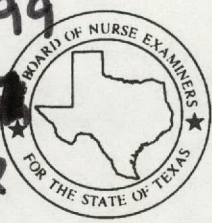


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# RN UPDATE

Accreditation  Licensure  Practice  Compliance

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## Board Adopts Rules Regarding Definition of Minor Incidents

In 1987, language was added to the Nursing Practice Act (NPA) which required all RNs to report any violation or attempted violation of the NPA or board rules. Compliance to the statute resulted in many reports of minor incidents. Often there was insufficient evidence to justify disciplinary action.

The following set of rules is intended to assist RNs and their employers in taking appropriate steps when a potential violation occurs. The Standards of Professional Nursing Practice, §217.11 (20) requires the reporting of unsafe practice when there is reasonable cause to suspect there is a risk of harm; however, these rules are intended to help one discriminate those situations where reporting to the Board is no longer required. Nothing in this rule is intended to discourage or prevent reporting. These rules are to guide the RN and employers of RNs in resolving minor practice problems at the practice site.

### Licensure and Practice §217

#### 217.19 Minor Incidents.

(a) The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Nursing Practice Act. This is particularly true when there are mechanisms in place in the RN's employment setting to take corrective action, remediate deficits and detect patterns of behavior. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the Board.

(b) A "minor incident" is defined by Texas Civil Statutes, Article 4525a, §6A(b) as "conduct that does not indicate the nurse's continuing to practice professional nursing poses a risk of harm to the client or other person." An RN involved in an incident which is determined to be minor need not be reported to the Board or the Peer Review Committee if all of the following factors exist:

- (1) potential risk of physical, emotional or financial harm to the client due to the incident is very low;
- (2) the incident is a one time event with no pattern of poor practice;
- (3) the RN exhibits a conscientious approach to and accountability for his/her practice, and;
- (4) the RN appears to have the knowledge and skill to practice safely.

(c) Other conditions which may be considered in determining that mandatory reporting is not required are:

- (1) the significance of the event in the particular practice setting;
- (2) the situation in which the event occurred; and
- (3) the presence of contributing or mitigating circumstances in the nursing care delivery system.

(d) A minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor the following steps are required:

- (1) an incident/variance report shall be completed according to the employing facility's policy;
- (2) the nurse's manager shall maintain a record of each minor incident involving those RNs under his/her supervision;
- (3) the nurse's manager shall assure that the incident/variance

report contains a complete description of the incident, patient record number, witnesses, RN involved and action taken to correct or remediate the problem;

- (4) the nurse's manager shall report an RN to the Peer Review Committee if three minor incidents involving that RN are documented within a one-year time period; and
- (5) the Peer Review Committee shall review the three minor incidents and make a determination as to whether a report to the Board is warranted.

(e) In employment settings where no Peer Review Committee is required to exist, the nurse's manager shall review minor incidents involving those RNs under his/her supervision and keep the same reports as required in subsection (c)(1),(2), and (3) of this section. A nurse's manager shall report any RN involved in three minor incidents within one year to the Board.

(f) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.

(g) Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

For questions concerning these rules, please contact Cady Crismon, MSN, RN, CNS, Director, Department of Practice and Compliance at (512) 835-8665.

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## A Word From The Editor

### RN Update Newsletter

#### *RN Update: Responding to Change With A Change of Its Own*

Now that the newsletter is produced quarterly, *RN Update* has become a more visible, if not more regular publication. The expansion of the role of professional nurses within the health care system has equally been reflected in the nature and scope of articles, informational pieces, and announcements that have appeared in *RN Update* over the past year.

The Board takes seriously its role as communicator to registered nurses, employers of RNs, nurse educators, and other entities who have a stake in the regulation of professional nursing. Guided by its mission of public protection through the regulation of professional nursing and schools of nursing, the Board hopes to reach out to its readers in a way that promotes communication, dialogue, and interaction.

Quality has always been a high priority for the Board. Improvements to *RN Update* have been made in format, style, content, and even in mailing. Issues regarding the regulation of professional nursing, from Health Care Reform to NAFTA, have been featured in *RN Update* as have practice questions, amendments to the Nursing Practice Act, educational requirements, and of course, disciplinary action.

*RN Update*, like the regulation of professional nursing, is expanding. With expansion, of course, comes new challenges, new directions, and hopefully, new opportunities. One way of gauging our progress is through the newsletter survey some of you will be asked to participate in mid-July. A random sample of your critiques, ideas, and suggestions will be taken in hopes of improving the newsletter and ensuring that the information *RN Update* delivers to its readers is appropriate and useful.

As editor of *RN Update*, I hope you have enjoyed the changes we've made, and that you continue to count on the newsletter as a great source of information about your practice and education. Keep an eye out for improvements in the months to come and the creation of an *RN Update* that is in keeping not only with the expansions in nursing, but with the expectations of the public we serve.

Sincerely,

Eric M. Gutierrez  
Editor, *RN Update*

## 85th Anniversary of the BNE

### *Historical Highlights 1907 - 1969*

The Board's 85th anniversary as the regulating entity for professional nurses and schools of nursing continues through 1994 with a series of informational pieces on board history. The following time table briefly chronicles the creation of the BNE and the original NPA:

- |      |   |
|------|---|
| 1907 | • The creation of the Graduate Nurses Association (now, the Texas Nurses Association), primarily to work for the enactment of a nursing practice act.   |
| 1909 | • Passage of the original Nursing Practice Act (NPA), creating the Board of Nurse Examiners (BNE) as the regulatory agency for nursing in Texas. The original Board consisted of five members, appointed by the governor to serve two year staggered terms. The Board held its first meeting at the Driskill Hotel, Austin, on July 20, 1909. One member was designated secretary/treasurer and paid \$200.00 per year to carry out the functions of the Board. The Board had no staff members. |
| 1923 | • Passage of a major revision of the NPA giving the BNE authority over nursing education and requiring applicants for licensure to be graduates of an accredited school approved by the Board.  |
| 1967 | • NPA amended to include a definition of nursing.   |
| 1969 | • NPA made a mandatory practice act. Anyone practicing professional nursing now required to be licensed.  |

The next issue of *RN Update* will follow the significant amendments to the NPA from 1977 to the present. The inaugural celebration of the BNE's 85th Anniversary was held on March 10, 1994, in Austin.

### Board Members

#### Officers

Sara J. Keele, MS, RN President Nursing Practice Houston	Roselyn Holloway, MSN, RN Diploma Programs Lubbock
Mary V. Fenton, DrPH, RN Vice President BSN Programs Galveston	Morris H. Parrish, PhD Consumer Member Irving
Rose M. Caballero, BSN, RN Treasurer Nursing Practice Corpus Christi	Doris Price-Nealy, MSN, RN ADN Programs Beaumont
	Robert J. Provan, JD Consumer Member Austin

#### Members

Pat Y. Crowe Consumer Member Fort Worth	Pettey Ross, MS, RN Nursing Practice El Paso
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## Lynn Besselman, PhD, Completes Term As Consumer Board Member

— by Eric M. Gutierrez

Lynn Besselman, PhD, completed her term as a consumer board member after her replacement, Robert J. Provan, JD, was announced in March by the Office of the Governor. Dr. Besselman, despite the fact her term expired in January 1993, continued to serve on the Board and attend regular board meetings. The following interview was conducted, shortly after the Office of the Governor officially announced her replacement:



Lynn Besselman, PhD

*What are some of the important things you learned as a member of the BNE?*

I really had no idea as to the nature and depth of nurse education and the great responsibility nurses have because of their role in health care and their scope of practice. In reality, I really didn't have a clear idea as to how the Board functioned in its regulatory capacity, nor did I realize nursing educational programs fell under its jurisdiction. Aside from that information, through my experiences on the Board and through the people I met, I quickly learned that nurses are very caring, valuable, and vital health care professionals.

*How would you characterize the achievements of the Board during your tenure?*

I think we addressed the nursing shortage and the expansion of nursing roles with a great deal of effectiveness. The Board also looked for creative ways to foster the inclusion of "non-traditional" nursing students into current nursing programs. I think the Board has in its future, in light of what seems to be a redefining of nursing roles, a more autonomous, independent nurse whose educational background and experiences will allow him/her to be more mobile, and ultimately, more versatile. Even as early as high school, students should be given the opportunity to be exposed to nursing and begin to carve out their career niche.

*What issues do you think are going to affect the BNE and its regulation of professional nurses in the future?*

Health care reform is going to play a major role in the issues affecting nursing regulation and health care in general. Nursing education is going to have to keep in stride with these changes and ensure that nurses are well prepared. Another major issue, in my opinion, will be financial compensation for nursing services rendered. Nurses continue to provide the bulk of health care to the public — how will health care reform enhance their financial status? What steps, in and out of the Legislature, will have to be

taken to keep nursing care in the forefront? I'm sorry I'm not going to be serving on the Board when these issues are more fully addressed.

*What was your most memorable moment at the BNE?*

Right up there with the 85th Anniversary Celebration, I would have to say the BNE in '93 Workshops were wonderful experiences. The two workshops I was able to attend were very well presented and the nurses seemed to get a lot of good information from our nursing consultants.

*What is the importance of consumer members on boards?*

I think the perspective consumer members bring to a board is unique, as is the sense of balance and equity they tend to provide to the board at large. Consumer members are in a position to bring into play the "big picture" without losing a sense of the specific functions and nature of the profession itself. Amazingly, that balance really showed its value during the disciplinary process, where consumer members might be unsympathetic to a nurse's failure to practice up to snuff, nurse board members, who have first hand experience, might, at least understand the "how" and "why" an error was committed. In the long run, the nurse's perspective and the public's concerns are equally represented. Realistically, both nurse board members and consumer members rely on each other even if that means educating consumer members on the more technical issues affecting the regulation of professional nursing.

*What are your personal future plans?*

I plan to continue in my work evaluating court ordered home studies used in adoptions with the hopes of possibly teaching a course at Amarillo College.

*Do you have any "last parting words?"*

I think professional nurses should be keenly aware of the primary differences between the role of the Board and the role of the professional organizations. It is the obligation of every registered nurse to educate himself/herself about the entity that regulates him/her, its governing statute, its corresponding rules, and its mission of public protection. ★

## Registered Nurse, Retired

On May 6, 1994, the Board of Nurse Examiners mailed over 20,000 letters to registered nurses eligible for the "Registered Nurse, Retired" status. Beginning with July 1994 renewals, eligible registered nurses will be able to choose this status on their renewals. To be eligible, a registered nurse must be sixty-five years or older and be in the inactive status. To receive a wallet size RN, Retired license, registered nurses will pay a one time \$10.00 fee.

If a nurse chooses RN, Retired, he or she may use the title RN, Retired but may not use that title to work as a professional nurse for compensation. A registered nurse in the inactive status is not required to complete continuing education hours unless they choose to reactivate their license. If a registered nurse would like to reactivate his/her license after choosing RN, Retired, he/she should contact our office for instructions. Registered nurses who have not received notice of their eligibility to choose RN, Retired status may call the Licensing Department at (512) 835-4880 for information.

## Board Adopts New Position Statement on the Role of the School Nurse

In response to collaborative meetings with the Texas Association of School Nurses, the Texas Education Agency, the Texas Nurses Association, and the Board of Licensed Vocational Nurse Examiners, BNE staff developed a position statement regarding the role of the school nurse. The Board adopted the position statement at the May board meeting.

### Position Statement on the Role of the School Nurse

The Board of Nurse Examiners (BNE) believes that school nursing is a professional nursing specialty. School nursing involves the identification, prevention and intervention to remedy or modify students' health needs. Because these activities involve the assessment of the nursing/health care needs of the student, the development of a plan of care, implementation of the plan, and evaluation of the outcomes which are essential components of professional nursing practice, they are the responsibility of the registered professional nurse (RN). The provision of these services by the school nurse contributes directly to the students' education and to the successful outcome of the educational process.

The Board recognizes that the youth of Texas are our most valuable natural resource. The Board acknowledges that although students come to school with complex and diverse health care needs, they should be provided an education in the least restrictive environment. In so doing, however, the health and nursing needs of students should not be compromised.

The BNE has the authority and responsibility to protect the health and safety of the public by the regulation of professional nursing practice. The

provision of nursing care when provided by a Licensed Vocational Nurse (LVN) should be under the general direction of the RN. The RN, in compliance with the Board's Standards of Professional Nursing Practice, assigns those aspects and activities to the LVN which are within the LVN's educational preparation to provide. The RN acts as team leader in the provision of health services.

Due to the growing number of students with special health care needs entering the school system, the Board recognizes that not all health related services can be provided by an RN or an LVN.

Unlicensed personnel may be utilized by the registered nurse to assist in the provision of specified, routine, repetitive tasks which do not require professional judgment. The registered nurse may delegate health related tasks in the school setting in compliance with the Board's delegation rules. The delegation rules specify the criteria, supervision and training which must be met and provided when the decision to delegate is made by the RN. Accountability for ensuring care is provided safely remains with the registered nurse.

Given the complexity, current number and future projections of children entering the school system with nursing and health related needs, the Board believes that an established standard of care must be set: a standard whereby registered professional nurses establish a plan of care and may be assisted by LVNs and unlicensed personnel in the delivery of services; and a standard which ensures delivery of safe, effective health care to the school children of Texas.

## Continuing Education Questions and Answers

— by Kathy Vrazel

The Board's office continues to receive numerous questions regarding the continuing education requirements. In an effort to assist nurses to understand and comply with the rules, the following are some of the most commonly asked questions.

*Q: What happens if I am audited by the Board and the programs I have taken are not acceptable? Will I be disciplined if I honestly thought I had complied with the requirements?*

*A: If you are audited and the information you submit is not acceptable, you will receive a letter from the Board notifying you of the deficiencies and giving you an opportunity to correct any deficiencies or discrepancies. It is important that you respond to the audit or any request for additional CE documentation in a timely manner.*

*Q: I thought that there was reciprocity with other states who approved continuing education programs. Now I hear this is not always the case. Please explain.*

*A: The Board accepts all programs that have been approved by one of the credentialing organizations or their state chapters or associations. For example, most of the state nursing associations, such as the Texas Nurses Association, are accredited by the American Nurses Association/American Nurses Credentialing Center (ANA/ANCC) and these programs are recognized for Type I credit. However, programs that have been approved by other state boards of nursing, i.e., California Board of Registered Nursing, Iowa Board of Nursing, etc. are accepted for Type II*

*credit if they meet the criteria in the Board's rules.*

*Q: I am currently taking management courses to help me in my job as a nurse manager. I called the Board's office and was told that these courses could not be applied to my CE credit. I don't understand why these courses won't be accepted.*

*A: These programs are not acceptable for continuing education credit because they are not considered nursing continuing education according to the Board's rules. While these courses may assist you in your supervisory role, please remember that the purpose of CE is to assure that nurses participate in programs to increase their knowledge and skill in nursing.*

*Q: I am currently attending medical school. I would like to keep my license current and would like to know if courses in the medical school curriculum are acceptable for CE credit.*

*A: Academic courses such as Psychiatry, Introduction to Clinical Medicine, etc. which are clinical and may contribute to your nursing practice, are acceptable for Type I credit. Support courses such as Biochemistry and Biology would not be accepted.*

*Q: What kind of documentation is required on an audit?*

*A: You are required to submit a certificate of completion for each program listed on the audit form. The certificate must be in English and must include the provider's name, your name, and the date, location and number of contact hours. If the program is Type I, the certificate must also indicate approval by a credentialing organization. For academic courses,*

(continued on page 5. . .)

## Continuing Education cont'd . . .

you must provide a grade slip or transcript showing the course name, completion date and grade earned. If you are audited, please be sure that all information is complete. Photocopies are acceptable; however, originals may be requested if there is a question of authenticity.

**REMEMBER:** Please do not send continuing education certificates to the Board's office unless you are requested to do so. On your correspondence regarding CE information, please specify the BNE staff member's name or department which appears on your audit letter.

## BNE Advisory Committee Update

The Board currently has two standing advisory committees to enhance its knowledge on a variety of nursing issues. Currently, the Board has convened the Advanced Nurse Practitioner Advisory Committee and the Nursing Practice Advisory Committee, which have submitted the following updates:

### Advanced Nurse Practitioner Advisory Committee

The Advanced Nurse Practitioner Committee continues to meet on a regular basis, addressing the following charges:

1.) To determine whether or not the title "ANP" is the most appropriate designation for nurses in advanced practice.

2.) To review the credentialing and re-credentialing requirements for ANPs and determine whether or not additional requirements should be imposed.

For information regarding the Advanced Nurse Practitioner Advisory Committee or any of the issues they are addressing, please contact Kathy Thomas, MN, RN, CPNP, Nursing Consultant for Advanced Practice, at (512) 835-8657.

### Nursing Practice Advisory Committee

The Nursing Practice Advisory Committee met on April 13, 1994 to review the comments on the minor incident rules. The committee recommended adoption of the rules published in this issue of the newsletter. Committee members provided input on rules regarding the due process rights of the RN during the peer review process. The committee will continue to provide feedback as these rules are being developed.

The committee also discussed issues of new graduate supervision, entry level skills and employer needs. At a future meeting the committee will receive a report from the Board's staff on the requirements in other states for intern or preceptorships.

At its upcoming meeting on July 7, 1994 the agenda will include a charge from the Board to provide recommendations on re-entry into professional practice for those individuals who have not practiced for extended periods of time.

Meetings of the Nursing Practice Advisory Committee are open to those wishing to attend. For details regarding the meeting contact Kathy Vrazel at (512) 873-6599.

## Practice Related Questions and Answers

— by Cady Crismon, MSN, RN, CNS

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

*Q: I have just accepted a position as night nursing supervisor at a small hospital. I understand I will be required to obtain medications from the pharmacy for new admissions. Is this legal?*

**A:** Yes, a designated licensed individual (normally the nursing supervisor) may enter the pharmacy to obtain medications for patients admitted after hours or for new orders. There should be a policy in place which addresses the accountability and sign out procedures. The Pharmacy Board has also confirmed that this distribution activity by the nursing supervisor does not violate the Pharmacy Practice Act.

*Q: I have been asked to provide my license number when I register for continuing education (CE) programs. I didn't think I should do this since I am not allowed to copy my license. What should I do?*

**A:** You may provide your license number for any purpose you believe to be legitimate. CE providers frequently ask participants to provide their license number for record keeping purposes. Some payment sources may require service providers to provide their license numbers on certain forms. Providing this information is not a violation of any of the Board's rules. We do, however, encourage RNs to protect their licenses from illegal or fraudulent use.

*Q: I have recently obtained a position with a home health agency. The agency director (non RN) has indicated that home health documentation does not need to conform to the same standards which I was used to in the acute care setting. She has indicated that I may back date visit notes and sign notes for visits made by other staff. I don't feel comfortable with this, do you?*

**A:** No, we are not comfortable with any potential falsification of records. Unprofessional Conduct Rule number 17 indicates that "providing information which was false, deceptive, or misleading in connection with the practice of professional nursing..." is considered unprofessional behavior which is likely to deceive, defraud or injure clients or the public. The Board is receiving increasing numbers of complaints regarding

(continued on page 10. . .)

## Robert J. Provan, JD, Appointed New Consumer Board Member

Governor Ann Richards appointed Robert J. Provan, an Austin attorney, to serve as its newest consumer member to the Board of Nurse Examiners. Mr. Provan, currently the General Counsel for the Texas State University System, replaced Lynn Besselman, PhD, whose term expired January 1993.

Mr. Provan has extensive legal experience including his work with the Attorney General's Office and Stephen F. Austin State University. He is the past president of the Texas Association of State University Attorneys and a member of the Texas Department of Health's Bloodborne Pathogen Standard Review Task Force and the Occupational Safety for State Employees Task Force. In 1977, Mr. Provan received the Texas Department of Rehabilitation's Merit Award and the Commissioner's Award from the Texas Department of Mental Health and Mental Retardation.

The following interview highlights some of Mr. Provan's opinions on issues relating to the Board of Nurse Examiners and the regulation of professional nursing:

*Tell us a little bit about your personal background.*

I think it's important in my service on the Board of Nurse Examiners to state that when I was five years old I contracted polio and was completely paralyzed. As a result of this disease, I spent the better part of ages five to ten at Children's Memorial Hospital in Chicago, Illinois. I had seven operations and a great deal of physical therapy in order to get me back on my feet. So, very early in life I had a great deal of contact with nursing.

Other than my parents and my relatives, nurses were a very important part of my life. The nurses were rotated in, perhaps some were even nursing students. I used to distinguish them by the hats they wore. I can remember clearly, about the age of eight years old, making my first proposal of marriage to a nurse.

I had good nursing care and I realize the importance, at least to children who are patients, of having a good nurse who deals not only with your medical needs, but cares about you as a person. About eight years ago I began developing symptoms of post-polio syndrome. I'm still in need of some medical care and I'm very much concerned about the quality of care I receive.

I am a graduate of Slippery Rock University and The University of Texas Law School. I have been an Assistant Attorney General of Texas and while I was with the Attorney General's Office, a lot of my work centered around people with disabilities. One of the first things I did was help draft the Persons With Mental Retardation Act. I did a lot of the research and some of the drafting of that bill with several other people.

As a result, I became involved with the laws that deal with people with developmental disabilities. If anything about chemical dependencies came up, or if the Attorney General needed a speech given, usually the person he relied on was me. I also did a lot of work with the Department of Mental Health and Mental Retardation, the Rehabilitation Commission, and other state agencies. I then went on to Stephen F. Austin State University as its General Counsel, and now I am with this system.

So, for the past twenty years I have been a state agency lawyer. It's one of the many experiences I think will be useful to the Board and will actually help me develop and contribute as a board member.

*How did you get selected to the Board?*

That's an interesting story. I have been very interested, for obvious reasons, in the Americans With Disabilities Act (ADA) and the implications it has for everyone. A friend of mine suggested I apply for an appointment to the Governor's Advisory Committee for People With Disabilities. It sounded like a good idea, so I sent a letter over to the Office of the Governor along with letters of recommendation I had received from friends and associates.

Some time later, the Office of the Governor contacted me about serving either on the Board of Medical Examiners or the Board of Nurse Examiners. I told them I would be very happy to be considered for either board. On March 30, 1994, my appointment to the Board of Nurse Examiners became official. I am very honored Governor Richards appointed me to serve on this board.

*What do you see as the most important issues affecting the regulation of professional nursing?*

Of major importance will be the way in which the Board copes with the changes that are going to be brought about by health care reform. I'm really excited about being on the Board because I think this is going to be one of the most



"Life and health are values we should hold dear and we should have a great respect for life. And that is one of the principles that is going to guide me in my service on this Board."

(continued on page 13...)

## "BNE In 94" Workshop Travels to Corpus Christi

On June 29, 1994, the "BNE In 94" speaking tour traveled to Corpus Christi to present a one day workshop designed to bring registered nurses up to date information on the latest nursing practice issues. The workshop, entitled "Nursing Practice Update: What Every Nurse Needs To Know," included information about the most recent amendments to the Nursing Practice Act, board functions and rules, practice issues, and other significant legislation. The workshop was held at the Corpus Christi Marriott Bayfront and was approved by the Texas Nurses Association for 6.7 Contact Hours. Plans to bring the workshops to other sites are currently being discussed by the Board.

## Education Report From March and May, 1994 Board Meetings

The following actions were taken by the Board at its March 8-9, 1994 meeting:

- ▶ Continued initial accreditation of the following nursing programs following a review of the 1993 Annual Reports:
  - Temple Junior College, ADN*
  - University of Texas at Pan American, BSN*
  - Vernon Regional Junior College, ADN*
- ▶ Continued full accreditation of the following nursing programs following a review of Annual Reports:
  - Howard College, ADN*
  - San Jacinto College, ADN*
  - South Plains College, ADN*
  - Stephen F. Austin State University, BSN*
  - Tarrant County Junior College, ADN*
  - Texarkana College, ADN*
  - Texas Christian University, BSN*
  - Texas Tech University, BSN*
  - Texas Woman's University, BSN*
  - University of Texas at Arlington, BSN*
  - University of Texas at Austin, BSN and MSN*
  - University of Texas at Brownsville in partnership with Texas Southmost College, ADN*
  - University of Texas at El Paso, BSN*
  - University of Texas Medical Branch School of Nursing at Galveston, BSN*
  - University of Texas at Pan American, ADN*
  - University of Texas Health Science Center at Dallas, ANP*
  - West Texas A & M University, BSN*
- ▶ Continued full accreditation status of Abilene Intercollegiate School of Nursing Associate Degree Nursing program following a survey visit and review of the Annual Report.
- ▶ Continued the warning status for Texas A & M University at Corpus Christi Baccalaureate Degree Nursing program following a survey visit, a review of the Annual Report, and due to a pass rate below 75% for the 1992-1993 examination year.
- ▶ Following a public hearing and report on the site visit made to Cisco Junior College in Abilene, the Board authorized the college to proceed with the development of an Associate Degree progression program for LVNs.
- ▶ Following a report on a site visit made to Texas A & M International University at Laredo, the Board authorized the university to proceed with the development of a Baccalaureate Degree completion program for RNs.
- ▶ Authorized site visits to San Jacinto College, South Campus in Houston and Panola College in Carthage, to assess educational facilities and resources required for those colleges' proposals to develop Associate Degree Nursing programs.

- ▶ Approved faculty waivers for the following:
  - Midland College, ADN program - Doroteo Flores*
  - Northeast Texas Community College, ADN program - Terri Noel*

- ▶ Approved proposal from The University of Texas at Austin, BSN program and Austin Community College, ADN program, to implement the expanded use of preceptors for clinical practice during the summer semester, 1994.

The following actions were taken by the Board at its May 10-11, 1994 meeting:

- ▶ Continued full accreditation status of the following programs based upon review of the 1993 Annual Reports:
  - Abilene Intercollegiate, BSN*
  - Angelo State University, ADN*
  - Angelo State University, BSN*
  - Collin County Community College, ADN*
  - Cook County College, ADN*
  - Dallas Baptist University, BSN*
  - Del Mar College, ADN*
  - Incamate World College, BSN*
  - Lee College, ADN*
  - McLennan Community College, ADN*
  - Paris Junior College, ADN*
  - Odessa College, ADN*
  - Trinity Valley Community College, ADN*
  - University of Texas Health Science Center, BSN*
  - University of Texas at Tyler, BSN*
  - Wharton County Junior College, ADN*
- ▶ Continued full accreditation status for Tyler Junior College, ADN program and Houston Baptist University ADN and BSN programs based upon reports of survey visits and reviews of 1993 Annual Reports.
- ▶ Changed the accreditation status of Houston Community College Associate Degree Nursing Program from conditional accreditation to full accreditation with warning. Through this action the Board will continue to closely monitor the activities of the college in achieving and maintaining compliance with the Board's rules and regulations.
- ▶ Following public hearings and reports on site visits made to San Jacinto College, South Campus in Houston and Panola College in Carthage, the Board authorized the colleges to proceed with the development of Associate Degree Nursing programs.
- ▶ Granted initial accreditation to Tarleton State University, Stephenville, to implement a Baccalaureate Degree Nursing program with multiple entry/exit options by September, 1994.
- ▶ Approved a faculty waiver for:
  - Methodist Hospital, Diploma Program - Loretta Haynes*

## NCLEX Using CAT On-Line

— by Mary Anne Hanley, MA, RN

On April 1, 1994 the first candidates took the National Council Licensure Examination for Registered Nurses (NCLEX-RN) using Computer Adaptive Testing (CAT). Each of the 62 jurisdictions of the National Council of State Boards of Nursing (NCSBN) converted to the new technology on that date.

The last of the 15 testing centers in Texas went on line May 23, 1994. The Board estimates the peak testing period will begin June 1, 1994 and continue through July 15, 1994. In non-peak periods candidates most likely will be mailed examination results within 21 days of taking the examination. This is a significantly shorter time frame than the 90-plus days it took to receive, process and mail paper and pencil results.

The electronic communication system "MBOS" (Member Board Office System) between the BNE, the NCSBN, and the Educational Testing Service (ETS), is working to effectively transmit information about candidate eligibility, testing conditions and issues that arise during test administration. Changes and corrections to candidate's name, status and address are made easily and in a timely way.

NCSBN has produced a new video about the licensing examination, entitled, "Establishing Competence with NCLEX Using CAT." The 10 minute video explains how the passing and failing criteria for NCLEX are met. The video may be purchased by contacting the NCSBN's Communications Department at (312) 787-6555.

## Legal Eagle

— by Penny Puryear Burt, JD, RN

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

*Dear Legal Eagle:*

*I am a registered nurse currently employed in a Post Anesthesia Recovery Unit. Our hospital has a strict No Visitors Policy with the exception of allowing the admittance of one parent of a small child.*

*Recently, I was confronted by a patient's girlfriend who demanded entrance to the Recovery Room. I denied her access and she complained to my supervisor who suggested that, in the best interest of patient-family relations, I should have allowed her to enter the Recovery Room.*

*I don't feel that it is in the best interest of the hospital or in my best interest to circumvent written hospital policy.*

Sincerely,

Name Withheld

Dear Name Withheld:

The competition among hospitals for satisfied, paying customers is frequently a source of conflict between management and staff. In the circumstances you describe, I suggest that the resolution of this conflict may be found in the Standards of Professional Nursing Practice, 22 TEX. ADMIN. CODE §217.11. The Standards, which apply to you and your supervisor, are written to ensure protection of patients and the public. Hospital policies are written to serve broader objectives; but, protection of the patients and the public is common to both.

Hospital policy regarding family/visitor access to restricted areas, such as recovery, should provide clear direction and anticipate scenarios where exceptions will need to be made.

The registered nurse who responds to requests/demands for access to restricted areas must consider the needs of the patient in question, the needs of the other patients in the area and those who may arrive during the time the visitor will be present, the acuity level of current and anticipated patients, the availability of staff, and other relevant circumstances peculiar to the restricted area.

The primary objective is to deliver safe and effective care to all of the patients affected by the decision. This is where the Standards come in. In the recovery area, I would review Rule 217.11 and ask questions such as the ones inserted among the following sections:

**“The Standards, which apply to you and your supervisor, are written to ensure protection of patients and the public. Hospital policies are written to serve broader objectives; but, protection of the patients and the public is common to both.”**

217.11 (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;

*Would the presence of a visitor affect staff's ability to provide individual, goal-directed care to each patient in recovery?*

(4) institute appropriate nursing intervention which might be required to stabilize a client's condition and/or prevent complications;

*How would the presence of a visitor affect staff's ability to respond to a patient who arrests? develops arrhythmias? has airway problems? hemorrhages?*

(7) accurately report and document the client's symptoms, responses, and status;

*Would the presence of a visitor be a distraction?*

(8) implement measures to promote a safe environment for clients and others;

*Would the visitor be a distraction? How crowded is the area? What equipment will be in use?*

(9) implement measures to prevent exposure to infectious pathogens and communicable conditions;

*Is the visitor healthy? How do we know? Are any of the patients suppressed or otherwise compromised?*

(10) respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information;

*Will conversation and documentation concerning any patient be within the visitor's view or hearing?*

(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.

*Will communication among members of the health-care team be chilled or impeded by a visitor's presence? Would the patient (such as a small child) derive a significant benefit from the presence of a parent?*



## Employers of RNs: Temporary Permit Update

The Board wishes to inform employers of RNs that it will no longer issue temporary work permits to graduates of schools outside of Texas who plan to seek original licensure in their state of graduation and then endorse to Texas. The Board's decision to repeal its rule on issuance of permits to out of state candidates is based on the fact that the time between testing, original licensure, and endorsement varies greatly from state to state and with candidates testing daily, due to the computerized NCLEX, it is impossible to set a spe-

cific time frame for the length of the permit.

Therefore, if you are recruiting a graduate from another state and that candidate is willing to seek original licensure in Texas, then a temporary work permit may be issued. The candidate must contact the Education and Examination Department of the Texas Board of Nurse Examiners to secure an application for initial licensure.

For more information or applications, please contact Ticia Stolt at (512) 835-8659.

## Board Collaborates With Texas Higher Education Coordinating Board With Curricular Guidelines For Clinical Nurse Specialist and Nurse Practitioner Programs

— by Kathy Thomas, MN, RN, CPNP

### Changing Requirements for Clinical Nurse Specialist and Nurse Practitioner Recognition in Texas

In the summer of 1993, the Board began discussing the changing roles and scope of practice of Clinical Nurse Specialists (CNSs) in Texas. The Board was concerned with the impact of greater patient acuity in diverse settings and the autonomy of CNS practice. BNE requirements for recognition of a CNS as an Advanced Nurse Practitioner (ANP) included graduation from a masters in nursing program with at least 9 semester hours in a clinical focus area. This requirement did not include any specific role preparation. Further, CNSs in Texas were assuming responsibility for medical management of patients under physician protocol often with no courses in pharmacology or health assessment. Programs varied significantly in their number of clinical hours, requirement of health assessment and role courses, and total number of hours in the curriculum for the CNS.

Responding to concerns about the changing roles and scope of practice of CNSs, the Board charged the Advisory Committee on Advanced Nurse Practitioners to collaborate with the Texas Higher Education Coordinating Board (THECB) to review the requirements for board recognition of CNSs. THECB is responsible for approving all masters programs in Texas.

The Advisory Committee began meeting in August, 1993 and realized early on that the diversity in Nurse Practitioner programs was also an issue. They then appointed two task forces, one on CNS education and one on NP education. Each of these task forces was comprised of faculty representatives from each program in Texas preparing these providers. The task forces met through the fall and developed recommendations to the THECB for curricular guidelines and to the BNE for educational criteria for recognition as an ANP.

The requirements are as follows:

- separate courses in Pharmacotherapeutics, Advanced Assessment and Pathophysiology and/or Psychopathology;
- evidence of theoretical and clinical role preparation;
- evidence of clinical major courses in the specialty area;
- evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses; and
- faculty prepared in appropriate roles and specialty areas.

THECB has now implemented these requirements for all new programs applying for approval. Existing programs will have until 1997 to make appropriate changes to meet the new guidelines. Beginning in 1997, only CNSs and NPs who have graduated from programs which meet the THECB guidelines will be eligible for recognition as CNSs and NPs.

## Gary Walters, MEd, RN, Named BNE Nurse of the Year; Erlene Fisher Named Employee of the Year

Gary Walters, MEd, RN, Senior Investigator, was named the BNE's *Nurse of the Year* after being nominated by fellow employees and chosen by an external selection committee. In the same manner, Erlene Fisher, Executive Assistant, was named *Employee of the Year*.

BNE employees were asked to nominate candidates in both areas who demonstrated excellence, commitment, effectiveness, positive attitude, and overall superior achievement in the workplace. BNE employees were also asked to write a letter supporting their nomination and explaining why their candidate was worthy of such a distinction.

Both Mr. Walters and Mrs. Fisher were awarded commemorative plaques and honored for their service. Mr. Walters, as the BNE's *Nurse of the Year*, was officially recognized by the agency at the Texas Nurses Association, District 5, Awards Banquet on May 7, 1994.

All BNE employees were treated to a luncheon sponsored by the Executive Director and the Department Directors. *Employee of the Year* and *Nurse of the Year* were awarded in conjunction with Employee Appreciation Day and Nurses Week.

## Names In The News



Anita P. Satterly, MS, RN

Anita P. Satterly, MS, RN, Captain and retired Chief Nurse, US Public Health Service, died of cancer on October 19, 1993. Capt. Satterly, a long time career nurse with the Public Health Service, had practiced in various areas of nursing, including education, administration, and consulting. Capt. Satterly was awarded the Outstanding Service Medal with Gold Star, the Surgeon General's Medal for Exemplary Service, the Public Health Service Citation, and the Public Health Service Unit Citation with Bronze Star. The

University of Texas School of Nursing at Galveston, where Capt. Satterly received her BSN, has established an endowed nursing scholarship in her memory. Contributions or pledges can be sent to *The Capt. Anita P. Satterly Scholarship in Nursing*, Office of University Relations, The University of Texas Medical Branch at Galveston, 301 University Blvd., Galveston, TX, 77555-0842.

Kathy Thomas, MN, RN, CPNP, was selected to present a paper at the National Council of State Boards of Nursing Annual Meeting, August 3-7 in Chicago, Illinois. The paper, entitled, "Advanced Practice Education: A Collaborative Effort to Define Curricular Guidelines," identifies the curricular guidelines for Clinical Nurse Specialist and Nurse Practitioner educational programs jointly developed by the BNE and the Texas Higher Education Coordinating Board. Ms. Thomas is the BNE's Nursing Consultant for Advanced Practice.

Cady Crismon, MSN, RN, CNS, Director of Practice and Compliance, will also provide a poster presentation at the NCSBN Annual Meeting. Ms. Crismon's poster presentation entitled, "Disciplined Professional Nurses in the State of Texas: A Profile of Comparison to Non-Disciplined RNs," was recently published by the BNE and is the product of a collaborative research project with Alexia Green, PhD, RN, Lamar University-Beaumont.

Kathleen Lamm, MPA, Supervising Investigator, resigned her position on May 6, 1994. Ms. Lamm, a graduate of Southwest Texas State University Master's Degree Program in Public Affairs, had been with the Board for four years.

## Disciplined RN Profile Available

Copies of the Board's research study entitled, "Disciplined Professional Nurses: A Profile and Comparison to Non-Disciplined RNs," are available for \$10.80 (tax included). The study was designed to develop a "profile" of disciplined RNs based on information gathered by the Board during fiscal years 1991-92. Research detailed in the study also explored the associations and differences between disciplined and non-disciplined RN populations. To order a copy, fill out the following order form and return it to the Board's office. Questions regarding the study should be directed to Cady Crismon, MSN, RN, CNS, Director of Practice and Compliance at (512) 835-8665.

"Disciplined Professional Nurses: A Profile and Comparison to Non-Disciplined RNs,"

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Copies \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

## Practice Q & A cont'd . . .

RNs when surveys of home health agency files reveal these documentation discrepancies. Don't jeopardize your professional practice by falsification of documents.

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

## Insufficient Funds Items

As of May 1, 1994, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office.

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

NAME	LICENSE #	OR PERMIT #
Asble, Alex Walter	564983	License
Bablitz, Nancy Elizabeth	553715	License
Barr, Lori Anne	537652	License
Bloom, Cheryl Ann	542727	License
Buol, Kolleen Kay	516233	License
Clark, Victoria	50398	Permit
Conti, Angela Rose	552231	License
Currie, Katherine Marie	582036	License
Dare, Carol I Bishop	225800	License
Dennis, Patricia Ann	503975	License
Essary, Vicky L	245739	License
Falkner, Barbara Marie	587013	License
Farra, Diane Rae	560781	License
Felkins, Bettye Lisa	557452	License
Filler, Marcia Ann	553220	License
Fryer, Renee Marie	578735	License
Gazey, Patricia Mary	069539	Permit
Glisson, James M	239549	License
Guthrie, Kelly R.	547982	License
Handlin, Kathy L	512842	License
Hart, Janet	070678	Permit

NAME	LICENSE #	OR PERMIT #
Howell, Sharon	459387	License
Jenkins, Victor I	517158	License
Jones, Cherie Lyne	241063	License
Jones, Gwendolyn	063362	Permit
Kahn, Beatrice Margarete	558897	License
Kishbaugh, Shari Elizabeth	575583	License
Kuntz, Eileen Marie	514331	License
Kurylo, Kim Diane	580995	License
Levingston, Lynnell	73626	Permit
Masters, Mary Jane	550218	License
Mealor, Helen	50375	Temporary License
Mitchell, Sandra	565160	License
Morganti, Dominick J	530514	License
Nims, Teresa Masadie	565233	License
Olivier, Marie Claudia	514361	License
Owusu, Augustina E	457100	License
Pangilinan, Julie	445792	License
Payne, Traci Lee	569734	License
Pierce-Berkil, Kristie	071891	Permit
Rosko, Lisa Marie	538707	License
Sanderson, Brenda Mary	538111	License
Sloane, Gail Theresa	550406	License
Strouhal, Susan Kay	557026	License
Taylor, Maxine Renee	555844	License
Vasquez, Emerald J D	207588	License

## Proposed and Adopted Rules

— by Erlene Fisher

At regular meetings held in March and May, 1994, the Board of Nurse Examiners took the following action in relation to rules:

► Adopted the repeal and submission of new Bylaws. These proposals were published in the January 25, 1994 issue of the *TEXAS REGISTER*; adoption published on March 29, 1994. The rules became effective April 11, 1994.

► Proposed the repeal and new §§217.3–217.6 regarding issuance of permits to candidates applying for initial licensure in Texas. This proposed repeal and new rule was published in the *TEXAS REGISTER*, April 5, 1994. The Board adopted the repeal and new rules at their meeting on May 10, 1994. Adoption has been submitted and will appear in the *TEXAS REGISTER* during the month of May. An article detailing the rule change appears in this issue of the *RN Update*.

► Proposed an amendment to §223.1, Fees. With the implementation of Computer Adaptive Testing, the examination fee was amended to initial licensure fee and the fee structure changed. The proposal was published in the April 1, 1994 issue of the *TEXAS REGISTER*; adoption published on May 10, 1994; effective date being May 24, 1994.

► Proposed new rule 217.19, concerning Minor Incidents. These rules were published on March 25, 1994; adoption to be published prior to the end of May. A detailed article, together with the actual rule, appears in this issue of the *RN Update*.

► Proposed new §§213.33 and 213.34 regarding Schedule of Fines and Penalty/Sanction Factors. Submission of the proposed new rules will be made to the *TEXAS REGISTER* for publication prior to the end of May.

## Notice of Disciplinary Action

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

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Rebecca Irene Alexander	527517	Suspend/Probate	3/8/94
Oralia Barrientez	593528	Remedial Education	3/8/94
Zenaye Birru	500881	Revoke	5/10/94
Benjamin M. Burt, Jr	591947	Revoke	4/14/94
Patricia L.C. Carr	226415	Revoke	5/10/94
Glenda Joyce Christman	547077	Reprimand with Stipulations	4/14/94
Jo Lind Cripiver	551173	Reprimand with Stipulations	4/14/94
Rita K. Miller Damron	255382	Reprimand with Stipulations	4/14/94
Clarita Valdez Domingo	576770	Reprimand with Stipulations	3/8/94
Maureen Ifeoma Egbuchunam	571712	Revoke	3/8/94
Diane Renee Fain	567659	Warning with Stipulations	5/10/94
Janyce LeAnna Forbes	536447	Revoke	4/14/94
Brenda L. Edwards Gravatt	574726	Warning with Stipulations	4/14/94
Thomas Harold Hagood	544378	Remedial Education	3/8/94
Renee L. Hammock	521923	Remedial Education	3/8/94
Patricia Darlene Hendrix	232419	Reprimand with Stipulations	4/14/94
Lisa Jones	578359	Remedial Education	5/10/94
Z. Joyce Jones	501905	Revoke	4/14/94
Kathryn Lee Lum	536099	Suspend/Probate	4/14/94
Ruth E. Mallard	502380	Warning	3/8/94
Rosa E. Marquez	526066	Remedial Education	4/14/94
Christina F. Miles	555160	Suspend Probate	3/8/94
Cheryl Nan Moore-Roberson	563626	Remedial Education	3/8/94
Judy Ann Picciandra	548240	Reprimand with Stipulations	3/8/94
Kathey Ann Polk	546899	Revoke	4/14/94
Denise J. Portillo	231106	Limited License	3/8/94
Mary S. Quinlan	517910	Revoke	5/10/94
Karen Ann Ratcliff	229504	Reprimand with Stipulations	5/10/94
Diane Lucille Reiher	587578	Revoke	3/8/94
Sulema Menchaca Rodriguez	222970	Reprimand with Stipulations	4/14/94
Myron Dean Sanders	253115	Stipulations	4/14/94
Linda L. Harris Satterwhite	428576	Revoke	3/8/94
Adrienne Michelle Scott	555650	Reprimand with Stipulations	3/8/94
Marie Ann Vettres	597337	Stipulations	4/14/94
Susan Elaine Welch	580991	Revoke	3/8/94

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

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Julie Ann Gilles	560686	Warning	4/14/94
Robbie Kay Kreissler	561409	Warning	4/14/94
Shelley Denise Weaver	574092	Warning	3/8/94

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

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Mary E. O'Connell	524740	Reprimand with Stipulations	4/14/94

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

NAME	LICENSE #	MONTH/YEAR OF SURRENDER
Teresa Gayle Ashcroft	438814	March, 1994
Kimberly Burandt	561974	March, 1994
Leo F. Camley	537131	April, 1994
James John Claire	448723	April, 1994
Jacqueline Marie Connor	547115	March, 1994
Sandra Ann Craven	218938	March, 1994
Kathy L. Donaldson	230205	May, 1994
Libbie Spaid Gaskins	465163	May, 1994
Joey Gerard Guidry	560997	May, 1994
Nancy Jane Kemp	237833	May, 1994
Jodie Lynne Lane	547810	March, 1994
Bobbie Jewell Mason	256197	April, 1994
Deborah Anne Merson	553499	April, 1994
Donna Lee Miller	538149	March, 1994
Rosemarie Short	441319	March, 1994
Patricia A. Vineyard	244363	April, 1994

## Notice of Disciplinary Action cont'd . . .

As of May 20, 1994, the following individuals have failed to return their licenses to the Board for appropriate disciplinary notation.

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Wesley Steven Benjamin	561796	Reprimand with CE-Stipulations	2/22/94
Judy K. Davis	249525	Suspension/5 years	7/20/93
Patrick F. Diamond	243182	Reprimand with Stipulations	7/20/93
Patricia Darlene Hendrix	232419	Reprimand with Stipulations	4/14/94
Sharon S.C. King	229459	Suspend/Probate	2/22/94
Rogelio Menchaca	227848	Warning with Stipulations	1/12/94
Rita K. Miller	255382	Reprimand with Stipulations	4/14/94
Vicki C. Taylor Shadden	232737	Reprimand with CE-Stipulations	2/22/94

As of May 20, 1994, the following individuals have failed to return their licenses to the Board. Their licenses have been REVOKED.

NAME	LICENSE #	DATE OF ACTION
Janice L. Armstrong	245319	3/24/93
Shirley Ellena Black	551029	9/22/93
Darla Pike Boyd	224709	7/20/93
Ricardo Franco	226447	9/22/93
Shirlee Jeanne Grace	550376	2/22/94
Audrey Elaine Kardum	438053	9/22/93
Margaret Ann Morris	255919	5/25/93
Mirta Rebecca Perez	585830	9/22/93
Charmaine L. Pflugrad	541231	2/22/94
Lois Louise Schultz	461230	7/20/93
Janice Lee Teague	231877	7/21/92
Kenneth George Thomas	584757	3/24/93
Leanna Dale Watson	580790	7/20/93
Susan Elaine Welch	580991	3/8/94

### RN EMPLOYERS ACCOUNTABLE THAT STAFF APPROPRIATELY LICENSED

As a reminder, the Board would like to specifically point out to RN employers, The Standards of Professional Nursing Practice, Rule 217.11 (14), which states:

*"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."*

The Board could take action against your license under Rule 217.13 (8), for failing to assure the licensure of those you are administratively responsible for or Rule 217.13 (21), for failing to report the unauthorized practice of professional nursing. If you have any questions regarding this issue, please contact Cady Crismon, MSN, RN, CNS, Director of Practice and Compliance, at (512) 835-8665.

## Legal Eagle cont'd . . .

The analysis suggested would, in most cases, yield a result consistent with your hospital's policy. It would seem that the best interest of patients, families, nurses and institutions would be served by educating patients and families on the reasons for restricting access to areas such as recovery. Exceptions to policy can be made in order to enhance a patient's care so long as the care of other patients is not compromised. Patient care is the primary concern for the licensed nurse. A thoughtful approach to requests for access, rather than an argument over policy, can ensure both optimum patient care and patient - family relations. ☺

## Provan cont'd . . .

revolutionary times the profession of nursing has experienced. Health care reform and its emphasis on primary care, is going to mean big changes in the profession of nursing..

Secondly, I think it's very important to ensure that the education nursing students receive is adequately preparing them for nursing practice. One of the interesting things about the Board and its duties is that it not only licenses and regulates nursing practice, but it accredits nursing education programs as well. So, I think we have a very serious responsibility to see that the education nurses receive adequately prepares them for practice, as well as keeps them up to date on advances in medical technologies. One of the areas I am particularly interested in is the clinical experience for nursing students. Realistically, these experiences should prepare them to perform the actual tasks they will encounter in day to day practice.

Thirdly, I think we face some unique challenges in Texas, simply because of our demographics. There are 3.7 million people in Texas with no health insurance. Eighteen Texas counties are without a doctor. Fifty-seven counties are without hospitals. There are 17 million people in this state, but almost half of them live in 6 counties. There are fifty-nine counties with fewer than 7

(continued on page 14 . . .)

## Who To Call For Assistance

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

The following is a list of helpful numbers:

- GENERAL INFORMATION/LICENSING & SUPPORT SERVICES.....(512) 835-4880  
(License verification, endorsement/reciprocity information, prescriptive authority information, ANP approval status, general information)
- EDUCATION/EXAMINATION .....(512) 835-8650  
(RN nursing programs, extended campuses, NCLEX-RN applications, graduate nurse permits, Nursing Practice Act (NPA) questions 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 labels)
- LEGISLATIVE INFORMATION.....(512) 835-8674  
(Recent legislative amendments affecting NPA, health care reform issues, and any other legislation regarding the regulation of professional nursing)

## Board Meeting Dates/Open Forum

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

July 12 – 13, Austin  
September 13 – 14, Galveston

The board meetings are open to the public. Any group or individual wishing to attend any portion of the board meeting should contact Erlene Fisher at (512) 835-8675 at least four weeks prior to the board meeting to verify availability of space, the date and location.

All contested cases (formal disciplinary hearings) are heard by an Administrative Law Judge in the State Office of Administrative Hearings. These hearings are open to the public. If interested, call the State Office of Administrative Hearings at (512) 475-4993.

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

## Provan cont'd . . .

residents per square mile. Eighteen percent of all Texans live in poverty. These demographics clearly illustrate the fact that not only are population and wealth unevenly distributed, but so is health care. This is the area I think where nursing can fill some of the gaps. Not to mention the challenges the Board will face with developments in home health care and rural health care.

Finally, another major issue is what I consider preserving the value of life and health. As I read the newspapers and watch the news, I see a significant decline in the respect for the value of human life. I suffered a major crisis early in life with the onset of polio. The first few doctors that took me in their care told my parents that I was a basket case, I would never walk again, or be a productive person in life.

My parents rejected those conclusions. They sought other medical advice and medical assistance. They found a doctor who would work with me and whose goal was to make me a self-reliant, independent person. That made all the difference. Because of the doctor and the medical care I received, I did become a productive member of society. I think we should never give up on people.

Life and health are values we should hold dear and we should have a great respect for life. And that is one of the principles that is going to guide me in my service on this Board.

*What goals do you have for yourself during the time you serve as a member of the Board of Nurse Examiners?*

My first goal is going to be to learn. I am not a nurse. I have a great deal to learn about nursing, nursing practice, and regulation.

Secondly, I want to assist the Board to meet the challenges and opportunities that the ADA and health care reform present. These are two of the largest pieces of legislation to occur in the last three decades. ADA presents a lot of difficult issues for our Board in dealing with nurses who have physical or mental impairments and accommodating them, if possible.

I also would like to assist the Board in its dealings with the Legislature, considering my past experiences.

*What are your views on health care reform?*

I think health care reform is a misnomer. Health care reform is more about finance and insurance than health care. I've read a lot about it and most of the concerns are accessibility, cost, and to a lesser extent, quality. My main concern is that we maintain that quality while at the same time, increase accessibility. Health care reform is definitely going to bring about changes, many that will become opportunities for nursing to grow and expand and play a larger role in the health care system in the United States.

*As a consumer member, what kind of influence and input do you anticipate having on the Board?*

As a consumer member of the Board, the influence I hope to exert grows out of the concerns I have as a result of my own life experience. I have a concern for people with disabilities. I have a concern for children and the elderly. I think my concern for children and my concern for people with disabilities stems from my living in a hospital for almost five years as a child. I feel a great deal of concern for the elderly because some of them are just as dependent as children on the care and compassion of others. As a lawyer, I have cultivated a concern for fairness and due process, which are important elements in regulating nursing. These concerns will be paramount in my mind as I deal with the matters that come before the Board. I hope my twenty years of experience as a lawyer for state agencies will provide me with some of the knowledge I need to deal with those issues.

(continued on page 15 . . .)

## 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 a.m. to 5:00 p.m. Monday through Friday, except for designated holidays. The Board's office will be closed the following day:

July 4, 1994

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## Quarterly Seminar For Long Term Care RNs Offered by the Educational Institute On Aging

A quarterly seminar entitled, "Nursing Facility Nurses: Uncovering the Mysteries," is being offered by the Educational Institute On Aging, July 12 – 14, 1994, and October 11 – 13, 1994. The seminar is intended for nurses who are new to management positions in long term care, and covers a variety of long term care issues. Participants who attend the entire seminar will receive 25.6 contact hours of Type I credit. For more information contact the Texas Home Care Association at (512) 458-1257 or the Texas Association of Homes For the Aging at (512) 467-2242.

## Board of Nurse Examiners' Publications List

	QUANTITY	PRICE W/O TAX	PRICE WITH TAX
A. NURSING PRACTICE ACT (NPA): Excerpts from Vernon's Civil Statutes for the State of Texas, governing examination, registration, and disciplinary proceedings of registered nurses. (1) 1-49 copies (2) 50 or more copies	_____	\$2.00 ea. \$1.50 ea.	\$2.16 ea. \$1.62 ea.
B. RULES AND REGULATIONS: Rules and regulations of the Board of Nurse Examiners related to professional nurse education, licensure, and practice.	_____	\$5.00 ea.	\$5.40 ea.
C. NURSING PRACTICE ACT/RULES & REGULATIONS PACKAGE: One copy each of the Nursing Practice Act and the Board's Rules and Regulations.	_____	\$6.00 pkg.	\$6.48 pkg.
D. NURSING PROGRAMS IN TEXAS – A FACT BOOK: A joint publication of the Board of Nurse Examiners For the State of Texas and the Board of Vocational Nurse Examiners containing pertinent data about all vocational and professional nursing programs (LVN and RN) in Texas as well as information about advanced nursing degrees and programs in the state.	_____	\$10.00 ea.	\$10.80 ea.
E. NURSING EDUCATION ADVISORY COMMITTEE (NEAC) REPORT: This three volume set is published jointly by the Board of Nurse Examiners For the State of Texas and the Board of Vocational Nurse Examiners. Volumes may be ordered as a set or individually. (1) Three volume set (2) Volume I – "Essential Competencies of Texas Graduates of Educational Programs in Nursing" (3) Volume II – "Nursing Manpower: Trends and Issues" (4) Volume III – "Executive Summaries"	_____	\$25.00 set \$10.00 ea. \$10.00 ea. \$10.00 ea.	\$27.00 set \$10.80 ea. \$10.80 ea. \$10.80 ea.
F. DISCIPLINED PROFESSIONAL NURSES IN THE STATE OF TEXAS: This collaborative research project conducted by Lamar University-Beaumont and the Board of Nurse Examiners For the State of Texas presents a scholarly profile of professional nurses in Texas who have been disciplined for violations of the Nursing Practice Act compared to RNs who have not been disciplined.	_____	\$10.00 ea.	\$10.80 ea.
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### Provan cont'd . . .

A special concern I have regarding children, growing out of my own childhood experience, is immunization. I am appalled at the record Texas has regarding the immunization of its children and I hope I can assist the nursing profession in solving some of the problems we face.

My experiences as a lawyer cannot make up for any lack of nursing experience I might have. However, it can be an advantage in that my objectiveness and perspective as a non-nurse can provide a fresh outlook—one that grows out of my experience as a lawyer and a consumer of health care. This is one of the ways I hope to make up for my lack of nursing experience, with of course, a lot of hard study. ☺

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