



RN UPDATE

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



January 2001

Volume 32, No. 1

Sworn Declaration Forms Processed for Single and Multistate Privilege

In the April 2000 issue of *RN Update*, the Board informed all Texas licensed RNs of the requirement to complete a Sworn Declaration of Primary State of Residence form and return it to the Board of Nurse Examiners (BNE) for processing. A reminder was published in the July 2000 *RN Update*. This document serves to inform the Texas BNE of each RN's declared state of residence (e.g., where one resides, votes, owns property and/or considers as their home state). Each Compact state is required to attempt to obtain this information from all RNs who have licenses issued by that jurisdiction (RN's can have only one primary state of residence). If your sworn declaration form was received by this office and you declared Texas as your primary state of residence, your license was updated to include *multistate privilege*. Multistate privilege is the authorization to practice in any Compact state. Since April, more than 100,000 Texas licensed RNs have responded to the request for sworn declaration forms.

Effective January 1, 2001, all Texas licensed RNs who have not submitted sworn declaration forms to the Texas BNE will be issued a *single state license*. What is a *single state license*? With a *single state license*, one can practice as a RN in Texas but cannot practice in other Compact states (e.g., Arkansas, Delaware, Iowa, etc) under their Texas license. A RN who has a Texas license but resides in a non-Compact state (New Mexico, Oklahoma) similarly will be issued a *single state license*. Texas licensed RNs who reside in Texas can update their licenses from a *single state license* to *multistate privilege* by declaring Texas as their primary state of residence through submission of a sworn declaration form to the BNE office. The sworn declaration form may be downloaded from the BNE web site located at www.bne.state.tx.us.

Texas RN Licenses Invalidated for Those Residing in Other Compact States

RNs who have submitted sworn declaration forms indicating that they reside in a Compact state other than Texas and who consider that state as their primary state of residence (Arkansas, Delaware, Iowa, Maryland, Nebraska, North Carolina, South Dakota, Utah or Wisconsin) will have invalidated Texas RN licenses effective January 1, 2001. Only the RN's primary state of residence (home state) may issue a license under the Compact. However, a RN licensed in another Compact (party) state may practice in Texas through multistate privilege unless limited by a board order in the home state or in Texas.

Letters will be sent to those RNs whose licenses are invalidated. Those whose licenses have been invalidated are not required to return their license cards or certificates to the Texas BNE. Instead, invalidated Texas license cards or certificates should be destroyed by the RN. An invalidated license can be reactivated once the RN has established Texas as the primary state of residence. Those returning to live in Texas will be required to submit a reactivation form, the appropriate fee and evidence of continuing education to the Texas BNE.

A Word from the Executive Director



Kathy Thomas, MN, RN

Criminal Background Checks

The Board submitted its Strategic Plan to the Legislative Budget Board, the Governor's Office and other state officials and agencies in June 2000. The plan identifies regulatory issues that need to be addressed in the next five years. One of the issues which the Board considered was the appropriateness of conducting nationwide criminal background checks on applicants for registered nurse licensure. The Board has authority to conduct statewide criminal background checks but applicants from out of state may not be effectively screened through this process.

In the interest of protecting the public, boards of nursing are concerned with past criminal behavior. Rule §213.28 of the Board's Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice states in pertinent part,

The practice of nursing involves clients, their families, significant others and the public in diverse settings. The registered nurse practices in an autonomous role with individuals who are physically, emotionally and financially vulnerable. The nurse has access to personal information about all aspects of a person's life, resources and relationships. Therefore, criminal behavior whether violent or non-violent, directed against persons, property or public order and decency is considered by the Board as highly relevant to an individual's fitness to practice nursing.

Not all applicants with criminal background are denied licensure. However, each case is evaluated on an individual basis and many factors are taken into consideration. For example, the nature and seriousness of the crime, the relationship of the crime to professional nursing practice, the extent to which a license might offer an individual an opportunity to engage in further criminal activity, and the age of the person at the time the crime was committed are a few of these factors.

Most states inquire into the criminal background of applicants on licensure applications; however, an increasing number of states have initiated state and federal criminal background checks through law enforcement authorities. Although the Board requests that applicants disclose criminal background information, formal screening mechanisms have been found by other states to be much more reliable. The Federal Bureau of Investigations (FBI) provides comprehensive nationwide criminal background information for agencies with law enforcement authority.

The Nursing Practice Act must be amended to give the agency law enforcement authority. The Board is interested in pursuing nationwide criminal background checks in the interest of fulfilling its mission to ensure that each person holding a license as a registered professional nurse in the State of Texas is competent to practice safely. If you have any thoughts or concerns on this subject, please email me through the Board's web site at www.bne.state.tx.us.



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RN Update is the official publication of the Board of Nurse Examiners for the State of Texas

Published four times a year, January, April, July and October. Subscription price for residents within the continental U.S. is \$5.00, plus tax. Subscription price outside of U.S. is \$10.00 plus tax.

Published by:
TEXAS STATE BOARD OF
NURSE EXAMINERS
VOLUME XXXII - No. 1
Publication Office:
333 Guadalupe, Suite 3-460
Austin, Texas 78701-3942
Phone: 512/305-7400
Fax No.: 512/305-7401



Proposed Rules



The repeal and proposed new Rule §221 Advanced Practice Nurses was published in the Texas Register on December 1, 2000, along with the repeal and proposed new Rule §222 Advanced Practice Nurses with Limited Prescriptive Authority. If no comments are received, the rules could be adopted as early as December 31, 2000.

2 Additional States Become Compact Members Effective January 1

Two states became members of the Multistate Nursing Compact effective January 1, 2001. Nebraska and South Dakota both enacted legislation to join the Compact in February, 2000. LB 523 was signed by the Governor of Nebraska on February 15, 2000. HB 1045 was signed into law on February 16, 2000, by the Governor of South Dakota. Mississippi's legislation enacting the Compact will take effect July 1, 2001. The National Council of State Boards of Nursing provides a chart indicating the status and effective dates of Compact legislation throughout the U.S. Links are also provided to the bill language as it was enacted in the Compact states. The Compact Status Chart is located at: www.ncsbn.org/files/mutual/billstatus.asp

NEAC Competencies Under Review/Revision

NEAC-Competencies (NEAC-C) were developed in 1992 to identify the essential competencies required of graduates from each type of entry level nursing program (Vocational, Diploma, Associate Degree, and Baccalaureate Degree). At the January 2000 meeting, the Board issued a charge to the Advisory Committee on Education (ACE) to review and revise the NEAC-C. In response, a subcommittee was formed including ACE members and Nursing Practice Advisory Committee (NPAC) members, to receive adequate nursing practice input. The vocational competencies are being reviewed in a separate but parallel process by the Board of Vocational Nurse Examiners.

The NEAC subcommittee met in August and developed a plan for NEAC-C revision which includes a survey that was sent to all professional nursing education programs in Texas. Survey results are currently being analyzed and a draft report will be composed this Spring. The committee plans to submit the final report to the Board of Nurse Examiners in the Summer of 2001. The BNE and committee members would like to extend their gratitude to the nursing programs and related entities for their arduous efforts in completing the survey. Their input is invaluable for the revision of the NEAC-C.

Cost of Nursing Practice Acts Increases to \$5.00

The cost of the Texas Nursing Practice Act (NPA) increased to \$5.00, plus tax, effective January 1, 2001. The higher cost is due to increases in the cost of printing and mailing the 126 page pamphlet. The Board of Nurse Examiners (BNE) will no longer offer a volume discount when purchasing NPAs. The NPA is available at no cost by downloading it from the BNE's web site located at www.bne.state.tx.us, or if you prefer to have a printed copy, you can download and print the Publication Order from the BNE web site.

HPC Offers Toll-Free Number for Complaint Forms

The Health Professions Council has a toll-free phone number for obtaining complaint forms to report inappropriate actions by Texas-licensed health professionals including Doctors, Physician Assistants, Therapists, RNs, and LVNs. That number is: **1-800-821-3205**.

The Board of Nurse Examiners has collaborated with the Board of Pharmacy to create a joint position statement addressing medication errors. Both Boards acknowledge the interdisciplinary nature of medication errors and agree that health care entities must remain focused on public safety. This position statement was created in response to the 1999 Institute of Medicine's report regarding patient safety and medical errors. For additional information regarding medication errors, see the BNE's Medication Error Packet available on the BNE website.

15.17 BOARD OF NURSE EXAMINERS/BOARD OF PHARMACY, JOINT POSITION STATEMENT, MEDICATION ERRORS

Medication errors occur when a drug has been inappropriately prescribed, dispensed, or administered. Medication errors are a multifaceted problem which may occur in any health care setting. Consistent with their common mission to promote and protect the welfare of the people of Texas, the Board of Nurse Examiners and the Board of Pharmacy issued this joint statement for the purpose of increasing awareness of some of the factors which contribute to medication errors. The Boards note that there are numerous publications available which examine the many facets of this problem, and agree that all elements must be examined in order to identify and successfully correct the problem. This position paper has been jointly developed because the Boards acknowledge the interdisciplinary nature of medication errors and the variety of settings in which these errors may occur. These settings may include hospitals, community pharmacies, doctors' offices/clinics, long term care facilities, clients' homes, and other locations.

Traditionally, medication errors have been attributed to the individual practitioner. However, reports such as the recently published Institute of Medicine's To Err Is Human: Building a Safer Health System, suggest the majority of medical errors do not result from individual recklessness, but from basic flaws in the way the health system is organized. It is the joint position of the Boards that a comprehensive and varied approach is necessary to reduce the occurrence of errors. The Boards agree that the comprehensive approach includes three major elements: (1) the individual professional's knowledge of practice; (2) resources available to the professional; and (3) systems designs, problems and failures. Each of these three elements of this comprehensive approach are discussed below.

Professional competence has long been targeted as a source of health care professional errors. To reduce the probability of errors, all professionals must accept only those assignments for which they have the appropriate education and which they can safely perform. Professionals must continually expand their knowledge and remain current in their speciality, as well as be alerted to new medications, technologies and procedures in their work settings. Professionals must be able to identify when they need assistance, and then seek appropriate instruction and clarification. Professionals should evaluate strengths and weaknesses in their practice and strive to improve performance. This ultimate accountability on the part of individual practitioners is a critical element in reducing the incidence of medication errors.

The second element (resources available to all professionals) centers on the concept of team work and the work environment. The team should be defined as all health care personnel within any setting. Health care professionals must not be reluctant to seek out and utilize each other as resources. This is especially important for the new professional and/or the professional in transition. Taking the time to learn about the resources available in any practice setting is the individual professional's responsibility, and can help decrease the occurrence of medication errors. Adequate staffing and availability of experienced professionals are key factors in the delivery of safe effective medication therapy. In addition, health care organizations have the responsibility to develop complete and thorough orientation for all employees, maintain adequate and updated policies and procedures as guidelines for practice and offer relevant opportunities for continuing staff development.

Analysis of the third element (systems designs, problems and failures) may demand creative and/or innovative thinking specific to each setting as well as a commitment to guarantee client safety. Systems which may have been in place for a long period of time may need to be re-examined for effectiveness. New information and technological advances must always be taken into account and input should be solicited from all professionals. In addition, the system should contain a comprehensive quality program for the purpose of detecting and preventing problems and failures.

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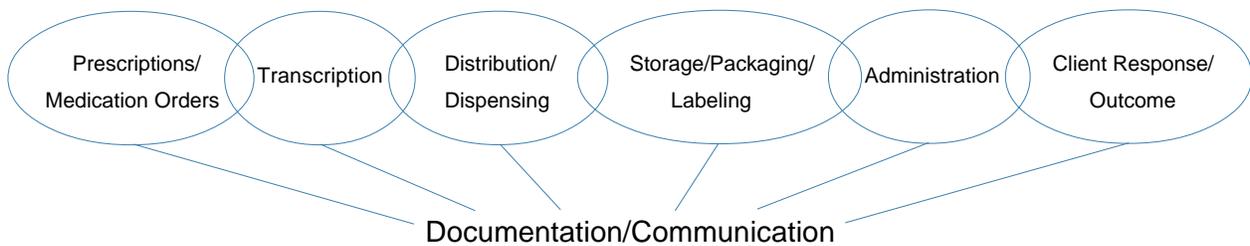
JOINT POSITION STATEMENT 15.17 - continued

The quality program must encourage all health care professionals to be alert for problems encountered in their daily tasks and to advocate for changes when necessary. In addition, the quality program should include a method for the reporting of all errors and problems within the system, a system for tracking and analysis of the errors, and interdisciplinary review of the incident(s). Eliminating systems problems is vital in promoting optimal performance.

The table following the text of this statement, while not an exhaustive list, specifies areas which can be reviewed when medication errors occur. These areas encompass all three of the aforementioned contributing elements to the problem of medication errors and can be applied to individuals or systems. Communication is a common thread basic to all of these factors. Effective verbal or written communication is fundamental to successfully resolving breakdowns, either individual or system wide, that frequently contribute to medication errors.

The Boards agree that health care regulatory entities must remain focused on public safety. It is imperative that laws and rules are relevant to today's practice environment and that appropriate mechanisms are in place to address medication errors. The complex nature of the problem requires that there be a comprehensive approach to reducing these errors. It is vital to the public welfare that medication errors be identified, addressed, and reduced.

Prescriptions/ Medication Orders	Transcription	Distribution/ Dispensing	Storage/Packaging/ Labeling	Administration	Client Response/ Outcome
<ul style="list-style-type: none"> - Accurate assessments - Awareness of allergies, contraindications, & drug reactions/interactions - Correct drug/dose/route of administration - Clear and legible documentation of order 	<ul style="list-style-type: none"> - Clarification of orders (written/verbal) if needed - Clear and legible handwriting - Accurate and complete transcription (e.g. MAR, Kardex, Computer) - Proofreading of all transcription 	<ul style="list-style-type: none"> - Clarification of orders if needed - Correct client/drug/dose/route - Checking expiration dates - Medication preparations (mixing of intravenous solutions, correct pill count) - Clear and legible audit trail - Client teaching and verification of understanding 	<ul style="list-style-type: none"> - Careful review of instructions for use/warnings precautions - Checking expiration dates - Storage to avoid inadvertent mix-ups/location of bottles which are similar in appearance - Accurate/legible and complete labeling on original containers - Careful attention to floor stock expiration dates/mixing instructions 	<ul style="list-style-type: none"> - Assessment of client status - Five rights of medication administration <ul style="list-style-type: none"> - Right patient - Right medication - Right dose - Right time - Right route - Client teaching & verification of understanding - Accurate documentation of medication administration (MAR/client records/narcotics log) 	<ul style="list-style-type: none"> - Assessment of efficacy/adverse reactions - Client compliance - Documentation



Schematization of a chain representing the interdependent nature of these elements;
a weakness in any link impacts the entire system

The associated references may be viewed at the BNE's website.

Investigation & Disciplinary Action Process of the BNE

The mission of the Board of Nurse Examiners(BNE) is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a registered professional nurse in the State of Texas is competent to practice safely. One of the ways the BNE fulfills it's mission is through the regulation of professional nursing in the State. Each year the BNE receives over 2,000 complaints alleging violations of the Nursing Practice Act (NPA) and Board Rules by Registered Nurses. Not all complaints result in disciplinary action by the Board (BNE), and only a small percentage of cases result in revocation of the RN's license. Of the complaints that are closed without discipline, many contain insufficient information about the RN's identity, are out of the Board's jurisdiction, are considered "minor incidents", or are about issues that even if proven would not constitute violations of the NPA.

The disciplinary authority of the Board and the methods of discipline are set forth in the NPA, Section 301.453 of the Texas Occupations Code. Violations of the NPA and Board Rules are most often listed in terms of Rule §217.11 "Standards of Professional Nursing Practice," and §217.12 "Unprofessional Conduct." Both the NPA and Board Rules may be accessed on our web page at www.bne.state.tx.us. Additional information related to the disciplinary process may be located on the BNE web page under "Enforcement" and "BNE News".

When there is a credible allegation that a violation of the NPA has occurred, the assigned investigator provides the RN notice in writing of the pending investigation. The RN is given an opportunity to respond to the allegations, and to show compliance with the NPA and Board Rules. The Enforcement team then reviews the complaint response and evidence obtained to determine whether to close the case or pursue action against the RN's license.

Cases where violations are believed to have occurred, most often progress to an "informal" hearing stage. The majority of cases are settled at this level, which consists of a conference at the BNE office in Austin(scheduled weeks to months in advance with the RN). Though the RN is allowed to bring legal counsel or a support person to this meeting, the meeting itself is not open to the public. The proceedings of the informal meeting may not be used in any subsequent civil matter. Informal hearings are conducted by Kathy Thomas, Executive Director of the BNE, or her designee. Other BNE staff, including Enforcement and Legal Counsel representatives, are also present during these meetings. Board members also periodically attend informal hearings. During the conference, all evidence and information collected by the Enforcement Division is presented and reviewed, and questions are asked of the RN by the panel. The RN may also ask questions and have an opportunity to demonstrate compliance with the NPA and Board Rules. In the majority of cases, the RN is verbally informed at the end of his/her informal hearing what recommendations the BNE staff intend to make to the Board regarding the RN's license. Recommendations may range from closing the case (no action taken) to revocation of the RN's license (see Table).

The recommendations for action taken against an RN's license are termed "sanctions" or "stipulations." These recommendations by BNE staff are based on prior Board precedent and policy. The penalty/sanction factors which are considered in determining the recommended stipulations applied to an RN's license are listed in Rule §213.33. If the RN disagrees with the recommended sanctions at any time before signing the "agreed order"(mailed to the RN at a later date), the case moves into the "formal" process. The formal process, which is open to the public, is conducted by an Administrative Law Judge (ALJ) in a trial-type hearing. The ALJ hears the evidence presented from both the BNE and the RN or the RN's legal counsel, and returns a recommendation (called a Proposal for Decision) regarding the RN's license to the Board.

Disciplinary recommendations for each RN, consisting of signed "Agreed Orders" from informal hearings and ALJ recommendations from formal hearings, are reviewed and ratified at monthly

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Investigation & Disciplinary Action - continued

meetings by the Board. The Board always maintains the final authority to approve, amend, or reject any proposed Board or ALJ order. A copy of the final order of the Board is mailed to the RN or his/her counsel of record, to the last known employer, and to the complainant. The disciplinary action is printed in the next *RN Update*, and is reported through the National Council of State Boards of Nursing to the Healthcare Integrity and Protection Data Bank (HIPDB). Once stipulations or probation are completed, the licensee is issued a cleared license; however, past disciplinary actions become a permanent part of the RN's licensure record.

A simplified table of possible actions the Board may take in the disciplinary process is presented below. Please note this is *not* an exhaustive compilation of all possible Board actions, but is provided to offer an "overview" of the most common actions and/or sanction levels applied in the disciplinary process. Actions are listed starting from the least stringent to the most stringent actions:

Closed No action taken on RN's license; all evidence expunged from RN's record.

Closed without Prejudice No action taken on RN's license; no information available on public record; however, all evidence is kept on file at BNE for up to 2 years, and destroyed if no additional information or complaints are received about the RN during that time.

Remedial Education or Fine Courses must be BNE approved to count toward satisfying a specific Board order. Type of course(s) required is based on the nature of the violation(s) of the NPA. Nursing Jurisprudence is one of the courses routinely required of all licensees who receive disciplinary action. Fine assessment is explained in Rule §213.32.

Warning (with stipulations*) Violation(s) committed were more serious than those at the previous level. Conditions of applied stipulations, if applicable, must be met within the specified time frame.

Reprimand (with stipulations) Indicates the violation(s) committed were more serious than those at the previous level; stipulations are typically more extensive than at the lower level and often require some Board monitoring of the RN's continued practice.

Suspension RN's license is void for the period of time determined by the Board, and stipulations for reinstatement are usually applied. If the suspension is "probated," the licensee may practice nursing under the probation conditions outlined in the Board Order.

Revocation or Voluntary Surrender RN's license to practice in the state of TX is void. The RN must surrender the physical license to the BNE & cease practicing as an RN. After one (1) year, the licensee may petition the Board for reinstatement of the license to practice nursing in Texas. A RN may also elect to voluntarily surrender his/her license.

*Types of stipulations are located in NPA Section 301.453 referenced previously, and may include (but are not limited to) remedial education, supervised practice, periodic reports to the Board from employer, and limitation of acceptable practice settings.



Practice Questions and Answers

By Carol Dobrich, MSN, RN & Cara Mueller, MSN, RN



Q: How many consecutive hours or shifts can a nurse work?

A: There is nothing specific in the Nursing Practice Act (NPA) or Board Rules addressing how many hours or shifts a RN may work. However, Rule §217.11 “Standards of Professional Nursing Practice”, includes standards which do apply to a RN’s ability to function safely. Relevant sections of Rule §217.11 include:

- (5) implement measures to promote a safe environment for clients and others;
- (9) make assignments to others that take into consideration client safety and which are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the persons to whom the assignments are made;
- (12) accept only those nursing assignments that take into consideration patient safety, and that are commensurate with one’s own educational preparation, experience, knowledge and physical and emotional ability.

It is also mandatory in the NPA and Board Rules that a RN report nursing practice which he/she believes in good faith is unsafe and which violates one or more provisions of the NPA and/or Board Rules:

- §217.11(16) report unsafe nursing practice by a 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 standards of acceptable and prevailing professional practice. The RN should report unsafe practice conditions of other practitioners to the appropriate authority or licensing board;

RNs are obligated to know when they are unfit to practice, therefore if you are in a situation and recognize that you are mentally/physically fatigued, professional nursing judgement and provision of nursing care may be impaired. As a result, nursing errors may occur. Remember, that if your practice is reviewed (peer review, BNE investigation), you must be prepared to defend your nursing decisions and actions.

Q: I am a staff nurse in a busy radiological department of a hospital. The radiologists are refusing to obtain consents on patients undergoing certain radiologic procedures. These radiologists state that it is the RN’s responsibility to ensure that the consent is obtained and necessary forms are signed. I have told the radiologists that I am not comfortable with the responsibility for obtaining patient consents and have refused to do so. Am I right in refusing to obtain these consents?

A: There are several aspects involved when obtaining informed consent. Informed consent is a legal process involving, in part, the client’s ability to reason, to comprehend the information given and to make an informed decision about the procedure/treatment. The client weighs the risks and hazards of the procedure/treatment with the benefits gained when making this decision.

Various members of the health care team generally have some responsibility in preparing the paperwork containing the information provided by the physician and the client’s consent for a given procedure. The system dictating this process and the specifics of obtaining informed consent are typically addressed by facility policy and procedure. Indeed most facilities have forms to assist in the documentation of informed consent. Depending on a number of variables (e.g. specialty, setting, type of procedure), RNs may be involved in reinforcing information given to the client by the physician, in addition to educating clients about anticipated nursing outcomes in response to the procedure. APNs may have expanded roles in obtaining informed consent but APN issues are beyond the scope of this response. You may contact the Board of Medical Examiners for additional information regarding physician responsibility for obtaining informed consent.

Although professional nursing laws and regulations do not specifically address the issue of informed consent, there are several professional nursing standards that apply in this situation. RN’s are obligated to “promote and participate in client education and counseling based on health needs” [Rule §217.11(7)] and to “collaborate with the client, members of the health care team and, when

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EDUCATION REPORT

By Sandra Owen, MN, RN



October 2000 Board Action

Based on the survey visit report and review of the Proposal for an Innovative Approach to Nursing Education the Board voted to approve:

- A Distance Education Initiative at the University of Texas Health Science Center at San Antonio in cooperation with Texas A&M University-Kingsville System Center at Palo Alto

Based upon review of a status report, and a review of the NCLEX-RN® examination pass rate to date, the Board voted that since the requirement for an 80% pass rate was not met, to continue conditional accreditation and prohibit admission of additional students until permission given by the Board at:

- College of the Mainland

Based upon review of a status report, and a review of the NCLEX-RN® pass rate to date, the Board voted that since the requirement for an 80% pass rate was met, that students could be admitted for Fall 2000 at:

- University of Texas at Brownsville/Texas Southmost College

Q & A - continued

appropriate, the client's significant other(s) in the interest of the client's health care" [Rule §217.11(21)]. Based on these standards, the RN's role should be to ensure that the client understands the procedure/treatment that she or he is consenting to and if she or he does not, then the RN must notify the physician of the client's concern or lack of knowledge.

Lastly, there are other legal references addressing the issue of informed consent including the Health and Safety Code, Chapter 313; Vernon's Civil Statutes, Title 71, Subchapter F; and the Texas Administrative Code, Title 25, Chapter 601. Although the BNE is unable to speak as an expert in other laws and regulations, such as the aforementioned, RNs are obligated to know and conform to these laws and regulations [Rule §217.11(1)].

Texas Nurses Contribute to NCLEX-RN® Development

The Board is pleased to announce the appointment of the following registered nurses as participants in the NCLEX-RN® test development process:

Mike Thille-Vega of Laredo, **Item Writer**; **Chris Burden** of Texarkana, **Item Reviewer**; **Theresa Ann Posani** of Richardson, **Panel Member**; **Edith Gloria Cayari** of Houston, **member of the Master Pool Review Session**; and **Dale Kelleher**, of Missouri City, **Member of the Panel of Judges**.

By contributing their expertise, Mr. Thille-Vega, Ms. Burden, Ms. Posani, Ms. Cayari and Ms. Kelleher assisted the National Council of State Boards of Nursing to insure the inclusion of NCLEX-RN® content which is current, accurate, practice-related, and appropriate for an entry level practitioner.

To learn how you can become a member of an NCLEX Item Development Panel, call the National Council Item Development Hot Line at 321/787-6555, ext. 496 or visit National Council's web site at www.ncsbn.org.

Advisory Committee Update

APN Advisory Committee

The APN Advisory Committee met on October 27, 2000 in Austin. The committee continued to work on their charge to review Rule §219, relating to Advanced Educational Programs. The committee is working to clarify those sections of the rule that may be difficult to understand. The committee will continue its work on Rule 219 at its next meeting in January, 2001. The committee also discussed its second charge from the Board and reviewed the need for development of a position statement relating to RNs accepting orders from advanced practice nurses. Recommendations from the committee will be presented to the Board at the January, 2001 meeting.

IMPOSTOR WARNING

If you have any knowledge or information regarding the employment practices of the following individuals, please contact the Board's Investigation Department immediately, at (512) 305-6838.

SHERI WOOD

Sheri Wood secured employment in a microdermabrasion company in Fort Worth, Texas. She represented herself as a registered nurse and had business cards printed with RN after her name. Ms. Wood worked at the company from November 10, 1999, through March 11, 2000. The owner of the company terminated her employment and referred the case to the Board Office after he was unable to verify her licensure using the social security number. The Board is pursuing legal action against Ms. Wood and the case has been referred to the Tarrant County District Attorney's Office. The Board records reflect that there is another Sheri Wood legitimately licensed to practice professional nursing in Texas. This legitimate Sheri Wood resides in the Amarillo area and is employed there currently.



ROSA NAVARRO

Rosa Navarro held herself out as a Registered Nurse while interviewing for an RN position with a group of asthma and allergy physicians in Houston, Texas, on February 28, 2000. As part of the interview process, the supervisor contacted the Board office to verify licensure at which time they were notified that Ms. Navarro was not licensed to practice professional nursing in Texas. Ms. Navarro was not hired for this position, however her resume reflects that she had previously worked as a Registered Nurse in a physician's office. The physician has since expired, therefore the staff were unable to secure copies of the personnel file. The facility referred the case to the Board office.



ANGELA HARRIS

Angela Harris was employed as Admission/Marketing Director with a care center in Houston, Texas, she represented herself as a RN during the interview process. Ms. Harris worked at the facility from June 26, 2000, through August 15, 2000, during which time she continued to represent herself as a RN. Ms. Harris wore a name tag with RN after her name and represented herself as a RN to patients and the public. The facility contacted the Board office and was unable to verify licensure for Ms. Harris. Ms. Harris was terminated after she was unable to prove licensure and degree she listed on the employment application. The Board is pursuing legal action by referring this case to the Houston Police Department for appropriate action.



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 send your request to the Board of Nurse Examiners, Enforcement Division, P.O. Box 430, Austin, Texas, 78767-0430.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Amaguin, Julian Ballaret	558267	Suspended	December 12, 2000
Anderson, Lisa	649149	Warning with Stipulations	December 12, 2000
Appiah, Rose	650532	Warning with Stipulations	December 12, 2000
Atkins, Nelda Janan	593432	Warning with Stipulations	October 12, 2000
Baker, Marie Deel	620826	Warning with Stipulations	October 12, 2000
Baldwin, Jocelyn Rivera	570111	Warning with Stipulations	December 12, 2000
Barber, Debra Jane	654580	License Revoked	December 12, 2000
Bekele, Ehitenesh	436144	Remedial Education	October 16, 2000
Benavides, Mary A.	500992	Warning with Stipulations	December 12, 2000
Bogue, Medeanna D.	532882	Warning with Stipulations	December 12, 2000
Bonnette, Robin Lynn	648773	Warning with Stipulations	November 14, 2000
Bowes, Kellie Leigh	645513	Reprimand with Stipulations	November 14, 2000
Brooks, Deborah	255304	Reprimand with Stipulations	December 12, 2000
Burton, Maki	630538	License Revoked	December 12, 2000
Captain, Margaree M.	252496	Warning with Stipulations	October 12, 2000
Castanier, Bernadette M.	514773	Remedial Education	December 6, 2000
Castilleja, Ada Elia	230486	Warning with Stipulations	November 14, 2000
Cherian, Sosamma N.	605730	Warning with Stipulations	October 12, 2000
Chesney, Leslie Susan	635344	License Revoked	December 12, 2000
Christmas, Louise Jenvey	562112	Reprimand with Stipulations	November 14, 2000
Clinkscales, Ann Marie	624569	License Revoked	December 12, 2000
Collins, Stacy Lynn	594412	Reprimand with Stipulations	October 12, 2000
Crull, Andrea	654243	Warning with Stipulations	October 12, 2000
Deridder, Yvonne M.	537213	Remedial Education	October 9, 2000
Dirkse, Amy	653420	Remedial Education	November 15, 2000
Doucet, Juana	621162	Warning with Stipulations	December 12, 2000
Duarte Jr., Ramiro	537230	Reprimand with Stipulations	October 12, 2000
Dunman, Sheri Rae	661687	Warning with Stipulations	November 14, 2000
Eby, Judith Anne	553195	Warning with Stipulations	December 12, 2000
Edwards, Mary Annette	595055	License Revoked	December 12, 2000
Farrell, Mary Louise	571442	Warning with Stipulations	October 12, 2000
Ferrill, Sylvia Ann	256607	Fine w/ Remedial Education	November 27, 2000
Fischer, Kathy M.	597719	Limited License	October 12, 2000
Fleming, Becky Lynn	627371	Warning with Stipulations	October 12, 2000
Fletcher, Dennis Neal	594596	Warning with Stipulations	December 12, 2000
French, Deborah Kay	434889	Warning with Stipulations	November 14, 2000
Funck, Ann	643137	Warning with Stipulations	December 12, 2000
Funderburg, Allen Grady	232439	Reprimand with Stipulations	December 12, 2000
Geevarghese, Rosamma Wilson	648794	Warning with Stipulations	December 12, 2000
Gonzales, Evelyln J. Peel	240415	Warning with Stipulations	October 12, 2000
Gonzalez, Jaime Alberto	658910	Warning with Stipulations	November 14, 2000
Grubaugh, Lana	653233	Warning with Stipulations	December 12, 2000
Guerrero, Mary Ellen	649230	Warning with Stipulations	October 12, 2000
Hanks, Dana Lynn	621184	Remedial Education	October 6, 2000
Hanson, Annette Michelle	621903	Remedial Education	December 7, 2000
Harper, Karon S.	516968	Remedial Education	October 18, 2000
Hayes, Yvonne Maria	645695	Reprimand with Stipulations	November 14, 2000
Heaton-Mitchell, Caren Dale	236902	Limited License	October 12, 2000

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DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Honea, Angela Marie	639039	Remedial Education	October 6, 2000
Hopkins, Dana Sue	237164	Warning with Stipulations	October 12, 2000
Horton, Virginia	642538	Remedial Education	November 27, 2000
Howard, Dorothy	256079	Warning with Stipulations	November 14, 2000
Howe, Julian Don	240681	Warning	December 12, 2000
Husseman, Rhonda	643196	Warning with Stipulations	November 14, 2000
Ikpeama, Emmanuel Uzodimma	611150	Warning with Stipulations	October 12, 2000
Irwin, Martha Kay	545995	Warning with Stipulations	October 12, 2000
Jacobson, John Harold	464217	Warning with Stipulations	October 12, 2000
Jarvis, Karen E.	240787	Reprimand with Stipulations	October 12, 2000
Jines, Kathryn Marie	550226	Warning with Stipulations	September 26, 2000
Kirk, Thomas Lee	563177	License Revoked	December 12, 2000
Lacky, Shannon Marie	643692	Warning with Stipulations	December 12, 2000
Landes, Helen Marie	244352	Reprimand with Stipulations	October 12, 2000
Langford, Kelli	658675	Warning with Stipulations	December 12, 2000
Leavell, Denise	665285	License Revoked	December 12, 2000
Lee, Jennifer	632926	Warning with Stipulations	October 12, 2000
Litt, Lawrence L.	254185	License Revoked	December 12, 2000
Manigold, Jessica Faye	553854	Remedial Education	September 28, 2000
Mansfield, Nancy L.	501981	Reprimand with Stipulations	October 12, 2000
Massey, Larry V.	239051	Remedial Education	September 25, 2000
McCarver, Joyce	611592	Warning with Stipulations	December 12, 2000
Middleton, Helen Kathryn	583623	Warning with Stipulations	December 12, 2000
Montgomery, Mickey G.	510051	Warning with Stipulations	December 12, 2000
Morgenroth, Debra Karen	583702	License Revoked	December 12, 2000
Nation, Toni Ann	460705	Warning with Stipulations	October 12, 2000
Navarro, Mary Christine	560177	Fine	October 11, 2000
Norris, Mary Victoria	252460	Suspend/Probate	December 12, 2000
Noyola, Sherrie Nelson	567913	Reprimand with Stipulations	October 12, 2000
O'Brien, Cindie Charlene	579017	Remedial Education	October 4, 2000
Patak, Shirley A.	628877	Warning with Stipulations	December 12, 2000
Payne, Mildred Joanna	633721	Warning with Stipulations	November 14, 2000
Pearson, Patricia Lynn	607767	Remedial Education	December 7, 2000
Perrault, Margo Joyce	589723	Remedial Education	October 11, 2000
Phelps, Robert Arthur	422769	License Revoked	December 12, 2000
Plummer, Christine	632214	Warning with Stipulations	October 12, 2000
Pool, Brad	622619	Remedial Education	October 2, 2000
Premer, Elaine Gail	556936	License Revoked	December 12, 2000
Randall, Teresa Faye	610259	Warning with Stipulations	October 12, 2000
Ratliff, Jim Ann	219017	Warning with Stipulations	October 12, 2000
Rhodes, Debra Kay	559393	Reprimand with Stipulations	November 14, 2000
Rodriguez, Porfirio	573448	Reprimand with Stipulations	December 12, 2000
Rollins, Christina Cannedy	568863	License Revoked	December 12, 2000
Ryan, Karen Marie	239564	License Revoked	December 12, 2000
Saenz, Paula Jean	246512	License Revoked	December 12, 2000
Salvilla, Rose Marie Sinco	621961	Reprimand with Stipulations	December 12, 2000
Schmiedeberg, Mark E.	252147	License Revoked	December 12, 2000
Schuttler, Mark Edward	504404	Suspend/Probate	October 12, 2000
Sewell-Comacho, Erica Joice	573582	Warning with Stipulations	October 12, 2000
Sherwood, Sungeun Kim	648747	Warning with Stipulations	December 12, 2000
Siever, Kevin Lee	633287	License Revoked	December 12, 2000
Silva, Maria A.	605816	Reprimand with Stipulations	October 12, 2000
Smith, Judy Jean	236265	Fine w/ Remedial Education	October 16, 2000

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DISCIPLINARY ACTION

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<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Smith, Peggy C.	547050	License Revoked	December 12, 2000
Terrell, Teena Lynn	584747	License Revoked	December 12, 2000
Thomas, Sonia Wellene	518723	Warning with Stipulations	November 14, 2000
Tiffin, Lisha Jannelle	584790	Warning with Stipulations	November 14, 2000
Tindall, Janina	218343	Warning with Stipulations	October 12, 2000
Valencia, Judy Solis	555934	Warning with Stipulations	December 12, 2000
Villanueva, Josepha	611073	License Revoked	December 12, 2000
Vyhna, Dagmar	643430	Reprimand with Stipulations	October 12, 2000
Vogelgesang Lopez, Jaye J.	556532	Warning with Stipulations	December 12, 2000
Waldon, Ramona Lynn	548660	Reprimand with Stipulations	December 12, 2000
Walker, Christene Ann	607923	Warning with Stipulations	November 14, 2000
Walker, Linda Kay	568741	Warning with Stipulations	December 12, 2000
Wall, Jenny Faye	252638	Warning with Stipulations	October 12, 2000
Watson, Linda Gail	556193	Remedial Education	November 2, 2000
Watts, Daniel Lee	523560	Warning with Stipulations	October 12, 2000
Wells, Treasa J.	617797	Reprimand with Stipulations	November 14, 2000
White, Sigrid Virginia	536708	Remedial Education	November 15, 2000
Whitewolf, Faeghan B.	526444	Reprimand with Stipulations	December 12, 2000
Wigley, Jennifer Dee	604842	License Revoked	December 12, 2000
Williams, Deirdre Ellen	556054	Remedial Education	December 7, 2000
Wright, Lisa	637320	Warning with Stipulations	October 12, 2000

VOLUNTARY SURRENDERS

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

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Alviano, Philip James	620750	November 17, 2000
Barry, Cheryl Joan	235533	November 20, 2000
Bingham, Carla E.	532712	September 25, 2000
Brissard, Susan Anne	600526	October 16, 2000
Broadus Jr., David Charles	606051	September 28, 2000
Burton, Cori Ann	610477	November 20, 2000
Cheshier, Beverly V. G.	229371	November 28, 2000
Connell, Christopher	513235	November 20, 2000
Craig, Alvin Lee	581990	November 27, 2000
Friend-Bridges, Dana L.	504887	November 28, 2000
Humphrey, Loreal	640867	November 28, 2000
Jahn, Janette E.	257184	October 2, 2000
Jordan, Terry Lee	563121	December 4, 2000
Krueger, Maryann Brunner	419767	November 20, 2000
Lawson, Michael G.	254078	November 20, 2000
Lester, Roy Edward	640553	October 16, 2000
McRaven, Tracy Noal	636604	October 4, 2000
Schnoor, Tami S.	661592	November 13, 2000
Taylor, Laura Stephens	613407	October 31, 2000
Taylor, Michael Earl	597160	December 4, 2000

Texas Peer Assistance Program for Nurses — TPAPN

If you have concerns regarding a nursing colleague's practice related to chemical dependency or mental illness, call TPAPN at 1-800-288-5528 to speak to a nurse case manager. Your call is confidential.

Insufficient Funds

As of December 12, 2000, 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 or seeking 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 may be in violation of the Nursing Practice Act and may be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>
Allen, Juliet Ann	623827
Meyers, Stephanie	655919
Quillin, Rhonda	238758

Have you moved lately?

Rule §217.7(b) requires RNs in Texas to notify the Board in writing within 10 days of a change of address, providing the new address and the RN's license number. Some RNs have had their licenses revoked because the BNE had no way to notify them of a pending investigation and/or subsequent Board orders.

Change of Address

Last Name:	_____
First Name:	_____
Middle Name:	_____
SSN:	____ / ____ / ____
RN#	_____
Today's Date:	_____

Old Address:

Address _____

 City _____
 State _____ Zip _____

New Address:

Address _____

 City _____
 State _____ Zip _____

Mail to:

Board of Nurse Examiners
 P.O. Box 430
 Austin, TX 78767-0430

BNE EVENTS

Board Meeting Schedule - 2001

January 18-19
April 26-27
July 19-20
October 11-12

VOLUNTEER FOR A PEER

You can make a difference. "TPAPN saved my life."
 Become a part of nurses helping nurses by calling
 the Texas Peer Assistance Program for nurses
 at 1-800-288-5528.

Workshop Update

"Focus on Nursing Practice"

Three workshops addressing nursing jurisprudence issues are scheduled for January through March 2001:

El Paso - January 25
Brownsville - February 8
San Antonio - March 29*

Registration Information

Brochures/registration forms will be available with pre-registration accepted **six weeks** prior to the workshop, and is always encouraged since space is limited. Payment *must* accompany the registration form, so registration cannot be taken over the phone, e-mail, or fax. If you do not receive a brochure and registration form by five weeks prior to the workshop, you may download one from our website or request one by contacting us. Our phone number for workshop information is (512) 305-6844 and e-mail address is <Tiffany.Flores@bne.state.tx.us>

** Date is subject to change*

BNE HELPFUL NUMBERS

MAIN NUMBER.....(512) 305-7400

- 24 Hour Access
- License Verification
- General Information

OPERATIONS

ACCOUNTING SERVICES.....(512) 305-6853

- Returned checks
- Refunds
- Debits

LICENSING.....(512) 305-6809

- Renewals
- Endorsement/Reciprocity
- Continuing Education for RNs

SALES OF LISTS.....(512) 305-6848

- Computerized RN mailing lists or labels
- Publications

NEWSLETTER INFO.....(512) 305-6842

WEB Address.....www.bne.state.tx.us

- Refer e-mail inquiries to:
 webmaster@bne.state.tx.us

ENFORCEMENT.....(512) 305-6838

- Complaint and disciplinary action inquiries
- Violations of NPA rules and regulations
- Monitoring of disciplined RNs

PROFESSIONAL NURSING

ADVANCED PRACTICE.....(512) 305-6843

- APN application and Prescriptive Authority procedures
- Application Requests.....(512) 305-6867
(Voice Box Only)

- Initial Authorization to Practice
- Prescriptive Authority

EDUCATION & EXAM.....(512) 305-6818

- RN/APN nursing programs
- Distance Education Initiatives
- NCLEX-RN applications
- Graduate Nurse permits
- Declaratory orders

NURSING PRACTICE.....(512) 305-6844

- Nursing practice issues
- Legislation
- Workshop Information



The purpose of the *RN Update* is to disseminate information to registered nurses licensed by the State of Texas, their employers, health care providers, and the public concerning laws and regulations established by the Board of Nurse Examiners related to the safe and legal practice of professional nursing. The *RN Update* provides information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violate the Nursing Practice Act.

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Office Hours and Location

The Office of the Board of Nurse Examiners is located in The William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is P.O. Box 430, Austin, Texas 78767-0430. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays.

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Board of Nurse Examiners
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