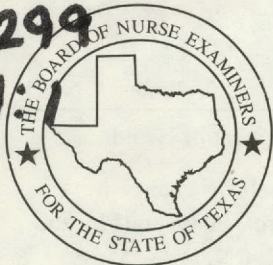


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RN UPDATE

Accreditation ★ Licensure ★ Practice ★ Compliance

March 1993

Volume 24, No. 1

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Sunset Advisory Commission Votes on Recommendations

On January 14, 1993, the Sunset Advisory Commission voted on its recommendations for all health care licensing boards undergoing the review process. Of major concern to the Board of Nurse Examiners was Issue II--whether or not to merge the boards that regulate registered nurses and vocational nurses into a single policy board. The Commission voted to recommend the merger with the specification that the new board's composition be 4-4-4--four registered nurses, four vocational nurses, and four public members. One across-the-board recommendation was that all boards consist of at least one-third public membership.

The Commission also voted to create a Health Professions Council whose main goal would be to centralize the complaint process of all health care licensing boards into one single entity. The Council itself would explore the possibilities of whether or not to centralize investigative efforts in the future.

Several key issues, affecting the Nurse Practice Act and vital to better regulation of the nursing profession, were recommended for adoption as follows:

- define the types of incidents reported under the mandatory reporting requirement;
- grant summary suspension of licenses;
- require a memo of understanding with agencies that license health facilities to ensure compliance with peer review;
- authorize conditions to limit the number of examination retakes.

Although the Sunset Commission's recommendations do not automatically make them law, they do set a precedent for how the issue will be converted into a bill, mainstreamed into legislation, and ultimately, passed or defeated on the floor. Like any other piece of legislation, these recommendations can be lobbied against, die in committee, or change their "original"

form, at any time during the legislative process. The Board of Nurse Examiners will continue to closely monitor the development of these issues and report any new changes or shifts to you in subsequent issues of the *RN Update*. If you have any questions regarding the Sunset Advisory Commission's recommendations, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674. ♦

New Rules in Effect

On December 16, 1992, the revised Standards, Unprofessional Conduct and Delegation Rules became effective. Each set of rules is contained in the center insert of this newsletter. The Board encourages all RNs to become familiar with these rules and requests employers to post or duplicate these rules for their staff.

The Standards of Professional Nursing Practice were updated to reflect what the Board currently believes to be minimal acceptable levels of professional nursing practice. The Standards are set out to guide the RN in his/her decision making regardless of the practice setting.

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New Rules *continued from page 1*

The Unprofessional Conduct rules clearly identify those behaviors which the Board believes are likely to deceive, defraud or injure clients or the public and, therefore, could result in disciplinary action. The revised Unprofessional Conduct rules reflect the types of recent behaviors that have resulted in reports to the Board.

The Delegation Rules have been expanded to address the issues related to services provided in the community to clients who are medically stable and can self direct their care. In this independent living environment, the RN has broader delegatory authority, when she/he has assessed the client and after consultation with the client has determined that an attendant or other unlicensed individual could safely and effectively provide the necessary assistive services.

The Delegation Rules have been reorganized for clarity. It is essential that each RN read the entire set of rules and understand the general criteria and the supervisory requirements when the decision to delegate is made.

Should you have questions after reviewing any of these rules, please write or call Cady Crismon, MSN, RN, CNS at the Board's office, telephone (512) 835-8665.

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The Board would like to acknowledge and express its appreciation to the members of the task forces who formulated the recommendations for the new rules.

Members, Task Force on Standards and Conduct:

Patricia A. Becker, JD, RN, Nurse Attorney; **Kleanthe C. Gulotta, RN, MSN, CNA**, Texas Organization of Nurse Executives; **Lynn Keegan, PhD, RN**, McLennan Community College; **Mary Lancaster, RN**, Round Rock Hospital; **Patricia D. Scearse, DNSc, RN**, Harris College of Nursing; and **James H. Willmann, JD**, Texas Nurses Association staff.

Members, Task Force on Unlicensed Personnel:

Rosemary Blackwell, RN, MBA, Texas Department of Health; **Judy Breckbill, MSN, RN, CNA**, Texas Association for Home Care, Inc.; **Becky Brownlee**, Senate Committee on Health and Human Services; **Linda Carsner, BSN, RN, MSHP**, Texas Department of Human Services; **Molly Evans**, Texas Organization of Nurse Executives; **Bob Kafka**, Gray Panthers of Austin; **Elizabeth B. Keeling, MSN, RN, CNA**, Methodist Medical Center; **Susan M. Pascoe, MSN, RN**, Texas Nurses Association; **Vicki Patrick**, Emergency Nurses Association; **Judith A. Polasek**, Texas Organization of Nurse Executives; **Corinne H. Reutebuch, BSN**, Texas Department of MHMR; **Mary Beth Thomas, MSN, RN**, Texas Nurses Association staff; **Judy Wingard-Westbrook**, Disability Policy Consortium;

Edie Zumwalt, RN, LNHA, Texas Department of Health.

The Task Force on Unlicensed Personnel was chaired by **Sara Keele, MS, RN**, Member of the Board. Board staff for the task forces included **Cady Crismon, MSN, RN, CNS**; **Mary Anne Hanley, MA, RN**; **Joan Stewart, JD**; and **Kathy Vrazel**. ♦

PRESIDENT'S MESSAGE

One of the major issues raised during the recent presidential campaign was the current crisis in health care costs. Of the many decisions facing President Clinton during the early days of his administration, it is certain that there will be much discussion about health care reform--how to control spiraling costs while providing quality, affordable health care to anyone needing it. As one newscaster pointed out, these decisions are about "life itself". Another spoke of "limited budgets and unlimited demands" and said there must be a change in social as well as medical attitudes. In all of this, the role of the nurse will be in the forefront of discussions. One thing seems certain--the role of nursing must change.

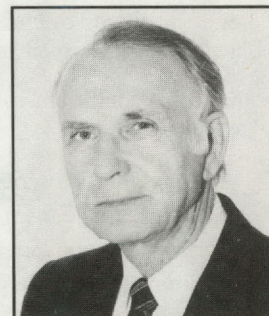
There is no short-term solution to the problems facing us in health care today. The effects of changes in health care policy will be felt into the 21st century. A long-term goal must be established.

The nurse is one of the most important components of health care delivery today. Without a doubt, nurses will continue to play a major role in the future. Not only are nurses prepared educationally to render health care, but they are becoming more qualified through continuing education, learning new skills in modern technology, and becoming specialists in a number of areas.

The role of the BNE has been to set standards for nursing practice, approve educational curricula, monitor the performance of nurses, and license qualified nurses. The Board must now consider its responsibility to become more aware of future needs for the nurse within the health care system so that appropriate curricula can be implemented at the university and college level to prepare the nurse for added responsibilities.

Professions improve when the members participate in needed changes. The BNE would like to hear from nurses, educators and providers on what role the BNE should assume. Please send Dr. Waddill and the Board your ideas and suggestions. ♦

Morris H. Parrish, PhD
President



Board Proposes New Rules on GN Supervision

The Nurse Practice Act requires that a graduate nurse issued a temporary practice permit function under the direct supervision of a registered nurse. The Board, at its January 20, 1993 meeting, voted to propose a new rule which defines the term "direct supervision" and clarifies that GNs may not work in charge positions or independent practice settings.

The proposed definition of "direct supervision" requires a registered professional nurse to be working on the same unit and readily available to provide consultation and assistance. The intent of the definition is to ensure that graduate nurses and their employers understand the need for and the availability of RN supervision. The Board's opinion is that direct supervision is essential in order to provide safe, effective nursing care.

The Board welcomes comments on these proposed rules. Written comments may be submitted to the attention of Cady Crismon, MSN, RN, CNS, at the Board's office, by March 1, 1993. The Board will receive testimony at its meeting on March 23rd at 2:00 pm. For additional information on the location of the Board meeting, contact Erlene Fisher at (512) 835-8675, or for questions regarding direct supervision, contact Ms. Crismon at (512) 835-8665.--Cady Crismon ♦

Health Policy Task Force Releases Final Report

In November of 1991, facing a health care crisis in Texas mirrored throughout the nation, Governor Ann Richards appointed a Health Policy Task Force to make recommendations concerning necessary reforms to health policy in Texas. Although the federal congress has considered several bills addressing health care systems, they have not yet passed any legislation to create reforms. Texas, like several other states, began the process of creating their own solutions to the crisis. Charged

with developing a health care package for Texans, the Task Force met frequently over the last year, held eight public hearings, and visited a variety of health care delivery settings to gather information. Their final report was submitted to the Governor in January 1993.

The report identifies the problems in the current health care system including access to health care for all Texans, provider issues such as inadequate supply and distribution of health care providers, problems with the infrastructure of the health care system such as lack of preventive and primary health care services, and the spiraling cost of health care.

Task Force recommendations to remedy the problems outlined in the report include the development of "The Texas Children's Health Plan", a state and federally funded program which would assure comprehensive health care for children through age 18 and all pregnant women. Further, the Task Force recommends certain reforms to the current system such as insurance reforms, increase in the numbers of health care providers, particularly in underserved areas, changes to the infrastructure such as improved trauma care delivery and development of school based health care services, and reforms to cost escalation concerns such as reasonable health care expenditure limits and control of pharmaceutical costs.

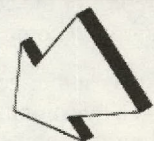
The final recommendation calls for the development of "The Texas Health Plan", a single payor system which would provide universal health care coverage, including preventive and primary care, for all Texans. The Task Force recognized that this plan would require extensive research and planning and therefore, recommended that the Texas Department of Public Health and the Comptroller's Office begin to study this "long term direction for the future of health care in Texas".

The 73rd session of the Texas Legislature convened on January 12, 1993. They will now consider the recommendations of the Task Force as pertinent bills are introduced.

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

Notice to Employers, Newsletter Subscribers

Due to cutbacks in the agency's budget for fiscal year 1993, we are unable to mail this issue of *RN Update* to all registered nurses. Previously one or two issues each year were mailed to all RNs licensed in the state. We regret the necessity for discontinuing these mailings. We will continue to send the newsletter quarterly to directors of nursing service, schools or nursing, state boards of nursing, employers of registered nurses and subscribers. Please share this information with your employees, co-workers and other interested persons. Subscriptions to the newsletter are \$5.00 (\$5.40 including tax) and may be obtained by sending a written request along with your check payable to the Board of Nurse Examiners, Box 140466, Austin 78714 ♦



Highlights of Final NEAC Meeting and Recommendations

The final meeting of the Nursing Education Advisory Committee (NEAC) was held on November 5, 1992, in Austin. Joanna Seamans, MSN, RN, BNE and Doris Parker, BVNE presided. At this meeting the CORE committee reviewed drafts of the proposed outcome competencies and skills list for the LVN, Diploma/ADN and BSN nursing programs in Texas, and the Format Implementation Team (FIT) recommendations. The report of the Manpower subcommittee was presented by Phyllis Waters, Chair.

NEAC was initiated in 1990 as a joint venture by the Board of Vocational Nurse Examiners and the Board of Nurse Examiners for the State of Texas. Members of the CORE committee, Educational Subcommittees, FIT, and Manpower Subcommittee represented each of the Boards, nursing education and service sectors.

The three education subcommittees were charged with developing competencies or behaviors that graduates of nursing programs in Texas would be expected to demonstrate. The Format Implementation Team was responsible for identifying mechanisms for incorporating the competencies into rule format for implementation. Finally, the Manpower Subcommittee was charged with identifying issues and trends which will impact the future need for nursing and the current and future supply of nurses in Texas. The intended outcome of NEAC was to provide each Board with documents and information which would contribute to strategic decision making during the next few years.

The final report and recommendations of the Nursing Education Subcommittees and Format Implementation Team were broad and complex in nature. These were submitted to the BNE at its January 20, 1993 meeting. The recommendations of Co-Chair Joanna Seamans and Board staff were also considered.

The following recommendations of CORE, the Education Subcommittees, Format Implementation Team, Co-Chair and staff were approved by the Board of Nurse Examiners:

- The report of the competencies submitted by the CORE and the Education Subcommittees was accepted.
- Staff was authorized to continue to refine the competencies; develop a questionnaire for the Deans and Directors to complete regarding the competencies (scheduled for Spring 1993).
- Staff was authorized to develop a pilot study to evaluate the validity of the identified competencies and the implementation process prior to rule development (slated for Fall 1993).

- It was decided not to publish the skills list (which was intended to identify those skills that could be expected to be performed by each level of nursing graduates) as it: a) did not clearly differentiate levels of education and b) could be taken out of context of the nursing competencies if published as a separate document.

FIT recommendations relating to the BNE were approved:

- The BNE and BVNE will establish rules requiring schools to demonstrate achievement of the approved competencies according to the following time frame, which was amended to accommodate the pilot study:
 1. Presentation of the competencies, preambles and skills list to both Boards by March 1993.
 2. Board will establish mechanisms for development of rules; rules are published for public comment and revised by the Boards as needed.
 3. Rule development by 1994; implementation to begin by late 1994 or early 1995 with final implementation by all schools by 1998.
- Student placement in a nursing program or mobility option will be based on the assessment of prior education and experience in relation to the approved competencies.
- Programs will provide teaching/learning experiences which do not require repetition of content and experiences validated by the competencies.
- The Boards will make available to Texas nursing programs information regarding models for educational mobility options and articulation agreement.

The last three recommendations will need to be addressed over time and may require further study to develop a clear, well defined articulation plan for at least the 10 higher education regions, if not the whole state of Texas.

The Manpower Subcommittee report will be presented at the March 23, 1993 Board meeting. Both reports will be presented to the Board of Vocational Nurse Examiners on March 8-9, 1993.

Finally, while the Board of Nurse Examiners has released NEAC CORE, FIT and the Education Subcommittees from their charges, the Board and staff would like to express our appreciation and to acknowledge each member's dedication and commitment to accomplishing those charges. The significant work of NEAC and its subcommittees will be reflected in the activities and mission of the Board of Nurse Examiners far into the future.--Mary Anne Hanley ♦

Board Adopts New ANP Petition Process

Last summer the Board's Advisory Committee on Advanced Nursing Practice considered whether the Board should recognize Nurse Practitioners (NPs) who completed programs in the early 1970's which did not meet the Board's requirements as stated in Rule 221. In keeping with recommendations from the Advisory Committee, the Board published rules to create a petition process for these individuals.

In September 1992, the Board adopted amendments to Rule 221 to allow Nurse Practitioners who graduated from non-accredited programs during or prior to 1978 to petition the Board for a waiver from the requirement that the program be accredited by a state or national organization recognized by the Board. Petitioners must present documentation to support their petition and assure the Board that their knowledge, skills and abilities are appropriate for the role; meet the length of academic program requirements; and not be under current Board investigation or Board order.

To make exceptions to the program requirements, the Board requires the individual petitioners to provide convincing information that they are reasonably safe practitioners. The Board will consider pertinent documentation such as current RN licensure, recent experience in the advanced practice role, the current practice of the Nurse Practitioner, and statements of competence or performance evaluation.

For more information, please contact the Board office; mark all correspondence, "ATTN. ANP".--Kathy Thomas

ADVANCED PRACTICE QUESTIONS AND ANSWERS

The Board receives many calls and letters regarding advanced nursing practice issues. Advanced Nurse Practitioners (ANPs) are Nurse Practitioners, Nurse Midwives, Nurse Anesthetists and Clinical Nurse Specialists. In this issue Kathy Thomas, MN, RN, CPNP will respond to questions regarding advanced practice.

Q: I have prescriptive authority and I have moved into a new practice. Do I have to notify the Board of my change in job site?

A: Yes, Rule 222 requires that the ANP carry out limited prescriptive authority in an eligible site. You must notify the Board immediately and attach appropriate documentation concerning the eligibility of your new job site.

Q: I am a CRNA practicing in a rural hospital. I have been told that my anesthesia record entries must be co-signed by a physician. Is this true?

A: No, the Board does not require records to be co-signed. The hospital, through its staff credentialing process, determines the anesthesia practice activities which you may carry out in that facility and the physician, usually the surgeon or anesthesiologist, authorizes you to administer anesthesia to a given patient. As the anesthesia provider, you are qualified to administer anesthesia and you must document appropriate information on the anesthesia record.

Q: I am a Nurse Practitioner practicing in a clinic setting. May I give patients samples of drugs until they can get their prescription filled at a pharmacy?

A: No, the practice you describe is "dispensing" of medications. The Texas Pharmacy Act states that only pharmacists and physicians may dispense.

Q: I am a student in a graduate Nurse Practitioner program. I would like to work as a Nurse Practitioner in my last semester until I graduate. Can I use the title of "Nurse Practitioner" during this time?

A: No, Rule 221 prohibits the use of the title "Nurse Practitioner" by anyone who is not recognized by the Board as a NP. You may practice your newly acquired skills as a Registered Nurse with appropriate supervision and consultation.

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

Kathy Thomas, MN, RN, CPNP
Nursing Consultant
Department of Practice and Compliance
Board of Nurse Examiners
Box 140466
Austin, Texas 78714

Task Force Studying Education/Licensure Rules

At its July 1992 meeting, the Board of Nurse Examiners appointed a Task Force to review and recommend revisions to the BNE's Education and Licensure Rules. Members of the Task Force include representatives from each of the basic professional nursing education programs, i.e. Diploma, ADN, and BSN, as well as a representative from the Board, a representative with expertise in the area of disabilities, and a representative from the nursing practice arena.

The membership includes: **Marilyn Dyer, MSN, RN**, Texas Southmost College in Partnership with The University of Texas

at Brownsville; **Dolly Fraley, MSN, RN**, Methodist Hospital School of Nursing, Lubbock; **Carolyn Gunning, PhD, RN**, Texas Woman's University, Denton; **Keith Ragsdale, MSN, RN**, Austin Community College; **Barbara Moore, MSN, RN**, Seton Hospital, Austin; **Eileen Piwetz, EdD, RN**, Midland College, Board Member. Support staff include: **Mary Anne Hanley, MA, RN**; **Donna Carlin, MSN, RN**; **Dona Oliver, MSN, RN**; and **Lisa Holder**.

The Education Rules Task Force has met four times. To date, the Task Force has proposed revisions to the Education Rules to contemporize the language and to reflect the changes occurring in nursing education within Texas and across the country. Drafts of the proposed rules will be communicated to constituent groups by members of the Education Rules Task Force for feedback and comment prior to submitting its recommendations to the members of the Board at their July 1993 meeting. A proposal to publish revised Education and Licensure Rules is slated for no later than Fall 1993. ♦

NCLEX-CAT Update

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

In December, the BNE, along with 43 other jurisdictions, volunteered to participate in Beta Testing to validate and verify the CAT system nationally. The Beta test for the NCLEX-CAT-RN will take place between June 26 and July 8, 1993.

The National Council staff and ETS were interested in Texas participating in the Beta test because of its size and cultural diversity. All candidates eligible to take the July 1993 exam (i.e. first time, repeat, and foreign candidates) are potential participants. As we receive specific information regarding recruitment and selection of candidates for the Beta Test, we will share the information with Deans and Directors, Coordinators of Accustomation courses, and individuals applying for first time or repeat examination.

Texas has been asked to provide at least 400 volunteer candidates to participate in the Beta test. While all candidates will need to pay the application for initial licensure fee of the BNE, the administration fee will be waived.

This test is FOR REAL! Licensure for each volunteer is based upon the results of the Beta test. There are four exam formats: (1) current paper and pencil exam (two days); paper and

pencil exam (one day); Computer Adaptive Test (one day); Linear Computer Test (one day).

Candidates will be randomly assigned to one of the formats. The format of the test will not be known to the candidate at the time the candidate agrees to participate in the Beta test. Exam security will be ensured for each of the formats.

Any Beta Test candidate who fails the NCLEX, regardless of the assigned condition, will have the opportunity to take a free NCLEX-CAT between mid-September and November 30, 1993, or after CAT is implemented. The candidate will need to reapply for licensure with the BNE and pay the \$50 application fee.

By participating in the Beta Test, BNE staff will gain valuable experience with the communications network of ETS from the beginning. In addition to the training process, staff is evaluating current rules and policies to accommodate the new continuous application/testing process of NCLEX-CAT. Such issues as the number of times a candidate may repeat the examination, the time frame for repeating the exam, length of graduate nurse permits, etc., are being considered.

We will continue to provide updates in this newsletter over the next year. Implementation of NCLEX-CAT in Texas is projected to take place after April 1994. ♦

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 most commonly asked CE questions.

Q: My RN license will be renewed in July 1993. When will I need to have the 20 hours of CE?

A: The CE hours will be needed for your 1995 renewal. The requirements 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 1995 renewal. If you renew your license in September 1993 or thereafter, the CE hours will be required at that time.

Q: Which academic courses are accepted for continuing education credit?

A: Academic courses in nursing which are taken for credit are accepted for Type I credit. Other health related courses are accepted for Type II credit. Electives and prerequisite courses

continued on page 11

**BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS**

**Licensure and Practice
§217**

§217.11. Standards of Professional Nursing Practice. The responsibility of the Texas Board of Nurse Examiners (board) is to regulate the practice of professional nursing within the State of Texas. The purpose of defining standards of practice is to identify roles and responsibilities of the registered professional nurse (RN) in any health care setting. The standards for professional nursing practice shall establish a minimum acceptable level of professional nursing practice. The RN shall:

- (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;
- (2) provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, or health problems of the client served;
- (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;
- (4) institute appropriate nursing intervention which might be required to stabilize a client's condition and/or prevent complications;
- (5) clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-eficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the RN makes the decision not to administer the medication or treatment;
- (6) know the rationale for and the effects of medications and treatments and shall correctly administer the same;
- (7) accurately report and document the client's symptoms, responses, and status;
- (8) implement measures to promote a safe environment for clients and others;
- (9) implement measures to prevent exposure to infectious pathogens and communicable conditions;
- (10) respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information;
- (11) promote and participate in client education and counseling based on health needs;
- (12) collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;
- (13) consult with, utilize and make referrals to appropriate community agencies and health care resources to provide continuity of care;
- (14) when acting in the role of nurse administrator, assure that adequate strategies are in place to verify the current Texas licensure and credentials of personnel for whom he/she is responsible;
- (15) make assignments to others that take into consideration client safety and which are commensurate with the educational preparation, experi-

ence, 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;
- (18) obtain instruction and supervision as necessary when implementing nursing procedures or practices;
- (19) be responsible for one's own continuing competence in nursing practice and individual professional growth;
- (20) report unsafe nursing practice by an RN which a nurse has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The RN should report unsafe practice conditions or other practitioners to the appropriate authority or licensing board. (Adopted 12/92)

**Licensure and Practice
§217**

§217.13. Unprofessional Conduct. The unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify unprofessional or dishonorable behaviors of the registered professional nurse (RN) which the board believes are likely to deceive, defraud or injure clients or the public. These behaviors include but are not limited to:

- (1) failing to 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;
- (2) failing to assess and evaluate a client's status or failing to institute nursing interventions which might be required to stabilize a client's condition or prevent complications;
- (3) failing to administer medications or treatments or both in a responsible manner;
- (4) failing to accurately or intelligibly report and/or document a client's status including signs, symptoms, or responses and the nursing care delivered;
- (5) failing to make entries, destroying entries, and/or making false entries in records pertaining to care of clients;
- (6) causing or permitting physical, emotional or verbal abuse or injury to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;
- (7) disclosing confidential information or knowledge concerning the client except where required or allowed by law;
- (8) when acting in the role of nurse administrator, failing to assure that strategies are in place to verify the current Texas licensure/credentials of personnel for whom he/she is administratively responsible;
- (9) delegating nursing care functions to a person who lacks the educational preparation, experience, knowledge or ability to perform these functions;
- (10) making assignments of nursing care to a person who lacks the ability or knowledge to perform such assignments, or failing to supervise the delivery of nursing care for which the RN is responsible;
- (11) accepting an assignment when one's physical or emotional condition prevents the safe and effective delivery of care or accepting an assignment for which one lacks the educational preparation, experience, knowledge or ability;

- (12) failing to obtain instruction or supervision when implementing nursing procedures or practices for which one lacks the educational preparation, ability, knowledge and/or experience;
- (13) leaving a nursing assignment without notifying one's immediate supervisor;
- (14) failing to follow the policy and procedure for the wastage of medications at the facility where the RN was employed or working at the time of the incident;
- (15) misappropriating, in connection with the practice of nursing, medications, supplies, equipment or personal items of the client, employer, or any other person or entity or failing to take precautions to prevent such misappropriation;
- (16) passing, or attempting to pass forged, altered, falsified or unauthorized prescription(s) by electronic, telephonic, written communication or any other means;
- (17) providing information which was false, deceptive, or misleading in connection with the practice of professional nursing or failing to answer specific questions that would have affected the decision to license, employ, certify or otherwise utilize an RN;
- (18) offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services;
- (19) physically, emotionally or financially exploiting the client or the client's significant other(s);
- (20) failing to report to the board or to a board approved peer assistance program, if applicable, within a reasonable time of the occurrence, any violation or attempted violation of the Nurse Practice Act or duly promulgated rules, regulations or orders;
- (21) failing to report the unauthorized practice of professional nursing;
- (22) failing to repay a guaranteed student loan, as provided in Section 57.491 of the Texas Education Code. (Adopted 12/92)

Delegation of Selected Nursing Tasks By Registered Professional Nurses to Unlicensed Personnel §218

§218.1. **Purpose.** The registered professional nurse (RN) is responsible for the nature and quality of all nursing care that a client receives under his/her direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation are essential components of professional nursing practice and are the functions of the RN. The full utilization of the services of a RN may require him/her to delegate selected nursing tasks to unlicensed personnel. The accountability for delegation of nursing tasks remains with the RN. The scope of delegation and the intensity of supervision by the RN may vary depending on the setting, the complexity of the task, the skills of the unlicensed person and the client's condition, ability and willingness to be involved in the management of his/her own care. Although unlicensed personnel may be used to complement the RN in the performance of nursing functions, such personnel cannot be used as a substitute for the RN. The following sections govern the RN in delegating nursing tasks to unlicensed personnel across a variety of settings where health related nursing care services are delivered.

§218.2. **Definitions.** The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Activities of daily living" - Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation and assistance with self administered medications.

"Client" - Refers to the individual and his/her family or significant others.

"Delegation" - Authorizing an unlicensed person to provide nursing services while retaining accountability for the outcome. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.

"Independent living environment" - A client's individual residence which may include a group home or foster home as well as other settings including, but not limited to school, work or church where the client participates in activities.

"Stable and predictable" - A situation where the client's clinical and behavioral status and nursing care needs are determined by the RN to be non-fluctuating and consistent, including hospice settings where the client's deteriorating condition is expected. Excluded from this definition is any situation where the client's clinical and behavioral status is changing and where frequent reassessment by an RN is needed.

"Unlicensed person" - An individual who is not licensed as a health care provider, who functions in a complementary or assistive role to the RN in providing direct client care or carrying out common nursing functions. The term includes, but is not limited to, nurses' aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by the Texas Department of Health, and other individuals providing personal care/assistance of health related services.

§218.3. **General Criteria for Delegation.** The registered professional nurse delegating nursing tasks to unlicensed persons shall comply with the following requirements. The RN must practice in accordance with these rules as well as any other regulations related to the RN's specific area or practice setting.

- (1) The RN must make an assessment of the client's nursing care needs. The RN should, when the client's condition allows, consult with the client to identify the client's nursing needs prior to delegating nursing tasks.
- (2) The nursing task must be one that a reasonable and prudent RN would find is within the scope of sound nursing judgment to delegate.
- (3) The nursing task must be one that, in the opinion of the delegating RN, can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare. The RN delegates nursing tasks based on the needs of the client and the knowledge and skills of the individual selected to perform such tasks.
- (4) The nursing task must not require the unlicensed person to exercise nursing judgment or intervention except in emergency situations.
- (5) The unlicensed person to whom the nursing task is delegated must be adequately identified. The identification may be by individual or, if appropriate, by training, education, and/or certification of the unlicensed person.
- (6) The RN shall have either instructed the unlicensed person in the delegated task or verified the unlicensed person's competency to perform the nursing task.
- (7) The RN shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of §218.4 of this title (relating to Supervision).
- (8) The RN shall be accountable and responsible for the delegated nursing task.

§218.4. **Supervision.** The registered professional nurse shall provide supervision of all nursing tasks delegated to unlicensed persons in accordance with the following conditions.

- (1) The degree of supervision required shall be determined by the RN after an evaluation of appropriate factors involved including, but not limited to, the following:
 - (A) the stability of the condition of the client;

(B) the training and capability of the unlicensed person to whom the nursing task is delegated;

(C) the nature of the nursing task being delegated; and

(D) the proximity and availability of the RN to the unlicensed person when the nursing task will be performed.

(2) When the RN delegates nursing tasks to unlicensed persons, the RN or another equally qualified RN shall be available in person or by telecommunications, and shall make decisions about appropriate levels of supervision using the following examples as guidelines:

(A) In situations where the RN's regularly scheduled presence is required to provide nursing services, including assessment, planning, intervention and evaluation of clients whose health conditions are changing and/or to evaluate client's health status, the RN must be readily available to supervise the unlicensed person in the performance of delegated tasks. Settings include, but are not limited to acute care, long term care, rehabilitation centers and/or clinics providing public health services.

(B) In situations where nursing care is provided in the client's residence and the RN is required to assess, plan, intervene and evaluate the client's unstable and unpredictable condition and need for skilled nursing services, the RN shall be responsible for the nursing care rendered and shall make supervisory visits at least every two weeks. The RN shall assess the relationship between the unlicensed person and the client to determine whether health care goals are being met. Settings include, but are not limited to group homes, foster homes and/or the client's residence.

(C) In situations where nursing care is provided in the client's residence or independent living environments and the client has stable and predictable health care needs, the RN shall make supervisory visits when, in consultation with the individual client and when appropriate, family and significant others, the RN determines it is necessary to assure that safe and effective services are provided. The ability or desire of the client to participate in the supervision of the care provided by the unlicensed person should be considered when establishing the frequency of supervisory visits. Settings include, but are not limited to hospice care, group homes, foster homes, the client's residence, school and place of work.

§218.5. Unlicensed Personnel to whom Tasks are Delegated by Other Licensed Practitioners.

(a) If a registered professional nurse practices in a collegial relationship with another licensed practitioner who has delegated tasks to an unlicensed person over whom the RN has supervisory responsibilities, the RN is responsible for the following:

(1) verifying the training of the unlicensed person; and

(2) verifying that the unlicensed person can properly and adequately perform the delegated task without jeopardizing the client's welfare.

(b) If the RN cannot verify the unlicensed person's capability to perform the delegated task, the RN must communicate this fact to the licensee who delegated the task.

§218.6. Nursing Students Working as Unlicensed Personnel. Certain nursing tasks may be delegated to professional nursing students working as unlicensed personnel in agencies, facilities, or institutions provided the students are currently enrolled in accredited professional nursing programs or are on semester breaks from such programs, and their course of study has included appropriate instruction to prepare them to perform the tasks which will be delegated. This delegation must be consistent with §218.9 and §218.10 of this title (relating to Specific Nursing Tasks Which May Be Delegated and Nursing Tasks That May Not Be Routinely Delegated). Section 218.7 of this title (relating to Nursing Tasks That May Not Be Delegated) which prohibits delegation of certain tasks also applies to nursing students working as unlicensed personnel.

§218.7. Nursing Tasks That May Not Be Delegated. By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound professional nursing judgment to delegate:

(1) physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or follow up;

(2) formulation of the plan of nursing care and evaluation of the client's response to the care rendered;

(3) specific tasks involved in the implementation of the plan of care which require professional nursing judgment or intervention;

(4) the responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and

(5) administration of medications, including intravenous fluids, except as permitted by §218.8 of this title (relating to Administration of Medications).

§218.8. Administration of Medications. The administration of medications may be delegated only in accordance with this section.

(1) In settings where the registered professional nurses' regularly scheduled presence is required to perform ongoing assessment, intervention and evaluation of the client's health status/stability, the RN may only delegate in compliance with subparagraphs (A) and (B) of this section.

(A) A RN may delegate the administration of medications to unlicensed persons working in a long term care setting and holding valid medication aide permits issued by the Texas Department of Health under the Health and Safety Code, Chapter 242, Subchapter F. The RN shall be knowledgeable regarding the rules of the Texas Department of Health governing medication aides and shall assure that the medication aide is in compliance with the statute.

(B) A RN may delegate the administration of medications to unlicensed persons working in a home health setting and holding valid home health medication aide permits issued by the Texas Department of Health under the Health and Safety Code, Chapter 142, Subchapter B. The RN shall be knowledgeable regarding the rules of the Texas Department of Health governing home health medication aides and shall assure that the home health medication aide is in compliance with the statute. The RN shall make a supervisory visit while the medication aide is in the client's residence at least weekly or when any change in medication regimen is ordered.

(2) In independent living environments where the client's clinical and behavioral status is stable and predictable, does not require the regular presence and assessment, intervention and evaluation by an RN and the client has expressed his/her ability and willingness to participate in the management of his/her care, including hospice settings where the client's deteriorating condition is predictable, the RN may delegate the administration of medications. The delegation may only occur after the RN has trained or verified the training of the unlicensed person to administer the medication. The RN may only delegate medications which are administered orally or via permanently placed feeding tubes, sublingually, or topically, including eye, ear and nose drops and vaginal or rectal suppositories.

(3) A RN shall not delegate the following tasks to any medication provider:

(A) calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the RN has calculated the dose;

(B) administration of the initial dose of a medication that has not been previously administered to the client;

(C) administration of medications by any injectable route;

(D) administration of medications used for intermittent positive

pressure breathing or other methods involving medication inhalation treatments;

(E) administration of medications by way of a tube inserted in a cavity of the body except as stated in paragraph (2) of this section (relating to Administration of Medications);

(F) responsibility for receiving verbal or telephone orders from a physician, dentist, or podiatrist; and

(G) responsibility for ordering a client's medication from the pharmacy.

§218.9. Specific Nursing Tasks Which May Be Delegated.

(a) By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound professional nursing practice to be delegated, regardless of the setting, provided the delegation is in compliance with §218.3 of this title (relating to General Criteria for Delegation) and the level of supervision required is determined by the RN:

(1) non-invasive and non-sterile treatments unless otherwise prohibited by §218.10 of this title (relating to Nursing Tasks That May Not Be Routinely Delegated);

(2) the collecting, reporting, and documentation of data including, but not limited to:

(A) vital signs, height, weight, intake and output, clintest, and hematocrit results;

(B) changes from baseline data established by the RN;

(C) environmental situations;

(D) client or family comments relating to the client's care; and

(E) behaviors related to the plan of care;

(3) ambulation, positioning, and turning;

(4) transportation of the client within a facility;

(5) personal hygiene and elimination, including vaginal irrigations and cleansing enemas;

(6) feeding, cutting up of food, or placing of meal trays;

(7) socialization activities;

(8) activities of daily living; and

(9) reinforcement of health teaching planned and/or provided by the registered nurse.

(b) By way of example, and not in limitation, in independent living environments, where the client has stable and predictable health care needs, the RN may delegate activities of daily living and nursing tasks required for maintenance of the client's status. These tasks may only be delegated in accordance with §218.3 and §218.4 of this title (relating to General Criteria and Supervision) when the RN has assessed the client's available support systems and the client has expressed, through traditional or non-traditional means of communication, his/her ability and willingness to share in the management of his/her care. Delegable tasks, in addition to those identified in subsection (a) of this section include:

(1) medication administration in compliance with §218.8(2) of this title (relating to Administration of Medications);

(2) assistance with feeding, including tube feeding through permanently placed tubes;

(3) assistance with elimination, including intermittent catheterization; and

(4) assistance with other activities necessary to maintain the independence of the client such as maintenance of skin integrity and mobility.

§218.10. Nursing Tasks That May Not Be Routinely Delegated.

(a) By way of example, and not in limitation, the following are nursing tasks that are not usually within the scope of sound professional nursing judgment to delegate and may be delegated only in accordance with subsection (b) of this section. Treatments which include:

(1) sterile procedures - those procedures involving a wound or an anatomical site which could potentially become infected;

(2) non-sterile procedures, such as dressing or cleansing penetrating wounds and deep burns;

(3) invasive procedures - inserting tubes in a body cavity or instilling or inserting substances into an indwelling tube, unless allowed in §§218.8 (2), 218.9(a)(5) or 218.9(b) of this title (relating to Administration of Medications and Specific Nursing Tasks Which May be Delegated);

(4) care of broken skin other than minor abrasions or cuts generally classified as requiring only first aid treatment;

(b) The nursing tasks listed in subsection (a) of this section may be delegated to an unlicensed person only:

(1) under circumstances where a reasonably prudent RN would find that the delegation does not jeopardize the client's safety and/or welfare;

(2) if, in the judgment of the RN, the unlicensed person has the appropriate knowledge and skills to perform the nursing task(s) in a safe and effective manner;

(3) if the delegation is in compliance with §218.3 and §218.9(b) of this title (relating to General Criteria for Delegation and Specific Nursing Tasks Which May Be Delegated) where applicable;

(4) if the RN delegating the task is directly responsible for the nursing care given to the client;

(5) if the agency, facility, or institution employing unlicensed personnel follows a current protocol for the instruction and training of unlicensed personnel performing nursing tasks under this subsection and that said protocol is developed with input by registered nurses currently employed in the facility and includes:

(A) the manner in which the instruction addresses the complexity of the delegated task;

(B) the manner in which the unlicensed person demonstrates competency of the delegated task;

(C) the mechanism for reevaluation of the competency; and

(D) an established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and

(6) if the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the RN's professional judgment.

§218.11. Exclusion from Rules. These sections shall not be construed to apply to registered professional nurses who:

(1) supervise or instruct others in the gratuitous nursing care of the sick;

(2) are qualified nursing faculty or preceptors directly supervising or instructing nursing students in the performance of nursing tasks while enrolled in accredited nursing programs; and

(3) instruct and/or supervise an unlicensed person in the proper performance of nursing tasks as a part of an education course designed to prepare persons to obtain a state license, certificate or permit that authorizes the person to perform such tasks.

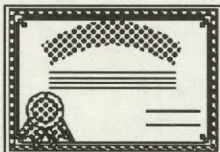
(Adopted 12/92)

CE Questions & Answers continued from page 6

are not accepted. The conversion is one academic semester hour is equal to 15 contact hours.

Q: I presently live out of state and am licensed here and in Texas. Will Texas accept the CE hours that I earn in the state where I reside?

A: CE programs taken in another state are accepted in Texas if the programs meet the criteria in the Texas CE rules. This means that the program must be approved by one of the Board's credentialing organizations to be accepted for Type I credit. If it is not approved by one of the credentialing organizations but meets the criteria in the rules, it will be accepted for Type II credit.



The credentialing organizations for Type I are: American Nurses Association (American Nurses Credentialing Center); American Association of Critical Care Nurses; American Association of Nurse Anesthetists; American College of Nurse Midwives; National Association of Pediatric Nurse Associates and Practitioners.

Q: What is the status of NAACOG programs?

A: NAACOG-approved programs completed before December 31, 1992 will be accepted for Type I credit. Thereafter, the programs will be considered Type II since NAACOG elected not to seek reaccreditation by the American Nurses Association Council on Accreditation in 1992. We understand that this organization has changed its name to the Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN). Should AWHONN become approved by one of the Board's credentialing organizations in the future, the programs would be accepted for Type I CE hours.

Q: Is it possible to obtain all 20 hours of CE credit through articles in the nursing journals?

A: Yes. All 20 hours may be earned through Type I home study programs. The Board does not recommend all 20 hours being obtained in this manner, since one does not receive the benefit of discussion and interaction with other nurses and experts that takes place in a group setting. However, home study is an option for those who may not have access to workshops and seminars. Home study programs which have been approved by the American Nurses Association or one of the other credentialing organizations are accepted for Type I credit.

Remember: Maintain all of your CE certificates or other documentation. This information should be kept for two renewal periods (four years). Please do not send CE documentation to the Board's office. An audit system will be utilized to verify compliance. If you are audited, you will be instructed on what to send. ♦

THE LEGAL EAGLE

In each issue of the *RN Update*, Penny Burt, 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:

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

I have received several questions from OR and Cath. Lab nurses who are concerned about starting procedures on patients whose charts have been screened by other hospital staff. In some cases, the chart is being reviewed by a RN other than the circulating RN. In others, the chart is reviewed by non-nursing staff who check for the presence or absence of paperwork required by the hospital's business office or risk manager. In any event, the circulating RN is feeling pressured to accept the patient and start the procedure before doing even a cursory assessment or record review. The following is from a letter responding to one of those nurses:

You have inquired concerning the responsibility of a circulating nurse to check patient charts prior to accepting the patient into his/her OR for a procedure. Your question assumes that the chart, including consent forms, has been checked by hospital staff as a part of the patient's transfer to the OR.

Patient assessment and chart review are essential to safe practice. The Nurse Practice Act (NPA), Article 4525(a) provides that the Board may take disciplinary action against a licensee for violation of the NPA or any rule issued thereunder. Article 4525(a)(12) specifies as a ground for discipline:

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.

The Standards of Professional Nursing Practice, 22 Texas Administrative Code (TAC), Annotated, Section 217.11, establish the minimum acceptable level of professional nursing practice. A copy of Section 217.11 is enclosed for your reference. (The newly adopted Standards as well as the Delegation Rules are provided as the center insert of this newsletter.) A

continued on page 12

Legal Eagle *continued from page 11*

nurse's compliance with Subsections (3), (4), (5), (8), (16), (17), and (18) in the OR setting would require assessment of the patient and a review of the patient's chart, including consent forms, as a part of the initial contact and as a preliminary step in determining whether to accept, question, or reject a particular nursing assignment. Assuming the assignment is accepted, patient assessment and chart review are prerequisites to nursing intervention as well as delegation and supervision of aspects of care not performed personally by the circulating nurse.

Compliance with the Nurse Practice Act is a separate matter from compliance with the duty of reasonable care imposed by case law for tort liability. I do not express any opinion of procedures an institution may implement to protect itself from liability. The nurse employed by an institution is frequently faced with directives and procedures established by the employer which do not take into account the requirements of the NPA. For purposes of an individual licensee's compliance with the law, the nurse may need to take measures which are more or less rigorous than those taken by an institution in a given fact situation. Under the circumstances posed by your question, the Board would expect each circulating nurse to do his/her own patient assessment including a review of the clinical record and any collateral documents (such as consent forms) related to the status, care, and safety of the patient.

I hope this information is useful to you. ♦

Texas RNs Serve on NCLEX Panels

Three Texas RNs recently served as items writers for the National Council Licensure Examination for Practical Nurses: Faith Ann Darilek, Shiner; Diane LaGrange, Rio Grande City; and Karen Riley, San Antonio.

Davie L. Johnson, RN, El Paso, participated in the National Council Licensure Examination for Registered Nurses Computerized Adaptive Testing item writing workshop.

Item writers and reviewers are responsible for developing questions used on the national licensure exams for registered nurses and licensed practical (vocational) nurses. If you are interested in participating in this important task, 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. RNs with a Master's degree or higher who have knowledge and experience with entry level nurses are eligible to be item writers. ♦

BNE Information Specialist Named

Eric M. Gutierrez was hired as Information Specialist for the Board of Nurse Examiners on December 1, 1992. Mr. Gutierrez received his Bachelor of Arts degree in Creative Writing at Pepperdine University, Malibu, California, and continued graduate studies in Theology at The Catholic University of America, Washington, D.C. Prior to joining the Board staff, he was employed at USC/LA County Hospital, Los Angeles, on their Chaplain team and at the El Paso Child Guidance Center on their clinical staff.

As Information Specialist, Mr. Gutierrez will be responsible for promoting the works of the Board of Nurse Examiners as well as providing technical assistance in all matters of publications, public information and communications. ♦

**NURSING FACILITY NURSES:
UNCOVERING THE MYSTERIES**

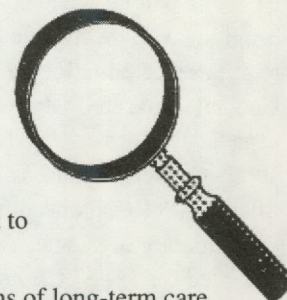
Are you a nurse looking for clues to a new career?

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.



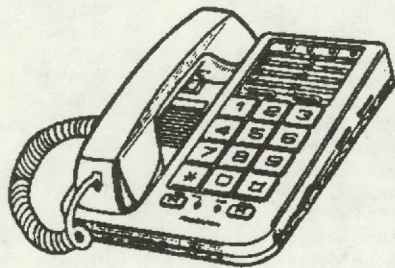
Dates and locations:

April 6-8, 1993	July 6-8, 1993	October 5-7, 1993
Marriott Park Central Dallas	Red Lion Hotel Austin	Red Lion Hotel Austin

For more information contact the Education Department at THCA (512) 458-1257 or TAHA/EIA at (512) 467-6994. ♦

Telephone System Expanded to Handle Increased Phone Call Volume

Last year the Board's office received over 220,000 telephone calls. In an ongoing effort to assist you by 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 hope that the new system and added features 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
(Information on the state's requirements for mandatory continuing education for registered nurses)
- SALES OF LISTS** (512) 873-6554
(Computerized lists of RNs on floppy diskettes, magnetic tape, hard copy and/or mailing label(s))◆

STAFF ON THE MOVE

The Board welcomes Eric Gutierrez who joined the staff as Information Specialist on December 1, 1992.

Congratulations to Kathleen Lamm, Supervising Investigator, who completed her Master of Arts degree in Public Administration from Southwest Texas State University in December. Ms. Lamm completed the requirements for graduation after submission of her applied research project entitled, "Texas Hospitals, A Description and Assessment of Their Policies Toward Nurses Who Are Chemically Dependent."

Best wishes to Catherine Gnarra who resigned her position as switchboard operator for the Board on December 31, 1992 and to Greg Caldwell, who resigned as investigator on January 7, 1993. Kelley Anderson resigned her position as investigator in February to accept a new position at Johns Hopkins Hospital, Baltimore. Good luck, Kelley.◆

EDUCATION REPORT

The following actions were taken by the Board at its January 20, 1993 meeting:

- Continued full accreditation of the following Advanced Nurse Practitioner Program based upon a survey visit in the Fall 1992:
 - Texas Southwestern Medical Center Women's Health Care Advanced Nurse Practitioner Program, Dallas
- Continued full accreditation of the following nursing programs based upon Annual Reports submitted to the Board in October 1992:
 - El Paso Community College Associate Degree Nursing Program
 - Galveston College Associate Degree Nursing Program
 - Houston Baptist University Baccalaureate Degree Nursing Program
 - Lamar University/Beaumont Associate Degree Nursing Program
 - Lamar University/Beaumont Baccalaureate Degree Nursing Program
 - Odessa College Associate Degree Nursing Program
 - Prairie View A&M Baccalaureate Degree Nursing Program
 - San Antonio College Associate Degree Nursing Program
 - Texarkana College Associate Degree Nursing Program
 - Texas Woman's University Baccalaureate Degree Nursing Program
 - Wharton County Junior College Associate Degree Nursing Program

Also accepted by the Board was the plan by McLennan Community College to close its Associate Degree Nursing Program's Extended Campus in Temple effective May 1993.

Faculty waivers were granted to Gloria Meza and Joe Meza, who are employed at Del Mar College Associate Degree Nursing Program, through December 31, 1993. ◆

RULE CHANGES AND PROPOSED RULES

In addition to the activities reported in other articles in this newsletter, the Board of Nurse Examiners took the following action in relation to rules at their January 20, 1993 meeting:

- Adopted amendments to §§217.4, 217.5 and 217.6 regarding Licensure by Endorsement, Requirements for Licensure of Nurses Not Eligible for Endorsement under §217.4 and Temporary Permits. These amendments are offered to help clarify the rules in relation to an applicant writing both the Canadian Nurses Association Testing Service Examination (CNATSE) and the National Council Licensure Examination for Registered Nurses (NCLEX-RN). ◆

Board Meeting Dates/ Open Forum

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

- March 23-24, 1993
- May 25-26, 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.

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 so that the request to address the Board is assured and to confirm the date, time and location of the open forum. ◆

DISCIPLINARY ACTIONS November 1992-January 1993

NAME	LIC. #	VIOLATION	DATE
Revoke based on Voluntary Surrender			
Richard B. Ashmore	529690	4525(b)	1/20/93
Valerie R. Clizbe	544177	4525(b)	11/17/92
Rosemary Dudley	241644	4525(b)	1/20/93
Susan Ann Emerson	557872	4525(b)	11/17/92
Carole D. Hendrickson*	504850	4525(b)	1/20/93
Edith Beatrice Hill	503042	4525(b)	11/17/92
Angela Marie Houston	582918	4525(b)	1/20/93
Claudia Carol Killingsworth	546056	4525(b)	1/20/93
Thelma Lea Kramer	565574	4525(b)	11/17/92
Rhonda L. Lacey	533855	4525(b)	1/20/93
Ann Marie Levandowski	512270	4525(b)	1/20/93
Denese Wurster Norris	552785	4525(b)	1/20/93
Dianne Minnette Parnell	247979	4525(b)	1/20/93
Juanita P. Dean Rippetoe	230949	4525(b)	1/20/93
Janna Sue Seeburger	229416	4525(b)	1/20/93
Judy Ann Seng	549534	4525(b)	1/20/93
Jennifer Walding*	548741	4525(b)	1/20/93
Cynthia Renee Willingham	527021	4525(b)	1/20/93
Revoke			
Debra Kim Elgin	257765	4525(a)(8)(9)(11)	11/17/92
Nancy H. Gable	569378	4525(a)(7)	11/17/92
Lisa L. Gibbs*	537336	4525(a)(8)(9)(11)	1/20/93
Miles H. Hudson, Jr.	511277	4525(a)(7)	11/17/92
Nancy Joan Kozak	514699	4525(a)(9)	11/17/92
Deborah Ann Martin	505715	4525(a)(8)(9)	11/17/92
Ralph Orilas McCawley	419176	4525(a)(7)	11/17/92
Daisy Mae Mills	232532	4525(a)(9)	11/17/92
Kuncheria C. Pothacherry	439825	4525(a)(12)	11/17/92
Mary Margaret Wittlin	568959	4525(a)(1)	11/17/92
Suspend/Probate			
Tab Blane Brown*	543517	4525(a)(9)	1/20/93
Diane Lyn Keesee	561449	4525(a)(9)	11/17/92
Reprimand with Stipulations			
Kathay Ann Bolton*	546899	4525(a)(11)	11/17/92
Anita Joan Brooks*	437763	4525(a)(8)(11)	11/17/92
Tammy Jo Chapa*	579544	4525(a)(12)	1/20/93
Ricardo Franco**	226447	4525(a)(9)	1/20/93
Thelma Jean Lee Harrison*	458559	4525(a)(9)	11/17/92
Amy D. Hisnanick*	537150	4525(a)(7)	11/17/92
Minilva Verna Ihejirikah**	551428	4525(a)(9)(12)	1/20/93
Donna Marbut**	255591	4525(a)(11)	1/20/93
Petronilo Morin III**	563649	4525(a)(9)	11/17/92
Judy L. Pickett**	254849	4525(a)(8)	1/20/93
Kelly Dianne Pope**	573256	4525(a)(9)	1/20/93
Regina Angela Pride**	Applicant	4525(a)(7)	1/20/93
Annetta J.C. Robertson	410412	4525(a)(7)	11/17/92
Ronald Vincent Rhodes**	227558	4525(a)(9)	11/17/92
Lorie Verjean Scroggs**	529090	4525(a)(7)	11/17/92
Elizabeth H. Shattuck**	257850	4525(a)(7)	11/17/92
Robert Harvey Stanley**	551912	4525(a)(9)	11/17/92
Ann Thompson**	243789	4525(a)(9)	10/6/92
Talmadge Joe Wright*	574265	4525(a)(9)(12)	1/20/93
Reprimand			
Twila Lynn McGinnis	446807	4525(a)(7)	11/17/92
Warning			
Raina Dacanay Mamaril**	566136	4525(a)(9)	1/20/93
Ginger Ann Barnhill**	570999	4525(a)(9)(11)	11/17/92
Mary Patricia Sirles**	248370	4525(a)(9)	11/17/92
Jo Ann Stewart**	561394	4525(a)(8)	11/17/92

Tari Tangney** 232633 4525(a)(9) 11/17/92

Denied Licensure

Stephen Weede Martin Applicant 4525(a)(7) 11/17/92

Reinstate with Stipulations

Karen Curcoe (McKnight)* 243375
 Nancy Jane Kemp* 237833
 Caridad Lorenzo Gonzales* 452393

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

Mariva J. Barajas** 549809
 Patricia Lou Holland** 418930
 Candyce M. Mallonee** 224486
 Vickie L. Paulk** 245417
 Norman Zachary Rubin** 435970
 Mary L. Thornhill** 238522
 Ollie Marie Williams** 241528

* Agreed Orders
 ** Consent Orders

Note: The July 1992 Board action revoking the license of Annetta J.C. Robertson (License #410412) has been rescinded and she was issued a Reprimand with Stipulations.

REVOCATIONS

As of January 22, 1993, the following individuals have failed to return their licenses to the Board. Their licenses have been Revoked.

Malee Charoendee 557667
 Martin Ross Flannery 227405
 Michael L. Jones 530277
 Jerry Kovaly 560771
 John E. Legg 537515
 Susan Bruno Moser 235678
 Ruth M. Walker Roberts 406697
 Helen S. Monroe Saugat 221570
 Janice Lee Teague 231877
 David Benjamin Zogg 565071

IMPOSTORS

Jennifer Carol Kunz

Jennifer Carol Kunz was hired as a registered nurse on September 8, 1992, by a health care agency. Ms. Kunz was not able to produce a license to practice professional nursing in Texas. The facility contacted the Board office to verify licensure and they were informed that Ms. Kunz does not hold a license to practice in Texas. Ms. Kunz was terminated from employment on September 14, 1992. The Board of Nurse Examiners is pursuing legal action through the local authorities.

Mary Colleen Howard Kovaly

The license of Mary Colleen Howard Kovaly was revoked in March 1992. Since that time she has been employed as a Medical Review Specialist at The Prudential in Houston which required current licensure to practice professional nursing in the State of Texas. The Board of Nurse Examiners is pursuing legal action through local authorities.

Jerry Kovaly

The license of Jerry Kovaly was revoked in March 1992. Since that time he has been employed as a Medical Review Specialist at The Prudential in Houston which required current licensure to practice professional nursing in the State of Texas. The Board of Nurse Examiners is pursuing legal action through local authorities. ◆

DEBITS

As of January 31, 1993, 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, (512) 873-6555.

If any of these nurses are practicing in Texas as registered nurses, 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	
Hart, Janet		070678
Howell, Sharon	459387	
Jenkins, Victor I.	517158	
Jones, Cherie Lyne	241063	
Jones, Gwendolyn		063362
Kahn, Beatrice Margarete	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		058040
Vasquez, Emerald J.D.	207588	
Zutell, Jean	057374	

**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.

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:

May 31, 1993 - Memorial Day

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

Board of Nurse Examiners for the State of Texas
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Newsletter Committee: Kathy Vrazel, Editor; Committee members: Cady Crismon, Erlene Fisher, Eric Gutierrez, Mary Anne Hanley, Noemi Leal, Cynthia McRae, Glenn Parker, Kathy Thomas

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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-Relay-TX (TDD), or by visiting 9101 Burnet Road, Suite 104, Austin 78758. ♦

Did You Know...

It is a violation of the Board's rule §217.18 to copy or allow the license, permit or permanent certificate of a registered nurse or graduate nurse to be copied. The licensee has the responsibility to protect his or her license/permit/permanent certificate from loss and potential fraudulent or unlawful use. ♦



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