

## REPORT OF THE EXECUTIVE DIRECTOR

### NATIONAL ISSUES

**NGA Makes Recommendations Regarding Licensing:** In February, a special committee of the National Governors Association (NGA) Center for Best Practices, E-Health Alliance, adopted several recommendations for nurse, physician and pharmacist regulation. The group urged all U.S. Governors to adopt these recommendations to facilitate E-health. Highlights of the nurse recommendations include urging all states to adopt the Nurse Licensure Compact (NLC), standardize APRN regulations across states to facilitate interstate mobility for advanced practice nursing, and asking Governors to appropriately fund state boards of nursing to carry out their missions of public protection. Additionally, the group urged states to adopt criminal background checks for nurses, physicians and pharmacists to facilitate licensure portability.

The group also recommended that states create physician and pharmacist licensure systems that work across state lines permitting open interaction of physicians/pharmacists with physicians/pharmacists and patients in other states. The committee called for a convention of the state and territorial medical boards to meet under NGA's auspices to discuss a new system. The Federation of State Medical Boards supported the idea to meet with all medical boards regarding these issues. Additionally, the State Alliance for E-Health asked that state pharmacy boards meet with their association, the National Association of Boards of Pharmacy (NABP) to discuss how to work on the recommendations impacting pharmacy boards.

These recommendations were discussed at the NGA Winter meeting in February in a Governors-only session, and will be transmitted formally to all Governors soon, as part of the Alliance's first official report. For more information, see: <http://www.nga.org/portal/site/nga/menuitem.9123e83a1f6786440ddcbeeb501010a0/?vgnextoid=9fa0769604fe7110VgnVCM1000001a01010aRCRD>

**Arizona Medical Board Approves Expansion of Practice Guidelines:** At its February meeting, the Arizona Medical Board approved new guidelines to assist physicians who make the decision to undertake new procedures, employ new technologies or migrate into new areas of medical practice for which they have not received formal post graduate/residency training. While the law may not restrict these changes in practice patterns, the Medical Board believes that it has an obligation to ensure patient safety through the competent practice of medicine. Regardless of how physicians obtain the expertise, the guidelines list a number of factors physicians should consider before engaging in an expanded practice including the following: the clinical knowledge, judgment and skills required in order to provide services safely and competently; the education they received and whether it meets the standards and is recognized by an independent and formally accredited educational organization or institution; and whether the expanded scope of practice is appropriate for the education and training received. For more information, see: <http://www.azmd.gov> .

**Pain Control Policy Update** The National Association of Boards of Pharmacy's [NABP Newsletter](#) reports that several states are amending their regulations to better balance patient access to pain medication with regulatory control. The article highlights the progress of selected states as reported in the 2007 [Achieving Balance in State Pain Policy: A Progress](#)

[Report Card](#), issued by the Pain and Policy Studies Group (PPSG) at the University of Wisconsin. It also notes that federal legislators are still considering implementing national pain management standards. *NABP Newsletter* is a publication of the [National Association of Boards of Pharmacy](#).

**GAO Report of Primary Health Professions** The United States Government Accountability Office (GAO) has released [Primary Care Professionals: Recent Supply Trends, Projections, and Valuation of Services](#) containing testimony before the Senate's Committee on Health, Education, Labor, and Pensions. The report suggests that a growing reliance on specialty health care services is leading to a delivery system that is unnecessarily costly and inefficient. Further, the report says that this shift may also devalue the primary care professionals—physicians, physician assistants, nurse practitioners, and dentists—who provide the best health outcomes through preventive and other ongoing care.

**Philippine Nurse Exam Results** The 43.3 percent passing rate for candidates taking the recent Philippine nursing licensure examination was the lowest in the history of the Philippines. There are 460 nursing schools in the Republic. Officials blame the quality of the faculty, the number of students' admitted in schools and the lack of tertiary training hospitals. For more information see:

<http://globalnation.inquirer.net/cebudailynews/news/view/20080224-120847/Poor-quality-nursing-schools-blamed>

#### **LPN Board of Nursing Representatives Discuss What Lies Ahead for Practical Nurses**

*Advance for LPNs* recently invited four boards of nursing members from states along the East Coast to give their assessments of what lies ahead for LPNs in the next 5 years. Participating in the forum were: Connie Wilson, LPN, New Jersey; Judy Hale, LPN, Pennsylvania; Irene Washabau, LPN, Delaware; and Deborah L. Jenkins, North Carolina. The nurses discussed initiatives that could significantly impact the LPN's scope of practice in their state; possibilities of experienced LPNs challenging the board for RN licensure; changes to the current educational standards for LPNs; states acceptance of the Nurse Licensure Compact; and changes to the role of the LPN over the next five years. For more information, see:

<http://lpn.advanceweb.com/Editorial/Content/Editorial.aspx?cc=105477>

**NCSBN Conducts Member Satisfaction Survey:** A comprehensive survey of boards of nursing to examine the effectiveness NCSBN staff, communications, committees, satisfaction and future issues is conducted by the Council every five years. Conducted in 2007, the survey revealed a very positive perception of the Council by members boards. Suggestions for future projects are also included. (***Attachment A***).

## **STATE ISSUES**

**Health Professions Council:** The Annual Report is under item #7.7 on the agenda. At recent meetings, the Council has been working with the Department of Information Resources (DIR) to develop a licensure data base for some of the Council members who have outdated data bases. Our current data base was built in-house and is maintained by our staff; it is not in need of updating.

## **BOARD ISSUES**

**BNE Bulletin Articles:** The April issue of the *Board of Nursing Bulletin* contains an article introducing new board members, an update on the jurisprudence exam, a report on results of

the NCSBN Commitment to Ongoing Regulatory Excellence project (CORE), and an article on elimination of wallet licenses. The front page article is on the four appointments of new Board members. Two inside articles are from interviews of Kristin Benton and Marilyn Davis. Future issues will contain interviews with Sheri Crosby and Mary Jane Salgado.

**Board Development:** Generally, at each board meeting, a board development session is held. At this Board meeting Dusty Johnston will do a presentation on the Eligibility and Disciplinary Committee Meeting Process.

**April Board Meeting:** We have not received information regarding a new appointment to the Board at this time. Our continued thanks and appreciation to Frank Sandoval for continuing to serve during this interim period.

## **AGENCY ISSUES**

**Staff:** New Investigators who have joined the staff are: Nancy Frugoli-Krause, AND, RN, and paralegal who has 18 years of nursing experience, most recently as a staff nurse at a surgical center; John DeLaRosa, with eight years experience in several positions with Dell Financial Services, most recently as a Senior Fraud Investigator; Dennis Riggins, BS in Criminal Justice and Political Science, most recently employed by the Travis County Juvenile Probation Department as a Juvenile Probation Officer; Veronica Franco, BS Psychology and Criminal Justice who has transferred from the Board's examination department where she handled criminal history checks and eligibility issues.

**Risk Management Audit:** The Texas Labor Code, Title 5, Subtitle A, Chapter 412 requires the State Office of Risk Management (SORM) to assist state agencies to implement an effective risk management program and to identify the exposures to property and liability losses including workers' compensation losses. SORM is also responsible for reviewing, verifying, monitoring, and approving risk management programs adopted by state agencies. Our agency has been scheduled for a Risk Management Program Review beginning on May 28, 2008. When the report is available, it will be shared with the Board.

**Criminal Background Check Audit:** The General Appropriations Act (80<sup>th</sup> Legislature), Article IX, Section 19.68, page IX-87, required that the State Auditors Office (SAO), Texas Department of Licensing and Regulation (TDLR), the Department of Public Safety (DPS), and the Legislative Budget Board (LBB) receive information on criminal background check procedures of all state agencies currently conducting background checks by November 1, 2007. The SAO determined the form in which the agencies submitted the reports. The SAO was further directed to complete a review of all agencies conducting background checks. The review must include, but is not limited to, information on any deficiencies in background check procedures and a determination if there are any state agencies that should be conducting background checks, but are currently not conducting background checks. The SAO released their review to TDLR, DPS, and the LBB April 1, 2008. This report can be found at <http://www.sao.state.tx.us/reports/main/08-024.pdf>. Our procedures address all recommendations except employee background checks, however, some policies were missing. We have identified the policies that needed to be developed; agenda item 7.6 addresses these policies.

**SAO Conducting Exempt Salary Audit:** The State Classification Office within the State Auditor's Office is conducting a compensation study of exempt positions, specifically agency heads, in accordance with Article IX, Section 3.09, of the General Appropriations Act (80<sup>th</sup> Legislature). Two separate surveys were distributed to obtain feedback from the perspective of

the individual in the position, as well as the perspective of the human resources department. Mark Majek and I completed these surveys. When this report is released, it will be shared with the Board.

**SAO Risk Assessment:** The 2008 risk assessment by the Internal Auditor, Larry Vineyard, as required by the Texas Government Code, Section 2102.013 was submitted to the State Auditor's Office (SAO) March 31, 2008. No new risks were identified through the audit. One control was added to the assessment in the Education Program Approval area to address the risk for fraudulent educational documents. The new control specifies that the list of qualified U.S. and international programs is reviewed by the nurse consultants to assure only qualified applicants are approved.

**DIR Conducts Annual "Controlled Penetration Testing":** The Department of Information Resources (DIR) conducts this annual test to assess the agency's network security and provide a detailed report of their findings. In laymen's terms this means they attempt to "hack in" to our systems. DIR's testing objectives are an attempt to identify and retrieve proprietary information and to establish and control resources such as network devices and servers. The 2008 report from DIR on the Texas BON was very good. Due to the sensitive nature of this report, the information that can be released is very limited. Staff want the Board to know that information technology security of the Texas BON is of high priority.

**Ethics Policy:** The attached Ethics Policy has been implemented as required by Section 572.051 (c) of the Texas Government Code. It applies to staff and Board. (***Attachment B***).

**Website:** The website has been updated to add the reports on *Strategies used by Nursing Education Programs to improve Candidates Performance on the NCLEX Exam* and *Possible Impact of Repeat Test Takers on Nursing Education Program NCLEX Pass Rates* have been published on the website under the Nursing Education Page. The revised Disciplinary Sanction Policies have been published in the Texas Register and on the Board's website under the Disciplinary Page. The new policy on *Technological Solutions to Improve Board Functions* has been published on the Board's website under the About the Board Page.

**Key Meetings and Presentations:** I have attended/presented at the following meetings since the last Board meeting:

- *Presentation:* BON Update, Texas Association of Deans and Directors, February 1, 2008, Austin.
- *Meeting:* Texas Center for Nursing Workforce Studies Advisory Committee Meeting, February 6, 2008, Austin.
- *Meeting:* with Representative Hartnett regarding a complaint, February 7, 2008, Austin.
- *Conference Call:* NCSBN Board of Directors, February 8, 2008.
- *Meeting:* Hobby Building Security Meeting with the Health Professions Council (HPC) Administration Committee, February 8, 2008, Austin.
- *Conference Call:* NCSBN Executive Officers, February 11, 2008.
- *Meeting:* with Texas Nurses Association new staff Cindy Zolnierrek, Director of Practice and Laura Lerma, Continuing Nursing Education Program Manager, February 14, 2008, Austin.

- *Meeting:* Advanced Practice Registered Nurse (APRN) Certifying Organizations, February 20, 2008, Washington, D.C.
- *Meeting:* State Agency Nursing Leadership Group, February 25, 2008, Austin.
- *Conference Call:* Advanced Practice Registered Nurse (APRN) Joint Dialogue Group, February 25, 2008.
- *Meeting:* with Legislative Budget Board Staff regarding regulation of Unlicensed Assistive Personnel, February 27, 2008, Austin.
- *Meeting:* with NCSBN staff Nancy Spector and Mary Ann Alexander visiting our offices, February 28-29, 2008.
- *Conference Call:* Nurse Licensure Compact Administrators (NLCA) Subcommittee to look at revocation actions of other Compact States, February 28, 2008.
- *Meeting:* NLCA-Executive Committee, March 1, 2008, Chicago.
- *Meeting:* NLCA, March 2, 2008, Chicago.
- *Meeting:* NCSBN Mid Year Meeting, March 3-5, Chicago.
- *Presentation:* Nursing Education Innovation, Governor's Office, Texas Health Policy Council, March 7, 2008, Austin.
- *Meeting:* Hobby Building Security Meeting, March 17, 2008, Austin.
- *Conference Call:* Demonstration of Licensure Data Base System broadcast via Webinar from NCSBN, March 17, 2008.
- *Conference Call:* NCSBN APRN Committee, March 19, 2008.
- *Meeting:* State Agency Nursing Leadership Group, March 24, 2008, Austin.
- *Conference Call:* APRN Joint Dialogue, March 24, 2008.
- *Conference Call:* Texas Center for Nursing Workforce Studies to discuss National Summit on Nursing Education Capacity, March 25, 2008.
- *Meeting:* with Representative Susan King to discuss online nursing education programs, March 28, 2008, Austin.
- *Meeting:* Health and Human Services Commission, Telemedicine Advisory Committee, March 31, 2008, Austin.
- *Meeting:* Dr. Jan Noles, Dean of the Patty Hanks Shelton School of Nursing to discuss the Mid-America School of Nursing Nurse Practitioner Program, April 4, 2008, Austin
- *Conference Call:* APRN Joint Dialogue Group, April 7, 2008.

- *Meeting:* with new Legislative Budget Board Analyst, Nora Valesco, for the Texas Board of Nursing, April 9, 2008, Austin.
- *Meeting:* American Nurses Association APRN Stakeholder Meeting to discuss Joint Dialogue Paper, April 14, 2008, Washington, D.C.

Mark Majek attended the following:

- *Presentation:* BON Update, Texas League for Vocational Nurses, February 23, 2008, Austin.
- *Presentation:* BON Update, the Texas Association of Health Care Recruiters, March 12, 2008, Houston.

Mary Beth Thomas attended the following:

- *Presentation:* Texas Nursing Jurisprudence Examination, Texas Organization for Associate Degree Nursing Educators, February 21, 2008, Dallas.
- *Presentations:* Texas TERCAP Implementation: Designing the Action Plan, presented by Skylar Caddell, Investigator, and Perceptions of Registered Nurses Sanctioned by a Board of Nursing: Individual, Health Care Team, Patient, and System Contributions to Error, presented by Mary Beth Thomas at the NCSBN TERCAP Summit, April 7, 2008, Chicago.
- *Presentation:* *Perceptions of Registered Nurses Sanctioned by a Board of Nursing: Individual, Health Care Team, Patient, and System Contributions to Error*, to Sigma Theta Tau at Midwestern University, April 11, 2008, Wichita Falls.

Dusty Johnston and Mark Majek attended the following:

- *Meeting:* with Representative Zerwas regarding licensure of surgical technicians, March 5, 2008, Austin.

Quarterly Statistics Where Executive Director Closed Cases in Compliance with Board Policy:

**Case Resolution Report**  
**September 1, 2007 through November 30, 2007**

<b>Type of Action</b>	<b>RN</b>	<b>LVN</b>	<b>Total</b>
No Jurisdiction	4	0	4
No Violation	17	6	23
No Action	369	248	617
Insufficient Evidence	72	26	98
Admonish	24	38	62
Without Prejudice	93	52	145
TPAPN Referrals	69	36	105
<b>Totals</b>	<b>648</b>	<b>406</b>	<b>1054</b>

## LVN DISCIPLINARY ORDERS AND ENDORSEMENTS

Time frame: January 1, 2008, through March 31, 2008

<b>DISCIPLINARY</b>	
15	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>1 Exceeded scope of practice</li> <li>13 Non disclosure/disclosures of Criminal History on Renewal Application or positive Random Audit</li> <li><u>1</u> Charged with the misdemeanor offense of Obstructing a Highway, and 3 counts of Fail to Identify</li> </ul> <p>15</p>
12	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>2 Non disclosure/disclosures of Criminal History on Renewal Application pr positive Random audit</li> <li>1 Disciplinary action taken by another Licensing Authority</li> <li>1 Failed to ensure care plans for two residents</li> <li>1 Failed to notify the physician when a patients status changed</li> <li>1 Verbally and emotionally abusive to a client</li> <li>1 Inappropriately administered a medication</li> <li>1 Erroneously aspirated Formulin instead of Normal Saline</li> <li>1 Failed to notify proper authorizes when witnessed a nurse strike a resident</li> <li>2 Failed to accurately and correctly document wound care performed</li> <li><u>1</u> Failed to correctly begin the administration of medication</li> </ul> <p>12</p>
17	<p><b>VOLUNTARY SURRENDER</b></p> <ul style="list-style-type: none"> <li>10 Submitted a statement of Voluntary Surrender</li> <li>1 Non compliance with previous Board order</li> <li>1 Lacked fitness to practice nursing safely</li> <li>1 Failed to report abnormal vital signs</li> <li>1 Diagnosed with Opiate Dependence Continuous</li> <li>1 Intemperate use of Opiates, Dilaudid and Vicodin; abandoned nursing assignment</li> <li>1 Charged with the felony offense of Possession/Transport Chemical with Intent to Manufacture</li> <li><u>1</u> Failed to assess a resident who was bleeding all over</li> </ul> <p>17</p>

9	<p><b>TPAPN BOARD ORDER</b></p> <ul style="list-style-type: none"> <li>1 Intemperate use of Cocaine</li> <li>1 Intemperate use of Alcohol and Lortab</li> <li>1 Intemperate use of Amphetamine, Codeine and Propoxyphene</li> <li>1 Charged with the state jail felony offense of Possession of a Controlled Substance by Prescription</li> <li>1 Charged with the third degree felony offense of Fraudulent Delivery of a Controlled Substance</li> <li>2 Charged with the misdemeanor offense of Driving While Intoxicated</li> <li><u>2</u> Lacked fitness to practice nursing safely</li> </ul> <p>9</p>
289	<p><b>APPLICANTS/ PETITIONERS</b></p> <ul style="list-style-type: none"> <li>2 Denial of Licensure</li> <li>3 Diagnosed with Bipolar Disorder</li> <li>1 Charged with the third degree felony offense of Theft</li> <li>1 Charged with the felony offense of Failure to Stop and Render Aid and Possession of a Controlled Substance with Intent to Deliver</li> <li>1 Charged with the third degree felony offense of Possession of Marijuana</li> <li>1 Charged with the felony offense of Forgery by Passing</li> <li>1 Charged with the felony offense of Theft - Bank Fraud</li> <li>1 Charged with the felony offense of Stolen Property and 76 counts of Fraud by Insufficient Checks</li> <li>1 Charged with the felony offense of Arson x 2 and one counts of Fabricating Evidence</li> <li>1 Charged with the misdemeanor offense of Possession of Marijuana and 4 counts of Theft by Check</li> <li>1 Diagnosed and treated for Amphetamine Dependence / Cannabis Abuse</li> <li>1 Charged with the felony offense of Burglary of a Building</li> <li>1 Charged with five counts of the misdemeanor offense of Driving While Intoxicated</li> <li>1 Charged with the state jail felony offense of Unauthorized use of a Vehicle</li> <li>1 Charged with the state jail felony offense of Injury to a Child and the misdemeanor offense of Assault</li> <li>1 Charged with the felony offense of Embezzling Funds Belonging to the United States Custom Service</li> <li>1 Charged with the state jail felony offense of Securing Execution of Documents by Deception</li> <li>1 Charged with state jail felony offense of Forgery x 2</li> <li>1 Charged with the misdemeanor offenses of Criminal Mischief x 3, Failure to ID x 4, and Theft of Property</li> <li>1 Charged with the state jail felony offense of Possession of Marijuana</li> <li>15 Non disclosure of criminal history</li> <li><u>251</u> No Grounds for Denial/Youthful Indiscretion</li> </ul> <p>289</p>

**ENDORSEMENTS**

- 1 Denial of Licensure
- 6 Non disclosure of criminal history
- 1 Charged with the felony offense of Misapplication of Bank Funds
- 1 Charged with the fourth degree felony offense of Forgery
- 1 Disciplinary action taken by another licensing authority
- 1 Charged with the felony offense of Possession of a Controlled Substance
- 1 Charged with the felony offense of Possession of Cocaine

27 No Grounds for Denial

## RN DISCIPLINARY ORDERS AND ENDORSEMENTS

Time frame: January 1, 2008, through march 31, 2008

<b>DISCIPLINARY</b>	
<b>19</b>	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>9 Non disclosure/disclosure of Criminal History on Renewal Application or positive Random Audit</li> <li>5 Exceeded scope of practice while providing care</li> <li>2 Practiced as a nurse without a valid permit</li> <li>1 Charged with the felony offense of Forging a Prescription for a Controlled Substance</li> <li>1 Charged with the misdemeanor offenses of Obstructing a Highway, 3 counts of Fail to Identify a Fugitive</li> <li><u>1</u> Prescribed dangerous medications and controlled substances without prescriptive authority</li> </ul> <p>19</p>
<b>9</b>	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>3 Failed to completely and accurately document</li> <li>1 Administered an extra dose of medication without a physicians order</li> <li>1 Respondent refused entry to a patient to the emergency department</li> <li>1 Failed to administer medication as ordered by the physician</li> <li>1 Administered a medication that contained Sulfa, when it was documented as an allergy</li> <li>1 Failed to completely and accurately document the administration of medications; administered medication without a physician's order</li> <li><u>1</u> Failed to institute appropriate nursing intervention</li> </ul> <p>9</p>

<p>15</p>	<p><b>TPAPN BOARD ORDER</b></p> <ul style="list-style-type: none"> <li>1 Misappropriated Demerol</li> <li>1 Intemperate use of Cocaine</li> <li>1 Failed to follow the policy and procedure for wastage of Dilaudid</li> <li>1 Voluntarily admitted self for treatment of severe depression and alcohol abuse</li> <li>1 Misappropriated Vicodin, Percocet, and Ambien, Intemperate use of Tramadol</li> <li>1 Intemperate use of Demerol, Dilaudid, Morphine and Propoxyphene</li> <li>1 Intemperate use of Butalbital</li> <li>1 Admitted to an intensive outpatient recovery program</li> <li>1 Intemperate use of Oxycontin</li> <li>1 Misappropriated Demerol</li> <li>3 Charged with the misdemeanor offense of Driving While Intoxicated</li> <li>1 Misappropriated Oxycodone, Methadone, Morphine, and Alprazolam; intemperate use of Alcohol and Propoxyphene</li> </ul> <p><u>1</u> Lacked fitness to practice nursing safely</p> <p>15</p>
<p>23</p>	<p><b>VOLUNTARY SURRENDER</b></p> <ul style="list-style-type: none"> <li>1 Abandoned Nursing Assignment; Lacked Fitness to Practice, Intemperate use of Dilaudid and Vicodin</li> <li>1 Failed to reassess, institute nursing interventions, and appropriately document</li> <li>2 Non compliance with Previous Board Order</li> <li>1 Charged with the first degree felony offense of Delivery of a Controlled Substance</li> <li>1 Lacked fitness to practice; intemperate use of Alcohol</li> <li>1 Disciplinary action taken by another licensing authority</li> <li>1 Obtained 19 prescriptions for Hydrocodone using a physician's DEA number without permission</li> <li>1 Charged with the state jail felony offense of Endangering a Child</li> <li>1 Caused improper coded claims to be submitted to Medicaid, Medicare</li> <li>1 Diagnosed with Opiate Dependence Continuous</li> </ul> <p><u>12</u> Submitted a statement of Voluntary Surrender</p> <p>23</p>
<p>76</p>	<p><b>ENDORSEMENTS</b></p> <ul style="list-style-type: none"> <li>6 Disciplinary action taken by another licensing authority</li> <li>1 Diagnosed with Bipolar Disorder</li> <li>4 Denial of Licensure</li> <li>2 Non disclosure of Criminal History</li> </ul> <p><u>63</u> No Grounds for Denial</p> <p>76</p>

**APPLICANTS/ PETITIONERS**

- 10 Denial of Licensure
- 15 Non disclosure of Criminal History
  - 1 Charged with the felony offense of Mail Fraud
  - 1 Charged with the second degree felony offense of Burglary of a Habitation
  - 1 Charged with the offenses of Public Intoxication x 2, Driving While Intoxicated x 2, and 1 count of Possession of Marijuana
  - 1 Charged with six (6) counts of the misdemeanor offense of Issuance of a Bad Check
  - 1 Charged with the felony offense of Credit Card Abuse
  - 1 Charged with the second degree felony offense of Aggravated Assault with a Deadly Weapon
  - 1 Charged with the state jail felony offense of Theft of Property
  - 1 Charged with four counts of the misdemeanor offense of Theft by Check
  - 1 Charged with the state jail felony offense of Theft
  - 1 Charged with the misdemeanor offenses of Disorderly Conduct; Possession of a Controlled Substance, Theft of Property, Failure to Report, Public Intoxication, and Consumption of Alcohol by a Minor
  - 1 Charged with two counts of Driving While Intoxicated
  - 1 Charged with the felony offense of Possession of a Controlled Substance and the misdemeanor offense of Driving While Intoxicated
  - 1 Charged with the third degree felony offense of Claim Lottery Prize by Fraud
  - 1 Charged with the misdemeanor offenses of Theft, Criminal Mischief, Assault and the state jail felony offense of Secure Execution of Document by Deception
  - 1 Charged with the misdemeanor offenses of Driving While Intoxicated and 2 counts of Public Intoxication
  - 1 Charged with the state jail felony offense of Possession of a Controlled Substance and the misdemeanor offense of Public Intoxication
- 5 Diagnosed with Bipolar Disorder

291 No Grounds for Denial/Youthful Indiscretion

Date: March 7, 2008

TO: MB Executive Officers

FR: Kathy Apple, Chief Executive Officer  
Alicia Byrd, Director, Member Relations  
Nancy Spector, Director, Education

RE: Member Satisfaction and Needs Assessment and CQI report

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## Member Board Satisfaction Assessment

### Background:

In order for NCSBN to provide our boards with excellent customer service and cutting-edge products and services, that meet their diverse needs, NCSBN has a two-pronged process of self-evaluation. Each year all the boards evaluate NCSBN products and services via an electronic survey. Every five years, NCSBN Board Policy 2.8, *Member Board Satisfaction Assessment*, provides for a more comprehensive survey of the boards, addressing such areas as effectiveness of NCSBN staff and communication, committees, how NCSBN can better meet their needs, member satisfaction, future issues on which NCSBN should concentrate, etc. This year NCSBN conducted both the annual CQI, designed specifically for evaluating our products and services, and the five-year Member Satisfaction and Needs Assessment. Staff worked carefully so that there was minimal redundancy between the annual CQI and the five-year Member Satisfaction and Needs Assessment.

### Member Board Satisfaction and Needs Assessment

The Member Board Satisfaction and Needs Assessment was conducted in two phases. Phase one was comprised of three focus groups that were held August 6, 8 & 9, 2007, at the Marriott Hotel in Chicago. Focus group participants were a mix of board members and staff, totaling 30 participants in all. Phase two of the assessment involved telephonic surveys of 355 board members and staff, with the caveat that MB executive directors and staff intentionally were somewhat overrepresented in the sample. The results can be generalized to all boards of nursing with a margin of error of +/-5 percentage points at a 95% confidence level. Highlights of the findings and recommendations are summarized below, and the full report is attached.

Of the board members and staff surveyed, 87% were satisfied or very satisfied with NCSBN products and services. Only 1% reported any level of dissatisfaction. Further, board of nursing staff and board members gave NCSBN staff high ratings on how they perform their work and interact with them; the attributes measured included professionalism, competence, responsiveness, thoroughness, accuracy and knowledge of members' needs.

Advanced analyses (such as linear and stepwise regression analyses) were conducted to determine what factor(s) predicts overall satisfaction with NCSBN's products, services and resources. A key finding related to boards' satisfaction with NCSBN, which has implications for our future activities, is that increasing perceptions of the NCSBN staff's knowledge of members' needs will increase the overall satisfaction of the board of nursing staff and board members with NCSBN's products, services and resources.

Fairly large percentages of members are generally familiar with NCSBN products, services and resources; however, more than one-fourth are ambivalent and a smaller percentage is not familiar with them. Consulting / help received

when contacting NCSBN and licensure information received the highest rating for usefulness. Three-fourths of the members reported that NCSBN is effective in addressing their special needs.

Smaller percentages agree that NCSBN should make all but propriety information available to non-members (an issue that came up with the focus groups) and that NCSBN focuses adequately on rural state issues. However, many reported that they did not have the knowledge necessary to agree or disagree with these statements.

The majority of participants concur that:

- NCSBN is a good resource for state boards regarding discipline and nurse remediation issues.
- Continuing education course offerings are relevant to the needs of their state.
- Promotion of NCSBN should extend beyond the nursing and medical community.
- NCSBN is effective in communicating to states how to identify and manage fraudulent documents.

Greater than three-fourths of board members and staff report that it is important for NCSBN to focus on:

- Providing more data for evidence-based regulation so that hard facts will support best practices.
- Global issues and changes to ensure NCSBN remains a resource for cutting-edge information.
- Developing a program to educate administrators and members on how to identify fraudulent documents.
- Determining facts involved in nursing incidents that require disciplinary or remediation action.

One-fourth of survey participants have been appointed to a committee, and high levels of satisfaction were reported. One-half of survey respondents have used NCSBN's hotel and travel services, with 95% reporting they are satisfied with the services.

NCSBN communication gets high ratings, with more than three-fourths of survey participants rating it very effective or effective. E-mail and the NCSBN Web site are the preferred methods of communication. Nearly one-half of board members and staff visit the NCSBN Web site once a week. Two-thirds of the users report it is very useful or useful. One-fifth of the users are not sure, and a smaller number report it's not very useful. The appearance of the Web site and the content get higher ratings than the ease of use / search engine. Navigation and the search engine rank high as needing improvements.

Almost three-fourths of participants say they get the right volume of emails, and two-thirds say they are asked to participate in just the right number of surveys.

Participants report that information, communication, discipline, remediation, administration and training issues are the biggest challenges or barriers that NCSBN can help them with. Details are supplied on page 13 of the full report.

### **Recommendations based on the Member Board Satisfaction Assessment**

This report was sent to NCSBN's Leadership Team for their analysis. The Leadership Team met on January 22, 2008, to discuss recommendations for improvement, based on the results of this study. Recommendations include:

1 - A key finding was that when boards perceive that NCSBN staff members understand their specific needs, the boards are more satisfied with NCSBN. Therefore, the systematic visits to member boards that NCSBN staff members have begun to make are particularly important. During these visits it is very important for staff to get to know the boards, ask for their suggestions, and to find out about their particular needs.

2 - The boards want data to support evidence-based regulation. Though this is addressed in our strategic initiatives, NCSBN should continue to focus on collecting data so that boards will have the facts that they need to support best practices.

3 - Another NCSBN strategic initiative addresses NCSBN's involvement in global issues, and our member boards strongly support this focus. This focus on global issues should continue in the future.

4 - While the boards of nursing say that NCSBN is effective in communicating how to identify and manage fraudulent documents, they also say that we should develop a program to teach member boards to identify fraudulent documents. This also came up in the focus group and has been discussed during NCSBN sponsored networking events. Boards want to know how they can find out about these fraudulent documents and how to identify them. NCSBN staff is working on developing a comprehensive tool box that will be available on the members-only side of the Web site. Should we offer educational Webinars to the Boards? Since this is a multifaceted problem (including licensing, discipline, education, etc.) would an NCSBN committee on fraudulent documents be helpful?

5 - The boards want NCSBN to determine which factors are involved in nursing incidents that require disciplinary or remediation action. The TERCAP Committee is working on this now and should be encouraged to disseminate their findings to the member boards.

6 - The Web site is being used frequently by the member boards, though they have asked for better navigation and a better search engine. Problems with the search engine and navigation were also identified in the CQI and the focus groups. Currently NCSBN's Web Steering Committee is meeting to solve this problem. It was suggested that NCSBN should include a few of our members on our Web Redesign Committee. Furthermore, the site map will be made more prominent.

7 - Fairly large numbers of respondents are not familiar with our products and services. We need to do a better job of promoting all that we offer to member boards.

### **Recommendations Based on the CQI Survey**

This report was sent to NCSBN's Leadership Team for their analysis. The Leadership Team met on January 22, 2008, to discuss recommendations for improvement, based on these survey results. Recommendations include:

1 - By far the most important suggestion is that NCSBN's Leadership Team will discuss a better way of disseminating to the boards what we have to offer them (see recommendation #7 above). In many cases, the boards were unfamiliar with our products and services.

2 - In order to increase the response rate to the CQI electronic surveys, NCSBN's Education Department will inform the members, via e-mail, how their input was used to improve our products and services; write an informational article for *Council Connector*; and ask the EO Network for permission to be a guest (on their call preceding Delegate Assembly) to briefly remind them that they will receive an electronic CQI survey in September. It is especially important to remind and inform the boards about the annual CQIs, in various ways, because of the number of new EOs.

2 - All staff who host conference calls for our members will reevaluate the times their calls are offered so that as many members as possible can access their calls.

3 - Separate the Practice and Discipline sessions at Delegate Assembly.

4 - NCSBN staff will send out a link to the minutes after each networking call so that our members can more easily access them.

5 - As above with the Member Board Satisfaction Assessment, respondents of the CQI also commented on the NCSBN Web site not being intuitive. See recommendation #6 above.

6 - The Executive Directors expressed interest in receiving NCSBN's articles that are published in *JONA's Healthcare Law, Ethics and Regulation*. NCSBN is considering buying a subscription of this journal for all the Boards of Nursing.

7 – Each Board of Nursing will now be sent 10 copies of *Leader to Leader*.

8 – At each Delegate Assembly there will be information provided for updating the *Member Board Profiles*.

9 – The Department of Practice and Credentialing will work with the IT Department to find alternative methods for offering the Advanced Practice ListServ.

10 – The Department of Policy and Government Relations will provide a CD of the Compendium of Policy and Position Statements, and it will be posted on the NCSBN Web site.

11 – The NCLEX Exams Department’s informational conference call will have a standing agenda item with the links of new and/or updated information on our section of the Web site. This would include the NCLEX Fact Sheet as well as the Member Board Manual.

12 – The Members Relations Department will develop a follow-up process to assure that coaches and their protégés are connecting with each other. Along with this recommendation, the Education Department will develop a more formal coaching program for education consultants, publicizing both the education orientation packets that are now sent out and the new coaching program. This was recommended by boards in their member satisfaction and needs assessment, and has become even more important with the recent EO turnover.

13 – The CQI will not be conducted in the years that the Member Board Satisfaction Assessment is conducted. Too many surveys to the boards of nursing can be confusing. Furthermore, by 2012 we will have enough background data from previous CQIs that we can rely on when making recommendations.

# THE TEXAS BOARD OF NURSING ETHICS POLICY

## OVERVIEW

Pursuant to Section 572.051 (c) of the Texas Government Code, the Texas Board of Nursing (BON) promulgates the following ethics policy.

This ethics policy prescribes standards of conduct for all BON employees.

This ethics policy does not supersede any applicable federal or Texas law or administrative rule.

All BON employees must familiarize themselves with this ethics policy.

All BON employees must abide by all applicable federal and Texas laws, administrative rules and BON conduct policies, including this ethics policy. A BON employee who violates any provision of the BON conduct policies is subject to termination of the employee's state employment or another employment-related sanction. A BON employee who violates any applicable federal or Texas law or rule may be subject to civil or criminal penalties in addition to any employment-related sanction.

## STANDARDS OF CONDUCT

A. A BON employee shall not:

- (1) accept or solicit any gift, favor, or service that might reasonably tend to influence the employee in the discharge of official duties, or that the employee knows or should know is being offered with the intent to influence the employee's official conduct;
- (2) intentionally or knowingly solicit, accept or agree to accept any benefit for having exercised his or her official powers or performed his or her official duties in favor of another;
- (3) disclose confidential information, information that is excepted from public disclosure under the Texas Public Information Act (Tex. Gov't Code Ann. ch. 552), or information that has been ordered sealed by a court, that was acquired by reason of the employee's official position, or accept other employment, including self-employment, or engage in a business, charity, nonprofit organization, or professional activity that the employee might reasonably expect would require or induce the employee to disclose confidential information, information that is excepted from public disclosure under the Texas Public Information Act, or information that has been ordered sealed by a court, that was acquired by reason of the employee's official position;
- (4) accept other employment, including self-employment, or compensation or engage in a business, charity, nonprofit organization, or professional activity that could reasonably be expected to impair the employee's independence of judgement in the performance of the employee's official duties;

(5) make personal investments, or have a personal or financial interest, that could reasonably be expected to create a substantial conflict between the employee's private interest and the public interest;

(6) utilize state time, property, facilities, or equipment for any purpose other than official state business, unless such use is reasonable and incidental and does not result in any direct cost to the state or BON, interfere with the employee's official duties, and interfere with BON functions;

(7) utilize his or her official position, or state issued items, such as a badge, indicating such position for financial gain, obtaining privileges, or avoiding consequences of illegal acts;

(8) knowingly make misleading statements, either oral or written, or provide false information, in the course of official state business; or

(9) engage in any political activity while on state time or utilize state resources for any political activity.

B. A BON employee shall:

(1) perform his or her official duties in a lawful, professional, and ethical manner befitting the state and the BON; and

(2) report any conduct or activity that the employee believes to be in violation of this ethics policy to the Department Director or BON's Executive Director.

### **REGULATORY AGENCIES**

(1) Definitions

(a) "Participated" means to have taken action through decision, approval, disapproval, recommendation, giving advice, investigation, or similar action. Tex. Gov't Code Ann. § 572.054(h)(1).

(b) "Particular Matter" means a specific investigation, application, request for a ruling or determination, rulemaking proceeding, contract, claim, accusation, charge, arrest, or judicial or other proceeding. Tex. Gov't Code Ann. § 572.054(h)(2).

(c) "Business entity" means any entity recognized by law through which business for profit is conducted, including a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, or trust. Tex. Gov't Code Ann. § 572.002(2).

(d) “Regulatory Agency” means a department, commission, board, or other agency, except the secretary of state and the comptroller of public accounts, that:

- (I) is in the executive branch of state government;
- (ii) has authority that is not limited to a geographical portion of this state;
- (iii) was created by the Texas Constitution or a statute of this state; and
- (iv) has constitutional or statutory authority to engage in regulation.

Tex. Gov’t Code Ann. § 572.002(8).

(2) A former employee of the BON, who was compensated, as of the last date of state employment, at or above the amount prescribed by the General Appropriations Act for step 1 - salary group A17 of the position classification salary schedule, may not represent any person or entity, or receive compensation for services rendered on behalf of any person or entity, regarding a particular matter in which the former employee participated during the period of state service or employment, either through personal involvement or because the case or proceeding was a matter within the employee’s official responsibility.

(3) An association or organization of employees of the BON may not solicit, accept, or agree to accept anything of value from a business entity regulated by the BON and from which the business entity must obtain a permit to operate that business in this state or from an individual directly or indirectly connected with that business entity.