you may have experienced during the past few months while the system was being installed. The "technical difficulties" are being resolved, and we hope that the system will help us to better serve our callers.

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, Nurse Practice Act [NPA] questions and practice issues, 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, advanced nurse practitioners)

ACCOUNTING(512) 873-6555

(Returned checks, refunds, debits)

CONTINUING EDUCATION(512) 835-8685**SALES OF LISTS(512) 873-6554**

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

STAFF ON THE MOVE

Erica Robinson joined the BNE staff on November 12, 1992 as a Clerk II in the Licensing and Support Services Department. Her job will consist of processing applications and answering telephone calls. Ms. Robinson has attended Huston-Tillotson College in Austin and is currently attending Austin Community College majoring in pre-pharmacy. We are very happy to have Ms. Robinson on the staff.

The board and staff extend best wishes to **Elisabeth Zepeda** who leaves the BNE on November 19 to accept a position as Administrative Associate at Brackenridge Hospital, in Austin. Ms. Zepeda has been with the board since August 1990 and has been responsible for processing NCLEX-RN applications of foreign candidates.

Wendy Francik resigned her position as Research Assistant with the board in September to accept a position with the Texas Department of Human Services, Division of Long-Term Care. Ms. Francik had been with the board since October 1989. ♦

RULE CHANGES AND PROPOSED RULES

At their September 22, 1992 meeting, the Board of Nurse Examiners took the following action in relation to rules:

- Adopted rule changes in §213, Practice and Procedure for the purpose of bringing the rules in alignment with the recent

establishment of the State Office of Administrative Hearings (Senate Bill 884). These changes became effective on October 21, 1992.

- Proposed repeal and new rules as follows:

§218, Delegation of Selected Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel.

§217.11, Standards of Nursing Practice (Licensure and Practice section).

§217.13, Unprofessional Conduct (Licensure and Practice section).

- Proposed amendments to §221.2, Education. (Advanced Nurse Practitioner section).

Board actions from the November 17, 1992 meeting will be reported in the next issue of *RN Update*.

EDUCATION REPORTS

The following actions were taken by the board at its September 22, 1992 meeting:

- Approved the plan of Dallas Baptist University to phase out its Baccalaureate Degree nursing program as of May 1994.
- Approved Dr. Pat Yoder Wise as Interim Dean of Texas Tech University Health Sciences Center Baccalaureate Degree Nursing Program during the 1992-93 academic year.

The following actions were taken by the Board at its November 17, 1992 meeting:

- Continued full accreditation of the following nursing programs that received survey visits during the Fall Semester 1992:

Baylor University Baccalaureate Degree Nursing Program

Navarro College Associate Degree Nursing Program

- Continued initial accreditation of the following nursing program that received a survey visit during the Fall Semester 1992:

University of Texas Pan American Baccalaureate Degree Nursing Program

- Changed the following programs from initial to full accreditation status:

Collin County Community Associate Degree Nursing Program

Corpus Christi State University Baccalaureate Degree Nursing Program

- Rescinded conditional accreditation status of Dallas Baptist University, reinstated full accreditation status based upon the program's achieving a greater than 75% pass rate on NCLEX-RN during the 1992 examination year.
- Placed Midwestern State University Baccalaureate Degree Nursing Program on warning for NCLEX-RN pass rate of less than 75% for the 1992 examination year.

DISCIPLINARY ACTIONS

September 1992

NAME	LIC. #	VIOLATION	DATE
Revoke			
Jane Patricia Bauersfeld++	544058	4525(b)	9/22/92
Ethelene Nell Dees++	246643	4525(b)	9/22/92
Schalaine Ellisor	245614	4525(a)(9)(11)	9/22/92
Linda Anne Gaffney++	437126	4525(b)	9/22/92
Dorothy J.E.P. Gilbert	228325	4525(a)(9)	9/22/92
James Michael Gilbreath	453231	4525(a)(7)	9/22/92
Sheri Gaye Kaplan++	554854	4525(b)	9/22/92
Donna Lynn McWhite++	563519	4525(b)	9/22/92
Hilda June Pianta++	212393	4525(b)	9/22/92
Ruth M. Walker Roberts	406697	4525(a)(9)	9/22/92
Claudia M. Smelley	461075	4525(a)(9)(12)	9/22/92
Reba Jane Rae Snyder	575010	4525(a)(7)	9/22/92
Sarah S. Stellabotte++	241323	4525(b)	9/22/92
Amy S. Toth++	513129	4525(b)	9/22/92
Jeffrey Jeremy Treadwell++	578543	4525(b)	9/22/92
Thelma Vizier	446444	4525(a)(7)	9/22/92
Linda L. White++	536609	4525(b)	9/22/92

Suspend/Probate

Madell M. Geter	503165	4525(a)(7)	9/22/92
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Reprimand with Stipulations

Rita M. Sanchez Aguilar**	212124	4525(a)(12)	9/22/92
Betty W. Baker*	501555	4525(a)(9)	9/22/92
Pamela Sue Chastan**	558469	4525(a)(8)(9)	9/22/92
Lois T. Hagan Corcoran**	21372	44525(a)(12)	9/22/92
Sharon Eileen Critchlow**	229386	4525(a)(9)	9/22/92
Sandra Louise Follett**	554390	4525(a)(8)	9/22/92
Gloria Annette Ford**	257191	4525(a)(9)	9/22/92
Tony Haro*	558790	4525(a)(9)(12)	9/22/92
Peggy Jenkinson Keller**	252437	4525(a)(1)	9/22/92
Jeannie Michele Lewis**	563291	4525(a)(9)	9/22/92
Joann Elaine Logsdon**	568089	4525(a)(9)	9/22/92
Billie J. Hopper Molloy**	409935	4525(a)(1)	9/22/92
Debora Ann Pearson**	576554	4525(a)(1)	9/22/92
Linda L. Harris Satterwhite**	428576	4525(a)(9)	9/22/92
Lorie Verjean Scroggs**	529090	4525(a)(7)	9/22/92
Barbara Ann Smith**	548516	4525(a)(8)(9)	9/22/92
Thu A. Thai**	518359	4525(a)(9)	9/22/92
Tracy E. Webb**	508707	4525(a)(8)(11)	9/22/92
Mary A. Webster**	245831	4525(a)(7)	9/22/92
Lee Ann Weislow*	565200	4525(a)(9)	9/22/92

Reprimand

Karen A. McEntyre	513914	4525(a)(9)	9/22/92
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Warning

Marilyn Sue Carter**	558450	4525(a)(9)	9/22/92
Richard Harris**	409665	4525(a)(9)	9/22/92
Sharon Jackson**	541821	4525(a)(9)	9/22/92
Linda A. Love**	252056	4525(a)(8)	9/22/92
Irma V. Martinez**	257293	4525(a)(9)	9/22/92
Robert Pisciotta**	541243	4525(a)(9)	9/22/92
Janice Carol Williams**	256611	4525(a)(9)	9/22/92

Reinstate with Stipulations

Larry Leon Broyles*	235268
Deborah Dianne Chance*	554029
Eileen Marie Terry*	454031

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

Betty Ruth Fegert**	535960
Robin L. Harvel**	239127
Tina Lavonia Misenheimer**	246481
Bonnie J. Guerra Shaner**	226448

* Agreed Orders

** Consent Orders

++ Voluntary Surrenders

Note: Disciplinary Actions from the November 1992 board meeting will be reported in the next issue of *RN Update*.

REVOKED

As of October 6, 1992, the following individuals have failed to return their license to the Board. Their licenses have been **Revoked**.

Malee Charoendee	557667
Bridget Maureen Denny-Shaffer	553409
Martin Ross Flannery	227405
Michael L. Jones	530277
Jerry Kovaly	560771
John E. Legg	537515
Susan Bruno Moser	235678
Helen S. Monroe Sauget	221570
Janice Lee Teague	231877
David Benjamin Zogg	565071

The following individual failed to return her license for appropriate notations.

Maureen Ifeoma Egbuchunam	571712	Reprimand with Stipulations
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IMPOSTORS

The following individuals do not hold a valid license to practice professional nursing in the State of Texas:

Lisa Bernice Moore

Lisa Bernice Moore applied for a position as a registered nurse at a psychiatric facility in Killeen in January, 1992. During an interview at this facility, Ms. Moore stated that she was a registered nurse in Texas and Washington (state). Ms. Moore is not a registered nurse in either state. Ms. Moore also applied for employment as a registered nurse at a nursing center in Killeen. The Board of Nurse Examiners is pursuing legal action through the local authorities.

Dianna Lynn Knight

The registered nurse license of Dianna Lynn Knight (#221991) was revoked in January 1992. Since that time Ms. Knight has sought employment as a registered nurse at a hospital in the Dallas area.

DEBITS

As of November 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's office.

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 #	PERMIT #
Asble, Alex Walter	564983	
Bablitz, Nancy Elizabeth	553715	
Barr, Lori Anne	537652	
Buol, Kolleen Kay	516233	
Clark, Victoria		50398
Conti, Angela Rose	552231	
Craft, Betty Jane	546665	
Dennis, Patricia Ann	503975	
Farra, Diane Rae	560781	
Felkins, Bettye Lisa	557452	
Filler, Marcia Ann	553220	
Fryer, Renee Marie	578735	
Gazey, Patricia		069539
Glisson, James M.	239549	
Handlin, Kathy L.	512842	
Hendren, Jacqueline	575047	
Howell, Sharon	459387	
Jenkins, Victor I.	517158	
Jones, Cherie Lyne	241063	
Jones, Gwendolyn		63362
Kahn, Beatrice Margaret	558897	
Kishbaugh, Shari Elizabeth	575583	
Kuntz, Eileen Marie	514331	
Lechtenberg, Annette Marie	585557	
Masters, Mary Jane	550218	
Mitchell, Sandra	565160	
Nims, Teresa Masadie	565233	
Olivier, Marie Claudia	514361	
Owusu, Augustina E.	457100	
Pangilinan, Julie	445792	
Payne, Traci	569734	

Robinson, Lynn A.	518008	
Rosko, Lisa Marie	538707	
Sanderson, Brenda Mary	538111	
Sloane, Gail Theresa	550406	
Strouhal, Susan Kay	557026	
Taylor, Maxine	555844	
Tucker, Sherri		58040
Vasquez, Emerald J.D.	207588	
Zutell, Jean		57374

Board Meeting Dates/Open Forum

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

January 20-21, 1993, Austin
 March 23-24, 1993

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.

Effective April 15, 1992, all contested cases (formal disciplinary hearings) are heard by an Administrative Law Judge in the newly-created 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 during each meeting. Interested persons are requested to notify Erlene Fisher in writing or by telephone prior to the scheduled board meeting.

Do You Know a Nurse Who Needs Help?

If you know of an RN or LVN who is depressed, drinking more than moderate amounts of alcohol, or is abusing drugs and is not practicing nursing in a manner that is in the public's best interest, give the Texas Peer Assistance Program for Nurses (TPAPN) an opportunity to help. All calls are kept strictly confidential. For information call 1-800-288-5528 or 512/467-7027.

CORRECTIONS

In the September 1992 issue of the *RN Update*, Disciplinary Actions list, the license number of Nola J. Wynn, was incorrectly printed. The correct license number is 510481. The names of Judith K. Vance, license number 430842, and Thelma Jean Lee Harrison, license number 458559, were printed as having failed to return their licenses for appropriate notations. After review of our records, we find that the licenses were returned to our office. We apologize for any inconvenience caused by this oversight.

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 office will be closed on the following days:

December 24–25, 1992 — Christmas Holidays
 January 1, 1993 — New Year's Day
 January 18, 1993 — Martin Luther King, Jr. Day
 February 15, 1993 — Washington's Birthday

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.

In compliance with the Americans with Disabilities Act, this document may be requested in alternate formats by contacting Mark Majek at the board's office, (512) 835-8670 (Voice), (512) 835-8684 (FAX), or 1-800-TX (TDD), or by visiting 9101 Burnet Road, Suite 104, Austin 78758. ♦

Board of Nurse Examiners for the State of Texas
 Box 140466
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if your license is in delinquent or inactive status, you may not use the title RN. You must hold a current license to practice in order to use this title. It's the law. ♦



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