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## **BNE WEB SITE GOES ON LINE** NPA, RULES, NEWS ITEMS AVAILABLE 24-HOURS A DAY

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The Board of Nurse Examiners is now on the Internet! It was announced at the recent board meeting that the BNE web site was officially opened on March 20, 1997. The Internet address for the home page is:

#### www.bne.state.tx.us

The primary purpose of the web site is to provide useful, timely, and accurate information to our constituents, including the general public, registered nurses, nursing educators and students, employers, and other state agencies and state officials. The Board is confident that the web site will develop into a powerful tool for communicating with the people we serve.

Visitors to the site can find information on a wide range of subjects including current editions of the Nursing Practice Act, the agency's Rules and Regulations, Board Position Statements, a list of accredited nursing programs in the state, and statistical information on nursing in Texas, among other items. Visitors will be able to read the documents on-line or download them as needed. Much of the text is linked to allow users to go directly to the article or section of interest. In addition, the site contains a search engine to enable visitors to search the web site for key words or phrases. We have purposely kept the site relatively simple in appearance to allow files to load as quickly as possible.

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Our goal is to provide a web site that will be useful to the people we serve. We encourage all of our readers to check us out on-line. We will be adding new material frequently and welcome your input. Comments may be directed to the webmaster@mail.bne.state.tx.us. Come visit us soon and check for updates on a regular basis.

# BOARD CHANGES MAILING ADDRESS

The Board of Nurse Examiners changed its mailing address effective January 28, 1997. The new mailing address is:

P.O. Box 430 Austin, Texas 78767-0430

The physical address has not changed. It is:

The Hobby Building 333 Guadalupe, Suite 3-460 Austin, Texas 78701

IN THIS ISSUE: Telenursing, Scope of Practice, Proposed NPA Changes

## A Word from the Executive Director

#### **Telenursing and Licensure**



The 10th amendment to the United States Constitution reserves the rights of states to establish laws and govern those areas not specifically assigned to the federal government in the Constitution. The 10th amendment also includes a supremacy clause that allows the federal government to override state authority where the interests of the citizens of the nation would be better served. The regulation of interstate

**Kathy Thomas, MN, RN** commerce is an example of when the federal government established national standards that override state standards.

States have used the authority derived from the 10th amendment to regulate health care providers since the 1800's. All states have laws which govern health care providers to protect their citizens from unsafe or incompetent practitioners. These laws created Boards responsible for establishing standards, educational requirements, criteria for entry into the profession, and discipline of licensees who fail to comply with statute or rules of the regulating board.

In Texas, the first licensing law for registered nurses was adopted in 1909. As health care and nursing have evolved, so has regulation. For example, the licensing examination changes periodically to reflect the essential knowledge, skills, and abilities of new graduates to manage new technologies and implement new treatment modalities in a variety of settings. Another example of change was the regulation of advanced practice nurses based upon additional formal education and scope of practice beyond that of the registered nurse.

Nursing regulation is now presented with a new challenge. Telenursing, the practice of nursing by telecommunications, is an emerging phenomenon. Registered Nurses are now triaging on insurance company or health maintenance organization telephone hotlines. Nursing faculty are teaching via satellite to distant campuses. And, in some areas of the country, nurses are practicing from their offices to patients' homes through the use of cameras and computer technologies.

Telenursing is also being practiced across state lines. The nurse on the hotline may be in Virginia but advising a client in Texas. The faculty member may be teaching in New York but her students may be anywhere in the United States. And the nurse in his office in New Mexico may be "visiting" a client in Oklahoma. (continued on next page...)

#### BOARD MEMBERS 1997 - 1998

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Kathy Thomas, MN, RN

For nursing regulation, the challenges are many. First and most significantly, the current model of licensure does not permit practice in this manner. States require nurses to be licensed where they are providing care. This model allows states to set and enforce standards to protect their citizens.

Should nurses be permitted to practice across jurisdictions? Should there be universal standards for licensure? How do states enforce these standards across state lines? Will consumers be satisfied with the resolution of complaints against licensees not residing in Texas? These are some of the questions with which nursing regulation is struggling at the national level.

Although the supremacy clause of the 10th amendment has not affected health care professional regulation yet, recent federal legislation has affected standards of care across state lines. Examples include lengths of hospital stay for women following labor and delivery and nursing home reform. In March 1997, Senator Conrad (North Dakota) introduced S.2171 in Congress to provide reimbursement under the Medicare

program for telehealth services and to require a study by the Secretary of Health and Human Services concerning licensure issues across state lines. The report of the study from the Secretary will include information on the types and numbers of practitioners providing telehealth services across state lines; the status of any agreements between or among states; the status of efforts to develop uniform national standards for licensure of practitioners; and any state licensure requirements that constitute unnecessary barriers to practice across state lines. If the Secretary determines that insufficient progress is being made by the states, the bill requires that she make recommendations for federal remedies to licensure as a barrier to interstate telehealth practice. Such federal remedies could override the states' authority over licensees providing care to their citizens.

The Board of Nurse Examiners is working with the National Council of State Boards of Nursing to identify models for regulation of nurses across state lines. In the last issue of *RNUpdate*, a short survey on the final page asked for your experience with and concerns relative to telenursing practice. We are repeating the survey in this issue to provide you an opportunity to respond to this very important issue. Please take the time to complete the survey and return it to the National Council's office. The views of nurses and consumers on how the regulation of telenursing will impact nursing practice and consumer interests are vital to the development of future regulations in Texas and across the nation.



In exploring the future of nursing regulation in this changing health care environment and with the advent of health care delivery via advancing technology, the National Council of State Boards of Nursing, Inc. has appointed a Multistate Regulation (MSR) Task Force to investigate the concept of **multistate regulation**.

Input from the nursing profession, as well as consumers and health care providers, is an imperative part of the MSR Task Force's deliberations. During this early stage of deliberations, the MSR Task Force welcomes your thoughts. Answers to the questions below will be used simply as an early guidepost. At this stage , it offers an opportunity to contribute to the MSR Task Force's preliminary deliberations. Your continuing involvement in the process is invited and appreciated. Please complete the following questions and return by mail to: MSR Task Force, National Council, 676 N. St. Clair, Suite 550, Chicago, Ill., 60611; or fax it to: 312-787-6898; or visit our Web site (http://www.ncsbn.org) for further information.

1. Are you aware of nurses who are currently practicing across multiple states due to the requirements of their jobs?\_\_\_\_\_

	Υ	es

🗆 No

If yes, in what settings and how (e.g., telephone, travel, computer, etc.)?—

2. Do you believe the current state-by-state licensing system will need to change?

□ Yes □ No

If yes, why? -

## **BOARD APPOINTMENT ANNOUNCED**

The Texas Senate voted on April 1st to approve the appointment of Marcelo Laijas, Jr., of Floresville, to the State Board of Nurse Examiners. Governor George W. Bush announced the appointment of Mr. Laijas on February 25th. Mr. Laijas, who will serve on the Board as a public member, is sales manager for Land Systems Company and Martex Corporation, a real estate land sales office.

Mr. Laijas was previously employed by the Floresville Independent School District where he taught special education classes. He serves on the Tri-County Head Start Program board of directors and is a Special Olympics coach. He earned a bachelor's degree from the University of Texas at San Antonio. Mr. Laijas will replace Robert Provan, of Austin, who resigned. Mr. Laijas's appointment will expire January 31, 1999.

The Senate also voted to approve the appointment of Mary Letrice Kemp Brown, RN, to the Board of Nurse Examiners. Ms. Brown's appointment by Governor Bush to replace the unexpired term of Iris L. Snell, RN, who resigned in May 1996, had not been approved by the Senate because the Senate was not in session at the time that the appointment was made. Ms. Brown's appointment will expire in 2001.

#### COMPUTERIZED CLINICAL SIMULATION TESTING PILOT STUDY

Professional nursing education programs in Texas were asked by the National Council of State Boards of Nursing to volunteer to participate in a pilot study using computerized clinical simulation testing (CST). CST is a new testing methodology designed to measure application of the RN's independent clinical decision-making to the management of client care. A CST examination presents a series of realistic client care scenarios. Each scenario begins with an introductory screen which presents a brief synopsis of the current status of the client. After reading the introduction, the examinee advances to the client care screen where interactions are initiated through free-text entry of nursing actions. Following entry of the action, a client response is received and simulated time moves forward. No testing cues in the form of question or answer options are provided. Scoring procedures can award credit for different but equally valid nursing actions and award different amounts of credit depending on the timing, sequencing, and level of correctness of nursing actions. The pilot study being conducted nationwide is designed to evaluate the psychometric soundness and legal defensibility of CST as a potential component of the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

The purpose of nursing schools' participation in the CST pilot study is to facilitate the recruitment and orientation of a large number of NCLEX-RN candidates for the study sample and to evaluate the needs of educators in preparing for CST as a potential component of the NCLEX-RN. Results of the pilot study will be reported to the National Council's DelegateAssembly at its 1999 Annual Meeting. It is anticipated that a decision regarding future directions for CST will be made at that time.

Nursing schools selected to participate will have the opportunity to use CST software during the1997-1998 academic year. The following nursing programs in Texas were selected by the National Council of State Boards of Nursing to participate in the CST pilot study: Amarillo College, ADN, Amarillo; Austin Community College, ADN, Austin; McLennan Community College, ADN, Waco; Odessa College, ADN, Odessa; Grayson County College, ADN, Denison (alternate); University of the Incarnate Word, BSN, San Antonio; and University of Texas Health Science Center at Houston, BSN, Houston.

#### Texas Department of Health Approves Rules Relating to RNs Performing Radiological Procedures

The January 1997 edition of the *RN Update* provided information concerning anticipated revisions to Texas Department of Health (TDH) rules relating to RNs who perform radiological procedures. The TDH Board has approved rule language which addresses the RN who performs certain radiological procedures deemed *Dangerous or Hazardous Procedures* by the Medical Radiologic Technologist Advisory Board of TDH. The rules clarify that RNs and PAs may perform the following types of radiological procedures on the *Dangerous or Hazardous* list: fluoroscopy, skull radiography, spine radiography, shoulder and pelvic girdle radiographs, sternum radiographs, and radiographs using contrast media. The section of the rules addressing the aforementioned specific procedures, which may be performed by the RN/PA, is effective March 24, 1997.

Additional rule revisions, which become effective June 1, 1997, require the RN or PA performing these types of *Dangerous or Hazardous Procedures* to complete training. These training requirements are explained in TDH Rule 143.20 (d) (1) (2) (3) and must be completed on or before January 1, 1998.

Other types of radiological procedures in which the RN may be involved fall within either of two additional categories: (1) those radiological procedures which are not considered *Dangerous or Hazardous Procedures* or (2) those radiological procedures deemed to be *Dangerous or Hazardous Procedures* which the RN/PA has not been approved to perform. RNs performing radiological procedures which are not considered *Dangerous or Hazardous Procedures* are not considered *Dangerous or Hazardous* procedures which are not considered *Dangerous or Hazardous Procedures* are not considered *Dangerous or Hazardous* procedures are not obligated by these rules to obtain the training specified in TDH Rule 143.20.

To obtain a complete copy of the TDH informational packet concerning these recently adopted rules please contact:

MRT Program Texas Department of Health 1100 W. 49th Street Austin, Texas 78756-3183

(512) 834-6617.

The issue of radiologic procedures is also being addressed in the current 75th Texas Legislative Session. Senate Bill 943 by Sen. Nelson, House Bill 1644 by Rep. Uher, House Bill 2427 by Rep. Rodriquez, and HB 3185 by Rep. Davila specifically relate to these issues. The outcome of the proposed pieces of legislation will be determined by June 1, 1997. Currently, RNs who perform radiological procedures in non-JCAHO or non- Medicare Certified facilities must continue to register with the BNE as specified in Rule 217.17.

This issue continues to be very relevant to nursing practice. The BNE will continue to report outcomes of the regulatory and legislative processes in this area.

#### SECOND STATEWIDE NURSING EDUCATION CONFERENCE TO BE HELD

The Board of Nurse Examiners will sponsor its second Statewide Nursing Education Conference in Austin on June 11 and 12, 1997. Two programs will be offered. The first program will be an evening program on June 11th, *Advanced Nursing Practice Education and Recognition*. This program will provide nursing faculty in advanced nursing practice programs with current information about the education and recognition of Advanced Practice Nurses. Issues pertaining to current APN practice will also be discussed.

On June 12th, Negotiating Boundaries in Nursing Education, a day long program, will provide nursing faculty with an update on the Board of Nurse Examiners' rules and regulations relating to nursing education, professional boundary issues, and educational innovations used to implement the NEAC competencies, articulation, and distance learning technologies. The National Council of State Boards of Nursing's monograph on professional boundaries and clinical simulation testing pilot project will be presented. Representatives from nursing programs in Texas will discuss curricular and policy changes that facilitate articulation as well as the use of distance learning technologies to deliver nursing education programs and practice opportunities across Texas.

*Save the dates.* Brochures will be mailed by the end of April; seating is limited. Participants may register for either or both programs. Applications for CE have been submitted for approval. The conference will be held at the Doubletree Hotel. Rooms have been blocked until May 11, 1997 at the State rate for the conference. You may call the hotel at 512-454-3737 to reserve your room for the conference.

### **Committee Actions**

#### **Nursing Practice Advisory Committee**

The January 22, 1997 and April 11, 1997 Nursing Practice Advisory Committee (NPAC) meetings were cancelled pending further charges by the Board. The committee is scheduled to meet on August 15, 1997.

#### Advanced Practice Nursing Advisory Committee

The Advanced Practice Nursing Advisory Committee (APNAC) will continue its discussion concerning the charge from the Board to determine a date beyond which the master's degree will be required for advanced practice. No action has been taken on this subject at this time and the committee is continuing to gather information. The committee will meet on April 11, 1997.

#### **Advisory Committee on Education**

The Advisory Committee on Education met on January 10, 1997. The committee made recommendations for revisions to the Faculty Waiver Policy. The revisions included changes to criteria for nursing programs and established a ratio of faculty to waivered faculty. The new faculty waiver policy was discussed with the Board in January and sent to the Deans and Directors of nursing educational programs in Texas for input. A final draft was presented and approved by the board at its March meeting.

The committee also discussed and made recommendations for the June Statewide Nursing Education Conference. New business for the committee will be the development of an evaluation tool for the NEAC competencies, and an evaluation of Rule 215.14 Extended Campus/Extension Site Requirements with recommendations for rule revisions.

## **EDUCATION REPORT**

by Donna Carlin, MSN, RN

#### January 1997 Board Actions:

Houston Baptist University, Family Nurse Practitioner Option, Houston Abilene Intercollegiate School of Nursing, Family Nurse Practitioner Option, Abilene -Granted initial accreditation

Northeast Texas Community College, ADN Program, Mt. Pleasant Tarleton State University, ADN Program, Stephenville -Continued full accreditation based on a survey visit and review of annual report

**Tarleton State University, BSN Program, Stephenville** Continued initial accreditation based on a survey visit and review of annual report

University of Texas at Tyler, BSN, Tyler

-Authorized three nursing courses to be delivered in Longview using distance learning technology during the 1997 Spring semester

Continued full accreditation of the following nursing programs based on review of annual reports:

Abilene Intercollegiate, ADN, Abilene Austin Community College, ADN, Austin Central Texas College, ADN, Killeen College of the Mainland, ADN, Texas City Del Mar College, ADN, Corpus Christi Houston Baptist University, ADN, Houston Navarro College, ADN, Corsicana North Central Texas College, ADN, Gainesville North Harris/Montgomery Community College, ADN, Houston Odessa College, ADN, Odessa Southwestern Adventist College, ADN, Keene Temple College, ADN, Temple Texarkana College, ADN, Texarkana Trinity Valley Community College, ADN, Kaufman Vernon Regional Junior College, ADN, Vernon

Baylor University, BSN, Dallas Houston Baptist University, BSN, Houston Prairie View A & M University, BSN, Houston University of Texas at Galveston, BSN, Galveston

Angelo State University, RN-BSN, San Angelo Southwestern Adventist College, RN-BSN, Keene

#### SCOPE OF PRACTICE: PART I Kim Flores, RN, MSN

This article is the first of a three part series dealing with the RN's scope of practice in Texas. Part one of the series includes a general overview of the RN scope of practice as legislatively defined in Texas. Due to statutory language which addresses scope of practice, it is necessary that the RN has a working knowledge of the Nursing Practice Act (NPA) and the Board's Rules; references are made to applicable NPA/Rule language. Part one also includes a discussion of how the November 1995 PEW Commission report, which addressed the future of health services regulation, has given health professionals cause to reconsider their professional scopes of practice. This broad sweeping regulatory reform report addressed regulation of overlapping health services provided by different licensed and/or certified health care professionals.

Part two of the series on scope of practice will discuss the RN/client relationship and the role it plays in managing professional boundary issues. Complaints related to violations of professional boundaries have been increasing at this agency.

Part three of the series will provide information on the RN's decision making process as it relates to scope of practice and professional boundaries issues. Information and tools will be included that can be used by the RN to help determine when a practice situation falls within his/her scope of practice. Part three will also discuss recent legislative efforts in Texas directed at continued competency of RNs.

Scope of practice may be viewed from a professional perspective, such as levels of nursing performance (referred to as differentiated practice in nursing literature) or from a legal perspective. The perception of scope of practice from the practitioner's view may be defined by an agency's policies and procedures, such as levels of nursing in an institution (Nursing Education Advisory Committee Report). This article focuses on the regulatory aspects of scope of practice. The perspective is defined in the Nursing Practice Act in three areas: first in the codified definition of professional nursing, specifically, Article 4518, Section 5; second, in Rule 217.11, Standards of Professional Nursing Practice; and third, in Rule 221.13, relating to the scope of practice for the Advanced Practice Nurse.

Inherent in these references to scope of practice is the RN's obligation to practice in a safe manner consistent with the RN's education and clinical expertise. RNs who call BNE staff regarding scope of practice issues are first advised to read Article 4518, Section 5 of the NPA which provides the definition of professional nursing in order to determine if the particular aspect of health care about which they are calling falls within this legislatively defined scope of practice. Callers may then be instructed to design their individual practice to adhere to Rule 217.11 and not to engage in practices which would lead to Unprofessional Conduct, defined in Rule 217.13.

Rule 217.11 delineates the Standards of Professional Nursing Practice, which every RN, in every setting, is obligated to adhere. The first obligation under 217.11 states that, the RN shall: "know and conform to the NPA and the board's rules and regulations as well as all Federal, State,or local laws, rules or regulations affecting the RN's current area of nursing practice." Another standard obligates the RN to use a systematic approach (assessment, nursing diagnosis, plan of care, implementation, evaluation) when providing nursing care. Each of the standards (1 through 20) has broad reaching implications.

(continued on next page...)

The Standards of Professional Nursing Practice require, in significant part, that RNs only carry out those activities for which they have the knowledge, skills and abilities. These standards are reflected in policy statements and position statements of national nursing organizations (Interprofessional Workgroup on Health Professions Regulation; ANA Position Statement of Scope of Practice, 1987). The scope of practice for RNs may change as the RN and/or the profession evolves and nurses become competent in new areas of health care . Examples of evolving aspects of scope of practice include the insertion of peripherally inserted central catheters (PICC) by an RN who possesses the education, competence, and clinical expertise to accomplish the task under the delegation of a physician and the RN who performs the role of first assistant in surgery after obtaining the necessary skills and certification.

Often RNs call the BNE to ask questions concerning the scope of practice of other health care providers (respiratory therapists, EMTs, licensed vocational nurses, physician assistants, pharmacists, etc.). "Scopes of professional practice are naturally defined by their underlying body of knowledge and their practice context, and take into account consumer needs, technology, and delivery system configurations" (Interprofessional Workgroup on Health Professions Regulation, pg. 1). The PEW Commission report, issued in November 1995, included suggestions to improve regulation of health care services nationwide. One major concept highlighted in this report was that different health care professionals provide overlapping services. The PEW Commission recommended that regulatory agencies nationwide continue to explore scopes of practice among differing health related professions and ancillary disciplines in order to acknowledge and use all services in the most efficient and effective manner.

Rule 217.11 (12) obligates the RN to: "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." The RN should discuss the health related needs of the client with all appropriate health care resource personnel. The RN is in a key role to coordinate and implement the plan of care in cooperation with members of the health care team.

Provided here is a general overview of the relevant regulatory language which may be used to assist the RN in determining scope of practice. To reiterate, the NPA and the board's rules direct the RN in assessing the safety of performing a contemplated health care procedure. As the knowledge, clinical expertise and ability of the RN is enhanced in a particular area, so too the RN's scope of practice may expand provided that the RN adheres to the NPA as well as other rules and regulations which may affect his/her practice area.

#### **REFERENCES:**

- American Nurses Association (ANA) Report. (1987). <u>The Scope of Nursing Practice</u>, Washington, D.C.: American Nurses Association.
- Interprofessional group makes recommendations for health care regulatory effectiveness, Interprofessional Workgroup on Health Professions Regulation, January, 1997.
- Nursing Education Advisory Committee (NEAC) Report. (1993). <u>Nursing manpower: Trends</u>

and issues. Austin: Texas Board of Nurse Examiners.

- Nursing Practice Act, Article 4518, Section 5, Texas Revised Civil Statutes, Annotated, as amended 1995.
- <u>Reforming health care workforce regulation</u>, Pew Health Professions Commission, November, 1995.

Rule 217.11 and Rule 217.13 at 22 Texas Administrative Code.

#### **Continuing Education Update**

by Mark W. Majek, M.A., PHR

Every month a certain percentage of licensees are audited for compliance with continuing education requirements. This process involves mailing an audit form and letter of instruction to the audited licensee. As detailed in the instructions, the licensee is instructed to return the completed audit form, along with **copies** of the continuing education certificates or other required documents, verifying the minimum of twenty hours of acceptable continuing education. Upon receipt of the form and certificates, the documents are reviewed for compliance with the Board's continuing education rules. Those licensees in compliance receive a confirmation postcard letting them know that they are in compliance. Those licensees who are either not in compliance or have not responded receive a second notice requesting additional or required information not received from the initial audit letter. If the licensee is not in compliance within the time frame of the second notice, the file is transferred to the Compliance Department for disciplinary action. Noncompliance with the Board's continuing education rules can result in a fine and requirements to comply with outstanding continuing education hours through a disciplinary order of the Board. Formal charges may be filed and a license may be suspended for failure to respond to an inquiry of the Board.

Recent data on RN continuing education compliance data follows:

September, 1996	90%
October, 1996	95%
November, 1996	94%

The main reasons for noncompliance are:

- 1. Failure to complete the required twenty hours;
- 2. Unacceptable Type I and Type II continuing education; or
- 3. Failure to respond to the Board's audit inquiries.

We again invite licensees to send a written request to the Board Office for a Continuing Education Brochure which explains the current continuing education rules. If you would like the brochure, please mail a self-addressed stamped envelope to:

Licensing Department CE Brochure Board of Nurse Examiners P.O. Box 430 Austin, Texas 78767-0430

Coming up in the Next Edition of RN Update: Impact of 75th Legislature: which bills passed and their impact on the 

#### Licensing News

by Mark W. Majek

Given the number of documents processed and phone calls received in the Licensing Department during the year, the most challenging questions we receive come with the endorsement process. This encompasses those registered nurses from other U.S. states and Canadian provinces requesting licensure in Texas.

The main questions concern application processing time, minimum educational and examination requirements, and address changes. Upon receiving a request for an endorsement packet, we must assure that the registered nurse has never held a license in Texas and has worked as a registered nurse sometime in the past four years. Once this information is obtained, the potential licensee is mailed an endorsement packet. The instructions state that the licensee is to mail the completed application, required photo, and \$75.00 fee to our office. Once the application has been processed, a temporary license is issued for twelve weeks. A permanent license is issued once the Board receives the verification(s) from any and all states, provinces, or countries where the applicant holds or has held a registered nurse license. Each verification can take up to ten working days to complete.

Due to the nature of the endorsements, many applicants move or plan to move sometime within the process. The Board uses the address that is written on the application. We cannot accept address changes over the phone. All address changes must be in writing and will be accepted by FAX. We make every attempt to honor any request that the endorsee might have but as we receive over 6,500 endorsement applications in any given year, the shear volume makes it impossible to stop the process for individual requests.

Our advice to endorsees, employers, and recruiters: please give the endorsement procedure enough time to process the application and to be mailed to its destination.

#### TEXAS RNs PARTICIPATE ON NATIONAL COUNCIL COMMITTEES

The following nurses have volunteered their time and expertise as members of the National Council of State Board's of Nursing Committees:

**Betty Scott**, Wadley Regional Medical Center, CST Case Development Committee, Specialty-Medical Surgical

Annette Hallman, Methodist Hospital School of Nursing, NCLEX-RN Item Writer, Specialty-Pediatrics

Adrienne Busch, San Jacinto College, Central, NCLEX-RN Item Writer, Specialty-Medical Surgical

#### **Practice Questions & Answers**

Kim Flores, RN, MSN & Helene Harris, RN, MSN

Q. I work for a Home Health agency. I have made the decision to leave this employment and have been advised by my nursing supervisor that the home health agency will file a complaint against me to the BNE for patient abandonment. What must I do to avoid being held responsible for patient abandonment?

A. Abandonment of a patient by an RN is addressed in Rule 217.13 which defines unprofessional conduct. Specifically, Rule 217.13 (13) explains that unprofessional conduct occurs when the RN "leaves a nursing assignment without notifying one's immediate supervisor." If you have provided notice of your intentions to your supervisor you would not meet the definition as noted. However, company policies and procedures or other contractual arrangements present in your employment setting may require additional action on your part. Questions regarding such situations should be answered by someone knowledgeable about human resources or employment law.

The BNE staff often hear from RNs who have made the decision to leave a home health position but are extremely concerned that their departure would mean that the clients of the home health agency would be left without proper nursing coverage. Usually an RN will provide sufficient notice so that the agency can make arrangements to ensure adequate coverage. In those instances where clients will not have nursing coverage and in accordance with Rule 217.11 (8) to "implement measure to promote a safe environment for clients and others" and 217.11 (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," the RN should notify the client's physician and/or family of the situation so that they are made aware of the change.

Q. I work in an emergency room where paramedics and EMTs are assigned. What functions can I delegate to them?

A. Paramedics and EMTs receive certificates from the Texas Department of Health to provide health services in the field to stabilize the patient during transport. In the emergency room, however, they are unlicensed assistive personnel (UAP). Tasks in the emergency room setting may be delegated to these UAPs by a physician or by an RN. Tasks delegated by the RN must be in compliance with Rule 218 "Delegation of Selected Nursing Tasks By Registered Professional Nurses to Unlicensed Personnel."

These RN delegation rules address what may be termed the five rights of delegation. Rule 218.3 and 218.4 include these rights: *the right task, the right circumstances, the right person, the right instruction, and the right supervision*. Always keep in mind the delegable task should be one in which patient safety and welfare is not jeopardized and does not warrant nursing judgement.

When delegation to the UAP originates from another licensed practitioner, such as a physician in the emergency room setting, Rule 218.5 (a) explains the role of the RN supervising the UAP in such circumstances. The RN "(1) verifies the training of the UAP and (2) verifies that the unlicensed person can adequately perform the delegated task without jeopardizing the client's welfare." Rule 218.5 (b) further states that if the RN cannot verify the ability of the UAP to perform the task, the RN has the responsibility of notifying the licensee, i.e.physician who delegated the task. The RN should intervene directly any time the safety of the patient is in question.

## **BILLS PROPOSE TO AMEND NPA AND ADDRESS ADVANCED PRACTICE**

The 75th legislative session began in mid January in Austin. As of March, 3,536 bills were filed in the House and 1,892 bills were filed in the Senate. Numerous bills were filed in both the House and the Senate related to the provision of health care. The BNE staff have reviewed hundreds of bills which have the potential of affecting nursing practice and/or the NPA and will continue to follow many of these bills through the legislative process. The filing deadline for bills which originate in the House was March 14, 1997. There is no deadline to file bills in the Senate. Committees are meeting in the House and Senate to discuss legislation and many interested parties are actively involved in presenting expert testimony on numerous issues. The legislative session ends in early June and most bills that become law will be effective September 1, 1997.

Of particular interest to the BNE are the bills which propose to change the Nursing Practice Act and/or directly affect nursing practice. SB 617 by Sen. Moncrief proposes language which will enable the Board to conduct a competency pilot project to study models of assuring ongoing competence of RNs. This legislation will also enable the Board to study models for assuring knowledge of jurisprudence. In addition, the bill also proposes amendments to the declaratory order process to encourage early resolution of any potential student ineligibility issues.

HB 1433 and the companion SB 1081 propose language to expand RN protection for refusal to engage in certain conduct under Article 4525d of the NPA. SB 1575 and companion HB 2846 address general items of interest to advanced practice nurses and physician assistants, for example, changing site visits requirements by the supervision physician from weekly to every ten days, requiring HMOs to accept requests from appropriate APNs/PAs, and adding of APNs/PAs to preferred provider language and hospital privileges for APNs/PAs.

If any of these bills are signed into law, the BNE will establish rules or guidelines to ensure that proper regulation is in place to meet the letter of the law. Future *RN Update* articles will provide information as it becomes available.

	cations for upcoming workshops have been set through September, 1997. In the <i>RN Update</i> for further information about upcoming events.
April 29	Advanced Practice Nurses Workshop, Radisson Hotel in Dallas
April 30	BNE in '97 Workshop, Radisson Hotel in Dallas
May 30	Nursing Administration Workshop, focus will center on issues relevan
v	to nursing administrators, supervisors and managers in Austin.
U	to nursing administrators, supervisors and managers in Austin.
·	Statewide Nursing Education Conference in Austin
June 11-12 July 31	

#### **Insufficient Funds Items**

As of April 1, 1997, 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 1	LICENSE #	<u>TEMP.#</u>	<u>NAME</u>	LICENSE #	<u>TEMP.#</u>
Asble, Alex Walter	564983		Lee, Linda Karen		53762
Bablitz, Nancy Elizabeth	553715		Lemke, Jennifer Ruth	575523	
Bain, Beverly	566432		Levingston, Lynnell		73626
Bargas, Virginia	257121		Masters, Mary Jane	550218	
Barr, Lori Anne	537652		Maurer, Deborah Lynn	226896	
Bhatia, Helen	568844		Mealor, Helen		50375
Buol, Kolleen Kay	516233		Miller, Renee Lyn	583642	
Butler, Norma Powell		57324	Mitchell, Sandra	565160	
Claridge, James Leslie	437694		Nims, Teresa Masadie	565233	
Clark, Mandy	575824		Ohlheiser, Donna	575718	
Clark, Victoria		50398	Olivier, Marie Claudia	514361	
Conti, Angela Rose	552231		Olson, Leanne	565952	
De John, Ida C. Caperna	424176		Pangilinan, Julie	445792	
Dennis, Patricia Ann	503975		Payne, Traci Lee	569734	
Elias, Angela		01142	Pierce-Berkil, Kristie		71891
Falkner, Barbara Mari	587013		Pinel, Jo Ann	421279	
Farra, Diane Rae	560781		Powell, Susan McCraw		58984
Felkins, Bettye Lisa	557452		Rae, Lisbeth Sue	538984	
Filler, Marcia Ann	553220		Raffaele, Mark		74257
Fryer, Renee Marie	578735		Rosko, Lisa Marie	538707	
Gazey, Patricia Mary		69539	Royal, Barbara A.	534601	
Glisson, James M.	239549		Russell, Brenda	569701	
Gunnels, Lorrie Ann V.	623930		Sanderson, Brenda Mary	538111	
Guthrie, Kelly R.	547982		Sharaf, Charmaine Marie	e 568525	
Handlin, Kathy L.	512842		Shelest, Martha		66974
Hart, Janet		70678	Sloane, Gail Theresa	550406	
Hess, Cathy Christine	628267		Smith, Helen D.V.	209920	
Howell, Sharon	459387		Todorovich, Susan	580496	
James, Karen Louise	577702		Weable, Tonya Ingrid		64138
Jenkins, Victor I.	517158		Wilson, Kevin	536325	
Jones, Gwendolyn		63362	Vasquez, Emerald J D	207588	
Kirk, Sandra Andrews	521416				
Kishbaugh, Shari Elizabeth	575583				
Klein, Shannon Leigh	613889				
Kuntz, Eileen Marie	514331				
Kurylo, Kim Diane	580995				

## **Enforcement Update**

#### **CLARIFICATION:**

In the January issue of the RN Update we listed Sharon Marie Ballard, license number 586232, whose license was revoked in November 1996. Please be informed that our records reflect that there is another licensee with a similar name, Sharonn Marie Ballard, license number 449021 who is currently licensed and in good standing.

#### **IMPOSTOR/WARNING**

#### LINDA KAYE THOMAS

Linda Kaye Thomas practiced as a certified surgical technician with an eye care center in Duncanville, Texas, from April 1993 to July 1996. During her employment she signed documents indicating she was a registered nurse. Ms. Thomas is not licensed to practice professional nursing in the State of Texas. Ms. Thomas resigned her position in July 1996.

#### **NOTICE OF DISCIPLINARY ACTION**

The following registered nurses had disciplinary action taken against their license. 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, Department of Investigations, P.O. Box 430, Austin, Texas, 78767-0430.

NAME	<u>LICENSE #</u>	DISCIPLINE	DATE OF ACTION
Antrim, Sally Ann	229592	Warning	February 11, 1997
Ashley, Bruce Alan	597754	Revoked	January 23, 1997
Blackwell, Helen Ruth	429410	Suspension with Fine	January 23, 1997
Boyd Jr, Eugene D.	612327	Warning with Stipulations	January 23, 1997
Brault, Lori Lynn	615521	<b>Remedial Education</b>	January 23, 1997
Bridges, Phyllis C.	445888	Warning	February 11, 1997
Burger, Alberta Ruth	527571	Reprimand with Stipulations	February 10, 1997
Burke Thompson, India B.	619938	<b>Reprimand with Stipulations</b>	December 10, 1996
Campbell, Ollie Pearl	570625	<b>Reprimand with Stipulations</b>	January 23, 1997
Cantu, Alicia H.G.	220846	Suspend	January 22, 1997
Cook, Debra Jean	567051	Revoked	January 23, 1997
Cook, Donna Isobel	425211	Revoked	March 20, 1997
Corbett, Bonnie Jean	600704	Warning	December 10, 1996
Cornelson, Kathy Beth	242229	Revoked	January 23, 1997
Crawford, Clifford Newton	571475	Suspend/Probate	December 10, 1996
Cunningham, Maurie Michel	le 599840	Reprimand w/Remedial Ed.	January 23, 1997
		15	(continued on next page)

#### **DISCIPLINARY ACTION - continued**

<b>DISCIPLINARY ACTION</b> - 0	continued		
Davis, Mary Monica	552322	Revoked	March 20, 1997
Doraty, Judith	501090	Warning with Stipulations	February 11, 1997
Dougherty, Sharon Rae	558587	Reprimand with Stipulations	February 11, 1997
Drews, M. Margaret	208868	Suspension with Fine	January 23, 1997
Ervin, Thomas Lee	610915	Revoked	March 20, 1997
Funk, Sandra Jo	555924	Warning with Nurs. Juris.	February 11, 1997
Gabriel, Wendy Rose	577482	Revoked	March 20, 1997
Garcia, Nimfa Morales	588931	Suspension with Fine	January 23, 1997
Gibson, Judy Kay	244815	Suspend/Probate	January 23, 1997
Gildea, Jacquelyn B.	436937	Revoked	January 23, 1997
Griffin, Ruth E.	622574	<b>Reprimand with Stipulations</b>	February 11, 1997
Ham, David Joe	623853	<b>Reprimand with Stipulations</b>	March 20, 1997
Hawkins, Judson, C.	460069	Revoked	March 20, 1997
Hearne, Fannie M.	612396	Suspend	December 10, 1997
Heileman, Laura J.	232360	Suspension with Fine	January 23, 1997
Hill, Catherine Ann	554685	Revoked	March 20, 1997
Hughes, Kathryn Ann	240343	Revoked	January 23, 1997
Jara, Dorothy M.	223752	Warning with Stipulations	February 11, 1997
Jaynes, Kay Kolleen	595398	<b>Reprimand with Stipulations</b>	February 11, 1997
Johnson, Carol McIntosh	610428	Reprimand with Stipulations	February 11, 1997
Kesner, Dorothy Mullins	428667	Reprimand with Stipulations	January 23, 1997
Kocian, Lanore	256807	Reprimand with Stipulations	December 10, 1996
Kuster, Kimberly Kay	606617	Revoked	January 23, 1997
Lee, Madelyn J.C.	224830	Revoked	March 20, 1997
Livsey, Janis Ann	608271	Reprimand with Stipulations	March 20, 1997
Martin, Daniel Brian	589432	Revoked	January 23, 1997
Matheson, Mary H. Hall	411003	Suspension with Fine	January 23, 1997
McKeown, Peter James	587273	Reprimand with Stipulations	February 11, 1997
Meza, Bertha A.	251551	Warning with Stipulations	December 10, 1997
Morris, Gail Mary	565449	Reprimand with Stipulations	February 11, 1997
Morton, Suzan Marie	578037	Fine	February 11, 1997
Neasbitt, Linda Joanne	555262	Suspension with Fine	January 23, 1997
Newsome, Cynthia	583789	Warning with Stipulations	December 10, 1996
Ollive, Connie Lee	583841	Fine	December 10, 1996
Patton, Fred J.	590398	Reprimand with Stipulations	February 11, 1997
Patton, Victoria Ann	602849	Reprimand with Stipulations	February 11, 1997
Pedersen, Nancy	555369	Warning with Stipulations	January 23, 1997
Pinnell, Gwendolyn Gay	577363	Revoked	March 20, 1997
Primeaux, Royce Allen	573279	Reprimand with Stipulations	February 11, 1997
Quackenbush, Nancy Ann	578223	Revoked	January 23, 1997
Reagan, Nancy Elizabeth	256335	Revoked	January 23, 1997
Robertson, James C. Allan	423825	Reprimand	January 23, 1997
Robinson, Christine Y.	256173	Warning with Stipulations	December 10, 1996
Roggenkamp, Barbara	242884	Warning with Stipulations	March 20, 1997
Ruth-Reece, Donna Jean	559323	Fine	December 10, 1996
Sams, Lynda Marie	528072	Revoked	March 20, 1997 (continued on next page)
		16	(continued on next page)

#### **DISCIPLINARY ACTION** - continued

Saunders, Janice Ann Siemsen, Barbara L. Slivocka, Raymond Randall Smiley, Jr., Robert Lee Stelling, Valarie Jane Strother, Richard Edwin Tidwell, Sandra Evans Townley, Rhonda Lea Townsel, Carol Vaughn, Mildred Irene Verdier, Arlene Ruth Wells, Patricia J. White, Vertis Mae Willing, Phyllis Hill Wint Parlin Monica	541456 573020 603231 532255 624271 599667 584789 568881 619343 228471 576756 535044 578973 574206 502655	Reprimand with Stipulations Reprimand with Stipulations Revoked Revoked Warning w/Remedial Ed. Warning w/Remedial Ed. Remedial Education Revoked Warning with Stipulations Suspension with Fine Revoked Warning Suspend/Probate Remedial Education Warning with Stipulations	March 20, 1997 February 11, 1997 March 20, 1997 March 20, 1997 February 12, 1997 February 11, 1997 March 20, 1997 March 20, 1997 February 11, 1997 January 23, 1997 March 20, 1997 February 11, 1997 January 23, 1997 February 11, 1997
Wint, Parlin Monica Wooldridge, Marydean	574206 502655 251264	Warning with Stipulations Suspend/Probate	February 11, 1997 December 10, 1996
woolulluge, walydeall	231204	Suspenu/Frobale	December 10, 1990

#### The following individuals were reinstated to practice professional nursing in the State of Texas.

NAME	LICENSE #	DISCIPLINE	DATE OF ACTION
Behringer, Suzanne M.	511888	<b>Reinstated with Stipulations</b>	February 11, 1997
Benyi, Debra L.	451519	<b>Reinstated with Stipulations</b>	February 11, 1997
Charlton, Patrick Arthur	511337	<b>Reinstated with Stipulations</b>	March 20, 1997
Kelley, Susan Annette	547705	<b>Reinstated with Stipulations</b>	January 22, 1997
Mills, Daisy Mae	232532	<b>Reinstated with Stipulations</b>	January 23, 1997
Pruns, Cheryl Elaine	526539	<b>Reinstated with Stipulations</b>	February 11, 1997
Rodriguez, Charles David	257540	Reinstated	January 23, 1997

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

NAME	LICENSE #	DATE OF SURRENDER
Brennan, Estelle Oline	438587	February 1997
Brierley, Susan Jean	221960	February 1997
Brown, Shelley Dawne	577123	December 1996
Burtnett, Stephanie	531495	February 1997
Cantrell-Ward, Helen R.	567405	January 1997
Cruz, Cynthia Anne	577164	January 1997
Fulton, Lori M.	525374	December 1996
Kulina, Susan Elizabeth	455093	December 1996
Moody, Evelyn Kay	602562	January 1997
McCahon, James F.	534048	January 1997
Osborn, Vicki Lynn	587299	January 1997
Scott, Lisa G.	548463	December 1996
Travis, Nancy E.	513976	January 1997

As of February, 1997, seven registered nurses have paid a fine for failure to comply with Board Continuing Education requirements.

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ADVANCED PRACTICE(512) 305-6843 APN application and Prescriptive Authority processes	P P
APN APPLICATIONS REQUESTS(512) 305-6867 (Voice Box Only) Initial Authorization to Practice Prescriptive Authority	
EDUCATION AND EXAMINATION(512) 305-6818 RN nursing programs Extended campuses NCLEX-RN applications Graduate Nurse permits Declaratory orders	
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