

## REPORT OF THE EXECUTIVE DIRECTOR

### NATIONAL ISSUES

**Clinical Doctorates Growing** : Changes in the health care industry are spurring nurses to enter doctoral programs. Health experts say the need for a clinical doctorate, or Doctor of Nursing Practice, has become more acute among advanced practice nurses as health care providers grapple with an increasingly complex and technological field. Nationwide, more than 1,800 students are enrolled in 64 DNP programs in 32 states and the District of Columbia. Another 60 programs remain under development. Traditionally, nurses interested in a doctorate sought a Doctor of Philosophy, or PhD, a track more linked to research and teaching.

**Council for the Advancement of Comprehensive Care and National Board of Medical Examiners Announce New Certification Examination for Doctors of Nursing Practice** :

The Council for the Advancement of Comprehensive Care (CACC) and the National Board of Medical Examiners (NBME) announced that they have reached an agreement to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). This competency-based examination, which will be administered to DNP graduates for the first time in November 2008, will assess the knowledge and skills necessary to support advanced clinical practice. It will be comparable in content, similar in format and will measure the same set of competencies and apply similar performance standards as Step 3 of the United States Medical Licensing Examination (USMLE), which is administered to physicians as one component of qualifying for licensure. For more information, see:

<http://www.nursing.columbia.edu/cacc/pdf/CompetenciesJan06.pdf>.

**Immigration Officials: H-1B Caps For FY '08-'09 Have Been Met** : U.S. Citizenship and Immigration Services (USCIS) Officials in Washington D.C. have announced that they have received enough H-1B petitions to meet the congressionally mandated cap for Fiscal Year 2008-2009. Visas are awarded through a random selection process. Due to the high number of petitions, USCIS is not yet able to announce the precise day on which it will conduct the random selection process. USCIS will carry out the computer-generated random selection process for all cap-subject petitions received and will select the number of petitions needed to meet the caps of 65,000 for the general category and 20,000 under the "advanced degree" exemption limit. Some of these visas are dedicated to internationally educated nurses. For more information, see: <http://www.uscis.gov/portal/site/uscis>.

**MedStar to Roll out Clinics at 4 Rite Aids** : Doctors with Columbia's MedStar Health soon will provide urgent care services at Rite Aid stores. Starting in summer 2008, MedStar PromptCare clinics will roll out in four drugstores, two in the Baltimore region and two in the Washington D.C. area. The companies hope to add 12 more programs nationwide after studying results of the pilot program. Such convenience care clinics have mushroomed since their modest beginnings in Minnesota in 2000. Now more than 800 such clinics exist across the country in places such as Target and Walgreens, and that number is expected to nearly double by the end of the year. Most are staffed by nurse practitioners, or physician's assistants, with doctor oversight because it is less expensive and there is a shortage of doctors. The PromptCare clinics will offer an electronic medical record that patients can take with them and synchronize with MedStar

Health's network of eight hospitals, so that patient information is easily exchanged. For more information, see: <http://www.medstarhealth.org/body.cfm?id=21&action=detail&ref=109>

**New Research Fuels Debate over California Nurse Staffing Ratios** : A study in the March issue of *Policy, Politics & Nursing Practice* suggests that California hospitals have not seen significant reductions in the number of patient falls and pressure ulcers since the passage of a 2004 law requiring minimum nursing ratios. Conducted by the California Nursing Outcomes Coalition, the study compared data from more than 185 hospitals in the two years before and after the first-of-its-kind law took effect. Researchers found that mandated staffing ratios did not result in expected reductions in the incidence of patient falls and pressure ulcers. However, they did determine that the number of hours of care provided by RNs increased as the number of patients per RN decreased; there was an overall reduction in reliance on vocational nurses and licensed practical nurses in medical-surgical and step-down units, and there was a decline in use of unlicensed nursing staff. For more information, see: <http://sacramento.bizjournals.com/sacramento/stories/2008/03/24/story5.html>.

**250,000 More Health Care Workers Needed by 2020** : The United States will need more than 250,000 additional public health workers by 2020, according to the Association of Schools of Public Health. The group believes that will create a shortage of public health physicians, public health nurses, epidemiologists, health care educators and administrators. Also, 23 percent of the workforce, or about 110,000 workers, are expected to become eligible for retirement during the next four years. A lack of health care workers could make it more difficult to handle the day-to-day work that needs to be performed, like immunizations, tracking infectious diseases and dealing with events like natural disasters, says the association. The association is calling for an increase in federal investment in public health education and training. For more information, see: <http://www.asph.org/UserFiles/FINALASPHWorkforceRelease.pdf>

**Center to Champion Nursing to Nationally Address Workforce Shortage** : Nursing is the largest health profession in the United States, yet the country is facing a prolonged nursing shortage that threatens to undermine the care provided to patients. The Robert Wood Johnson Foundation announced an effort to address the 1.1 million nurse workforce shortage crisis that is currently poised to strike America's health care system by 2020. The newly created "Center to Champion Nursing in America" will work to improve patient care by pressing for:

- greater state and federal funding to support expanded nursing education, particularly addressing severe faculty shortages at nurse training institutions across the country;
- places for nurse leaders on the governing boards of hospitals and other health care organizations to provide critically needed perspective on improving quality and safety of care;
- education, awareness and dissemination of research to inform the public and policy makers about nurse workforce issues and the link between a trained and adequate nursing workforce and high quality healthcare.

For more information, see: <http://www.championnursing.org/>

**Nursing School Admissions Continue to Rise** : Admission and graduation rates from U.S. nursing schools increased in 2006, according to an annual survey by the National League of Nursing. The poll of diploma- and degree-granting institutions revealed a 5% hike in new students and 8.5% rise in degrees granted. While interest in starting nursing school remained high, overall enrollment numbers faltered in some instances. Diploma-program admissions rose 9%, but overall enrollment fell 2.6% and graduations dipped 3%. Baccalaureate programs saw jumps of 12% in admissions, 4.2% in enrollments and 20% in graduations. Regarding programs for an associate degree, the most common degree held, admissions rose 8%, while overall

enrollment remained flat and graduations grew by 3%. The National League's Web-based survey elicited responses from about half of U.S. nursing schools. For more information, see: [http://www.nln.org/newsreleases/data\\_release\\_03032008.htm](http://www.nln.org/newsreleases/data_release_03032008.htm)

**Healthcare Integrity and Protection Data Bank:** HIPDB is a federal data bank that the Board is required to report disciplinary actions to within 30 days of taking action. Because the Board reports disciplinary data to the NCSBN NURsys data base to share with all Boards of Nursing, we chose to have NCSBN be our agent in reporting to HIPDB, thereby avoiding duplication of effort. Since the inception of these reporting requirements, HIPDB has experienced large numbers of actions against nurses nationwide and they have had some difficulty in processing this volume. These delays on their part resulted in non-enforcement of the 30 day rule until July 2007. Recently many states, including Texas, were notified by the HIPDB that they are non-compliant with the 30 day reporting requirement. In investigating the problem, NCSBN reviewed all reports for our jurisdiction and met with HIPDB staff face to face. They have determined that the data sent to us by Healthcare Research and Services Agency (HRSA), the agency responsible for the data bank, for the first quarter of 2008 (Jan 1-Mar 31), was not an accurate depiction of our board's compliance since it included clean-up data. The clean-up data simply reflects missing data elements; for example, date of birth or name of the nursing education program may have been omitted from the electronic file. In other words, the discipline data is complete but an additional data element is missing from the nurse's file. HRSA clarified to NCSBN that it will not refer any of the notified nursing boards for publication in the Federal Register as a penalty for non-compliance with the 30 day rule. NCSBN and HRSA will continue to build their established working relationship and collaboration with regard to HIPDB reporting. Staff from NCSBN will meet in Washington D.C. with HRSA staff at least once a year to enhance communication and increase the efficiency of their working relationship. We are expecting HRSA to memorialize this agreement in a letter to our agency soon. **(See Attachments A & B).**

## STATE ISSUES

**Health Professions Council:** HPC has been working on several projects during the past quarter. The Business Process Review conducted by the Governor's Office recommends that the Council assemble committees to look at Human Resources, Information Technology and Finance efficiencies attained through sharing of resources. To this end, Council staff have provided HR support to member agencies in the posting of new positions, the screening of applications and new hire paperwork required by the State. Further, 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. Recently a committee met to discuss Financial resource sharing and they will survey agencies and make recommendations.

**Fraudulent Nursing Educational Program Update:** An informational report was provided to Board members at the April 2008 Board meeting regarding the presence of fraudulent nursing educational programs, and the following five schools were identified as operating in Texas without Board approval:

Career Advanced  
Esther Medical Tutorial and Nursing Review Center  
IF Tech  
Merit Excellence Institute  
Vocational Training Educational Center or VTEC

In April and May, Board staff continued to participate in hearings at the Texas Workforce Commission (TWC) to determine if the TWC should issue cease and desist orders against the fraudulent nursing schools. Although the hearing officer consistently ruled that the cease and desist orders should be upheld, two schools, Career Advanced and Esther Medical, appealed the judgments and requested the opportunity to present oral arguments at the Commissioners Open Meetings in May. In both cases, the Commissioners voted unanimously to affirm the decision of the Administrative Hearing Officer and ordered the schools to cease and desist operation. TWC referred all of the cases to the Office of the Attorney General (OAG) on June 26, 2008 with the request that the OAG file lawsuits to stop operations of the fraudulent nursing programs. In addition, on June 5, 2008, the Board of Nursing independently submitted a formal letter, as well as provided supporting evidence, to the Consumer Protection Division of the Office of the Attorney General requesting that these schools be investigated. In addition, the Board has posted information on the BON website about the presence of the fraudulent nursing educational programs, as well as a link to the initial TWC Press Release. There is also an article in the July newsletter, including a link to Board approved vocational and professional nursing programs, designed to inform the public and to caution the public to investigate the credentials of any program of study individuals may be considering.

## **BOARD ISSUES**

**BNE Bulletin Articles:** The July issue of the *Board of Nursing Bulletin* contains articles on fee reductions, introducing new board members, an update on the jurisprudence exam, and warning about fraudulent nursing programs.

**Board Development:** Generally, at each board meeting, a board development session is held. We are currently focusing on disciplinary processes to educate new board members and refresh experienced Board members. At this Board meeting Dusty Johnston will do a presentation on the State Office of Administrative Hearings.

**April Board Meeting:** Staff and Dr. Rounds conducted a new board member orientation on June 20th for our newest Board member, Patti Clapp. Ms. Clapp is a public member from the Dallas area where she serves as a Vice President of the Greater Dallas Area Chamber of Commerce with responsibilities for education, healthcare and workforce initiatives. You will have an opportunity to welcome her to the Board at this meeting.

## **AGENCY ISSUES**

**Staff:** One of nurse investigators, Kim Williamson is transferring to the Nursing Department where she will join Carol Marshall and Denise Benbow as a nursing consultant for practice. Kim is currently working on completion of her baccalaureate in nursing degree and will then go on to complete a masters in nursing degree from the University of Phoenix.

**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 completed a Risk Management Program Review and the very favorable report is attached. ***(See Attachment C).***

**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 (80th 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.

**Wellness Policy:** The Board has conducted a wellness program for staff for the past two years that includes flu vaccines, exercise and weight reduction programs, general health related educational material, smoking cessation education, and other topics related to promotion of health. These activities have been well received by staff. In the last Legislative Session, House Bill 1297 permitted state agencies to provide 30 minutes for exercise three times each week during normal working hours. The agency has developed a policy on the use of time for this purpose. It is our belief that healthier employees are more productive and miss less work.

**Website:** The website has been updated. The disciplinary matrix that was approved at the April Board meeting is in added to the site at : <http://www.bon.state.tx.us/disciplinaryaction/discp-matrix.html> . New Safe Harbor Nursing Peer Review documents are also added. All download links have been changed to use the standard http protocol, instead of ftp. This eliminates problems our constituents may have experienced due to their PC Security Settings and their system limitations. The Innovations in Nursing Education Page has been added under Nursing Education. We revised the examination and endorsement informational pages in April to include clear instruction on how to become licensed (as recommended in the Sunset report).

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

- *Meeting:* American Nurses Association Stakeholder Meeting on a future regulatory model, April 14, 2008, Silver Springs, Maryland.
- *Meeting:* with representatives of Texas Nurses Association regarding possible amendments to the Nursing Practice Act, April 21, 2008, Austin.
- *Meeting:* with Mark Levin, Director of the Center for Effective Justice, Texas Public Policy Foundation, to discuss his organization's perspective on criminal history policy, April 24, 2008, Austin.
- *Meeting:* with Texas Nurses Association's Governmental Affairs Committee to discuss the Agency's policy priorities and budget request for the next biennium, April 25, 2008, Austin.
- *Conference Call:* NCSBN APRN Advisory Committee to discuss future regulatory model for advanced practice nursing, April 28, 2008.
- *Conference Call:* Advanced Practice Registered Nurse (APRN) Joint Dialogue Group, April 28, 2008.
- *Meeting:* with the Board's Advanced Practice Nursing Advisory Committee to discuss national dialogue on the future of advance practice regulation, April 29, 2008, Austin.

- *Conference Call:* Advanced Practice Registered Nurse (APRN) Joint Dialogue Group, May 5, 2008.
- *Meeting:* Texas Center for Nursing Workforce Studies Advisory Committee, May 7, 2008, Austin.
- *Conference Call:* Nurse Licensure Compact Administrators (NLCA), May 12, 2008.
- *Meeting:* with other Health Professions Licensing Agencies concerning growing space needs in the Hobby Building, May 13, 2008, Austin.
- *Meeting:* with staff of the Texas Higher Education Coordinating Board to discuss nursing education issues of mutual concern, May 14, 2008, Austin.
- *Testimony:* Joint Hearing of the Senate Committees on International Relations and Trade and Health and Human Services to discuss their interim charge on nursing workforce issues, May 28, 2008, Austin.
- *Meeting:* State Agency Nursing Leadership Group, May 30, 2008, Austin.
- *Meeting:* Health Professions Council (HPC) quarterly meeting, June 3, 2008, Austin.
- *Conference Call:* APRN Joint Dialogue, June 4, 2008.
- *Conference Call:* NCSBN call to discuss HIPDB reporting requirements, June 5, 2008.
- *Webinar:* U.S. Department of Labor, to discuss Nursing Education Capacity Summit, June 5, 2008.
- *Meeting:* with Team Texas to plan for the Nursing Education Capacity Summit, June 6, 2008, Austin.
- *Conference Call:* Nurse Licensure Compact Administrators (NLCA) Executive Committee, June 9, 2008.
- *Meeting:* with staff of Department of State Health Services to discuss scope of practice issue for nursing, June 13, 2008, Austin.
- *Meeting:* with representatives of Western Governor's University to discuss their desire to offer a nursing education program in Texas, June 16, 2008, Austin.
- *Meeting:* with Representative Howard to discuss nursing education issues, June 18, 2008, Austin.
- *Meeting:* with Kyle Hunt regarding his desire to open a new nursing education program in Victoria, Texas, June 18, 2008, Austin.
- *Conference Call:* APRN Joint Dialogue Group, June 18, 2008.
- *Meeting:* with the Board's Advanced Nursing Practice Advisory Committee to discuss the evolving model of future regulation of APRNs, June 19, 2008, Austin.

- *Orientation:* New Board member orientation for Patti Clapp, June 20, 2008, Board Offices, Austin.
- *Seminar:* Executive Officers Seminar, June 22-24, 2008, Sante Fe, New Mexico.
- *Summit:* Nursing Education Capacity Summit, June 25-27, Arlington, Virginia.
- *Meeting:* with the Nurse Licensure Compact Administrators (NLCA) and the NCSBN Board of Directors to discuss outcome of national forums on regulation, July 7-8, 2008, Chicago.
- *Conference Call:* Nurse Licensure Compact Administrators (NLCA), July 14, 2008.
- *Meeting:* Center for Nursing Workforce Studies Advisory Committee, July 16, 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: April 1, 2008, through June 30, 2008

<b>DISCIPLINARY</b>	
24	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>1 Misappropriated sample medications</li> <li>18 Non disclosure/disclosures of Criminal History on Renewal Application or Positive Random Audit</li> <li><u>5</u> Practiced without a valid license.</li> <li>24</li> </ul>
9	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>3 Non disclosure/disclosures of Criminal History on Renewal Application pr positive Random audit</li> <li>1 Went to the home of a client demanding the client signed a prior days flow sheet</li> <li>1 Failed to administer an evening dose of Lantus as ordered by a physician</li> <li>1 Failed to follow and/or implement policy upon receiving report of an alleged sexual assault</li> <li><u>3</u> Failed to accurately and completely assess and/or document a patient status</li> <li>9</li> </ul>
33	<p><b>VOLUNTARY SURRENDER</b></p> <ul style="list-style-type: none"> <li>12 Submitted a statement of Voluntary Surrender</li> <li>1 Charged with the state jail felony offense of Theft, and Possession of a Controlled Substance</li> <li>3 Charged with the state jail felony offense of Credit Card Abuse</li> <li>1 Charged with the state jail felony offense of Theft by Check and the felony offense of Fraudulent Possession of Identity</li> <li>1 Charged with the state jail felony offense of Forgery of a Financial Instrument</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Possession of Cocaine</li> <li>1 Misappropriated Hydrocodone, Alprazolam, and Restoril; Abandoned patients</li> <li>1 Failed to administer medications</li> <li>4 Lacked Fitness to practice</li> <li>1 Charged with the third degree felony offense of Obtaining Prescription Drugs by Fraud</li> <li>5 Non compliance with previous Board order</li> <li>1 Charged with the 2<sup>nd</sup> degree offense of Possession of a Controlled Substance</li> <li><u>1</u> Surrendered license in another licensing jurisdiction</li> <li>33</li> </ul>
11	<p><b>TPAPN BOARD ORDER</b></p> <ul style="list-style-type: none"> <li>1 Misappropriation of Ativan, Demoral, Flexeril, Morphine, and Xanax</li> <li>1 Charged with two counts of the offense of Driving While Intoxicated</li> <li>1 Misappropriation of Hydrocodone, Methadone, and Vicodin; Intemperate use of Hydrocodone, Methadone, Opiates, and Vicodin</li> <li>1 Diagnosed with alcohol dependence, Benzodiazepines dependence, and Major depression</li> <li>1 Addicted to Methamphetamine</li> <li>1 Misappropriation and Intemperate use of Meperidine and Hydrocodone</li> <li>1 Charged with Driving While Intoxicated x 2 and Possession of Marijuana</li> <li>2 Misappropriation and Intemperate use of Morphine</li> <li>1 Charged with Driving While Intoxicated; Assault Causing Bodily Injury x 3, and Burglary of a Business</li> <li><u>1</u> Intemperate use of Hydrocodone</li> <li>11</li> </ul>

318	<p><b>APPLICANTS/ PETITIONERS</b></p> <ul style="list-style-type: none"> <li>3 Denial of Licensure</li> <li>1 Charged with the 2<sup>nd</sup> degree felony offense of Possession of a Controlled Substance</li> <li>1 Charged with the state jail felony offense of Forgery</li> <li>4 Diagnosed with Bipolar Disorder</li> <li>1 Charged with the state jail felony offense of Theft and Property and misdemeanor offense of Theft by Check</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Possession of Marijuana</li> <li>1 Charged with the state jail felony offense of Credit Card Abuse and Forgery of a Financial Instrument</li> <li>1 Charged with the misdemeanor offenses of Assault Causing Bodily Injury x 2, Failure to Identify, and Theft of Property</li> <li>1 Charged with six counts of Driving While Intoxicated</li> <li>1 Charged with the felony offense of Theft of a Vehicle</li> <li>1 Charged with five counts of Assault Causing Bodily Injury</li> <li>1 Charged with the felony offense of Engaging in Organized Criminal Activity</li> <li>1 Charged with two counts of the misdemeanor offense of Driving While Intoxicated</li> <li>1 Charged with the state jail felony offense of Theft</li> <li>1 Charged with the felony offense of Criminal Mischief</li> <li>1 Charged with the misdemeanor offenses of Burglary of a Vehicle and Theft of Property x 2</li> <li>1 Charged with the misdemeanor offenses of Driving While Intoxicated, Resisting Arrest, and Unlawfully Carrying a Weapon</li> <li>1 Charged with the misdemeanor offenses of Theft by Shoplifting, Theft of Credit Card, Wilful Obstruction of Law Enforcement Officers and Giving False Name</li> <li>1 Charged with the 2<sup>nd</sup> degree felony offense of Possession of a Controlled Substance - Lysergic Acid Diethylamide</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Tampering with Physical Evidence</li> <li>1 Charged with the 2<sup>nd</sup> degree felony offense of Possession of Marijuana</li> <li>1 Charged with the misdemeanor offenses of Reckless Driving, Driving While Intoxicated, and Unlawfully Carrying a Weapon</li> <li>2 Charged with two counts of the misdemeanor offense of Driving While Intoxicated</li> <li>1 Charged with the felony offense of Unlawful Delivery of Marijuana</li> <li>1 Charged with the misdemeanor offenses of Possession of Marijuana x 2, Driving While Intoxicated x 3, and Resisting Arrest</li> <li>1 Charged with the misdemeanor offense of Theft of Property</li> <li>12 Non disclosure of criminal history</li> <li><u>274</u> No Grounds for Denial/Youthful Indiscretion</li> <li>318</li> </ul>
12	<p><b>ENDORSEMENTS</b></p> <ul style="list-style-type: none"> <li>1 Denial of Licensure</li> <li>1 Charged with Operating a Vehicle While Intoxicated x 2, Criminal Trespass, and Soliciting without a Permit</li> <li>3 Non disclosure of criminal history</li> <li>1 Charged with Carry Concealed Weapon in Vehicle x 2 and , Assault with a Deadly Weapon</li> <li><u>6</u> No Grounds for Denial</li> <li>12</li> </ul>

## RN DISCIPLINARY ORDERS AND ENDORSEMENTS

Time frame: April 1, 2008, through June 30, 2008

<b>DISCIPLINARY</b>	
23	<p><b>FINE WITH REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>17 Non disclosure/disclosure of Criminal History on Renewal Application or positive Random Audit</li> <li>1 Charged with three counts of the misdemeanor offense of Theft</li> <li>3 Practiced without a valid license</li> <li>1 Made false entries in medical records</li> <li>1 Charged with the misdemeanor offense of Driving While Intoxicated</li> </ul> <hr style="width: 10%; margin-left: 0;"/> <p>23</p>
24	<p><b>REMEDIAL EDUCATION</b></p> <ul style="list-style-type: none"> <li>1 Failed to follow and/or implement policy when receiving report of an alleged sexual assault</li> <li>1 Failed to institute appropriate nursing interventions and failed to clarify a physicians order</li> <li>1 Failed to document a physician's verbal order; failed to use proper procedure in administering medication, and failed to monitor blood glucose</li> <li>1 Charged with the misdemeanor offense of Criminal Mischief</li> <li>1 Failed to document the type and status of restraints use on a patient</li> <li>1 Administered Norco after the physician wrote an order for no sedatives, narcotics, or sleepers to be given</li> <li>1 Failed to document a thorough advanced assessment/physical exam</li> <li>2 Failed to ensure that due process were met relating to Safe Harbor Peer Review</li> <li>1 Gave Lasix from her own personal supply of medication to a care attendant</li> <li>1 Failed to clarify a physicians order; incorrectly administered intravenous Normal Saline</li> <li>3 Failed to accurately follow physician's orders</li> <li>1 Practiced as a FNP without valid certification</li> <li>1 Forged a physician's signature</li> <li>1 Allowed an Emergency Room Technician to perform duties that were beyond scope of practice</li> <li>1 Failed to complete Nursing Process Records for several patients</li> <li>1 Assisted in the administration of intravenous fluids to a co-worker</li> <li>3 Disciplinary action taken by another licensing authority</li> <li>1 Inappropriately engaged the assistance of another staff nurse to insert an intravenous catheter in her arm and then self administered an intravenous infusion of Normal Saline</li> <li>1 Failed to assess a patient admitted to the emergency room and document administered medication</li> </ul> <hr style="width: 10%; margin-left: 0;"/> <p>24</p>
8	<p><b>TPAPN BOARD ORDER</b></p> <ul style="list-style-type: none"> <li>1 Intemperate use of Amphetamine and Methamphetamine</li> <li>1 Charged with the misdemeanor offense of Driving While Intoxicated x 2 and the felony offense of Fraud</li> <li>1 Charged with two counts of the misdemeanor offense of Driving While Intoxicated and intemperate use of Alcohol, Propoxyphene, and Marijuana</li> <li>1 Transferring from another peer assistance program in another state</li> <li>1 Intemperate use of Marijuana</li> <li>1 Intemperate use of Nordiazepam and Alcohol</li> <li>1 Charged with three counts of the misdemeanor offense of Driving While intoxicated</li> <li>1 Intemperate use of Amphetamines, Methamphetamines, and Tramadol</li> </ul> <hr style="width: 10%; margin-left: 0;"/> <p>8</p>

21	<p><b>VOLUNTARY SURRENDER</b></p> <ul style="list-style-type: none"> <li>2 Non compliance with Previous Board Order</li> <li>1 Charged with the misdemeanor offense of Driving While Intoxicated, and Escape from Custody and the state jail felony offense of Evading Arrest with Vehicle</li> <li>1 Self admitted into Starlite Recovery Center</li> <li>1 Failed to initiate, and/or ensure that CPR was administered to an inmate</li> <li>3 Lacked fitness to practice nursing safely</li> <li>1 Disciplinary action taken by another licensing authority</li> </ul> <p><u>12</u> Submitted a statement of Voluntary Surrender 21</p>
22	<p><b>ENDORSEMENTS</b></p> <ul style="list-style-type: none"> <li>8 Disciplinary action taken by another licensing authority</li> <li>1 Diagnosed with Bipolar Disorder</li> <li>1 Denial of Licensure</li> <li>5 Non disclosure of Criminal History or Disciplinary Action</li> </ul> <p><u>7</u> No Grounds for Denial 22</p>
360	<p><b>APPLICANTS/ PETITIONERS</b></p> <ul style="list-style-type: none"> <li>9 Non disclosure of Criminal History</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Possession of a Controlled Substance</li> <li>1 Charged with the state jail felony offense of Credit Card Abuse</li> <li>1 Charged with the felony offenses of Unlawful Delivery of Marijuana x 2 and Possession of a Controlled Substance</li> <li>1 Treated for Alcohol dependence</li> <li>1 Charged with the felony offenses of Conspire to Deliver a Controlled Substance and Possession of a Controlled Substance</li> <li>1 Charged with the state jail felony offense of Possession of a Controlled Substance</li> <li>2 Charged with the state jail felony offense of Tampering with Government Records</li> <li>1 Charged with the misdemeanor offense of Evading Arrest</li> <li>1 Charged with thirteen counts of Issuance of a Bad Check</li> <li>1 Charged with the 2<sup>nd</sup> degree felony offense of Possession of Cocaine</li> <li>1 Charged with the felony offense of Unlawful Delivery of Marijuana</li> <li>1 Charged with the state jail felony offense of Aggregate Theft</li> <li>1 Charged with the felony offenses of Welfare Fraud and Forgery</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Forgery</li> <li>1 Charged with the state jail felony offense of Theft of Property</li> <li>1 Charged with the misdemeanor offenses of Disorderly Conduct x 2, MIP of Tobacco x 4, Minor Consuming Alcohol x 2, and Driving While Intoxicated</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Burglary of Habitation x 2</li> <li>4 Diagnosed with Bipolar Disorder</li> <li>1 Charged with the state jail felony offense of Forgery of a Financial Instrument</li> <li>1 Charged with the felony offense of Embezzlement from a Credit Union</li> <li>1 Charged with the felony offense of Larceny</li> <li>1 Charged with the state jail felony offense of Credit Card Abuse</li> <li>1 Charged with the 3<sup>rd</sup> degree felony offense of Theft and Fiduciary Misappropriation</li> <li>1 Charged with the 1<sup>st</sup> degree felony offense of Possession of a Controlled Substance</li> </ul> <p><u>323</u> No Grounds for Denial/Youthful Indiscretion 360</p>



Bureau of Health Professions

Rockville, Maryland 20857

JUN 02 2008

Ms. Katherine Thomas, MN, RN  
Executive Director  
Texas Board of Nursing  
333 Guadalupe Suite 3-460  
Austin, TX 78701

**RE: Healthcare Integrity and Protection Data Bank Reporting Requirements**

Dear Ms. Thomas:

This letter is a follow up to the, June 2, 2008 conversation between you and Dr. Shari Campbell, a Division of Practitioner Data Banks (DPDB) staff member, about the Healthcare Integrity and Protection Data Bank (HIPDB) reporting requirements

It is our understanding that the Texas Board of Nursing is responsible for the licensure activities of advanced nurse practitioners, registered nurses and licensed vocational nurses. In the course of monitoring compliance with the reporting requirements of the HIPDB, we have determined that the Texas Board of Nursing is not compliant with the HIPDB 30-day reporting requirement. Your recent reporting history is as follows:

Report Period	Number of Reports Submitted	Percentage of Reports Submitted within 30 days	Percentage of Reports Submitted within 60 days	Percentage of Reports Submitted in more than 90 days
2005	1,193	0%	11.7%	88.3%
2006	2,146	20.1%	29.5%	50.4%
2007	3,168	61.4%	4.3%	34.7%
Jan-Mar 2008	4,257	7.8%	1.3%	90.9%

Also, enclosed, are tables that reflect your reporting history by nurse type for the same time periods.

Timely reporting of adverse licensure actions is important because it fosters an informed decision-making process for entities that seek to contract with or employ the services of health care practitioners, providers, and suppliers. An informed decision-making process enhances patient safety efforts and better protects the public. The result of not submitting timely reports is that an entity may find it especially troubling when they have unwittingly hired a practitioner or contracted with a provider or supplier for services after you had taken a licensure action but before you reported the action.

Please be advised that reporting adverse licensure actions to the HIPDB is mandated by Section 1128E of the *Social Security Act* as added by Section 221 (A) of the *Health Insurance Portability and Accountability Act of 1996* and its implementing regulations (45 CFR Part 61). In accordance with the reporting requirements of 42 U.S.C. §1301 (b) (4) et. seq. and 45 CFR Part 61 subpart B §61.5, final adverse actions must be submitted to the HIPDB within 30 calendar days from the date the final adverse action was taken...or by the close of the entity's next monthly reporting cycle, whichever is later. *[paraphrased]*

We understand that the National Council of State Boards of Nursing (NCSBN) acts as an agent on your behalf for HIPDB reporting. As well, DPDB has been in contact with NCSBN regarding processing of reports. However, please be advised that your agency remains accountable and responsible for timely reporting notwithstanding your relationship with NCSBN.

As the office designated by the Secretary of the Department of Health and Human Services to administer the HIPDB, the Division of Practitioner Data Banks (DPDB) is requesting that you submit adverse action reports within 30 days of the date that the action is considered final. Also, please report any final adverse action that you have taken and not yet reported to the HIPDB.

Additionally, within 30 days from the date of this letter, please communicate your action plan for becoming compliant with the HIPDB reporting requirements to:

Compliance Manager [SC]  
Division of Practitioner Data Banks  
5600 Fishers Lane, Room 8-103  
Rockville, Maryland 20857

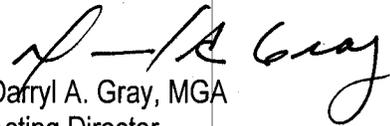
The following resources are available to provide information about HIPDB reporting requirements:

1. HIPDB Guidebook, which can be downloaded at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)
2. NPDB-HIPDB Customer Service Department at (800) 767- 6732.

Please direct any questions you have about this letter to Dr. Shari Campbell at 301-594-4251 or [scampbell@hrsa.gov](mailto:scampbell@hrsa.gov)

Your prompt attention to this matter is appreciated.

Sincerely,

  
Darryl A. Gray, MGA  
Acting Director,  
Division of Practitioner Data Banks

cc: Nur Rajwany, Director IT, NCSBN  
Vickie Sheets, JD, RN, CAE, Director of Practice and Regulation, NCSBN

### Report Timeliness by Profession

2005	Number of Reports Submitted	Percent of Reports Submitted within 30 days	Percent of Reports Submitted within 60 days	Percent of Reports Submitted in more than 90 days
Registered Nurse	924	0%	7.9%	92.1%
Nurse Practitioner	None reported	-	-	-
Nurse Anesthetist	None reported	-	-	-
Nurse Midwife	None reported	-	-	-
LPN or Vocational Nurse	269	0%	24.9%	75.1%
Clinical Nurse Specialist	None reported	-	-	-

2006	Number of Reports Submitted	Percent of Reports Submitted within 30 days	Percent of Reports Submitted within 60 days	Percent of Reports Submitted in more than 90 days
Registered Nurse	1,139	19.3%	28.6%	47.9%
Nurse Practitioner	None reported	-	-	-
Nurse Anesthetist	None reported	-	-	-
Nurse Midwife	None reported	-	-	-
LPN or Vocational Nurse	1,007	21.1%	30.4%	48.5%
Clinical Nurse Specialist	None reported	-	-	-

2007	Number of Reports Submitted	Percent of Reports Submitted within 30 days	Percent of Reports Submitted within 60 days	Percent of Reports Submitted in more than 90 days
Registered Nurse	1,560	57.6%	5.7%	36.7%
Nurse Practitioner	49	0%	0%	100%
Nurse Anesthetist	34	0%	0%	100%
Nurse Midwife	2	0%	0%	100%
LPN or Vocational Nurse	1,503	69.6%	3.1%	27.3%
Clinical Nurse Specialist	20	0%	0%	100%

Jan-Mar 2008	Number of Reports Submitted	Percent of Reports Submitted within 30 days	Percent of Reports Submitted within 60 days	Percent of Reports Submitted in more than 90 days
Registered Nurse	2,961	5.9%	1.4%	92.7%
Nurse Practitioner	None reported	-	-	-
Nurse Anesthetist	None reported	-	-	-
Nurse Midwife	None reported	-	-	-
LPN or Vocational Nurse	1,296	12.3%	1.2%	86.5%
Clinical Nurse Specialist	None reported	-	-	-



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601-4277

312.525.3600  
www.ncsbn.org

June 4, 2008

Dear Executive Officers:

I wanted to contact each of you to give you some important information regarding HIPDB. Many of you have or will be receiving a letter from staff at the Division of Practitioner Data Banks (DPDB) regarding compliance with the HIPDB 30-day reporting requirements.

Reports are considered non-compliant if they are submitted more than 30 days after the action date. An exception to this is reports submitted prior to July 1, 2007. As you know, NCSBN has worked closely with the DPDB staff and with the Member Boards who use us as agent to "clean up" old discipline files, including many that had been previously rejected by HIPDB. NCSBN negotiated an exception to the 30 day reporting rule for nursing board reports (for those states for which NCSBN serves as agent) with an action date prior to July 1, 2007, to cover reports involved in the clean-up operation. Any reports submitted after July 1, 2007, however, are considered non-compliant with the 30 day reporting rule if not reported within 30 days of the action date. That 30 day time period includes the time it takes for your staff to enter the report in Nursys, and the time needed for NCSBN to report to HIPDB on your behalf.

Currently, NCSBN staff submits HIPDB reports twice a month (you can view these dates in Nursys). However, if for any reason you miss a regular submission date and would be in non-compliance with the 30-day rule if you waited for the next submission date, contact the Nursys Administrator and we will expedite the process (i.e., we will manually submit your reports).

The compliance letters you will be receiving will ask that you submit an action plan for becoming compliant with the 30 day reporting requirement. It also provides a link to HIPDB on-line resources and contact information for the databanks customer service department. NCSBN staff will provide you with language describing updates to Nursys and our reporting process that you can include in this report, which will be due 30 days after you receive the letter from DPDB staff.

Late last year there was a rumor circulating that boards could be fined up to \$20,000 for failure to report to HIPDB. This is not true. State licensing boards cannot be fined for failure to report. They can, however, be listed as noncompliant in federal documents, e.g., the *Federal Register*. The DPDB staff is well aware that boards of nursing wish to be compliant with these federal requirements.

In the coming months, NCSBN staff will be providing some HIPDB updates for you and your staff. Webinars will be available for entry staff and conference calls will be held for Executive Officers. These will address new action, revision and privilege codes, and changes in how reports are coded and review other aspects of HIPDB reporting. You will be notified when these updates will be offered and how to register for the sessions.

Please do not hesitate to contact us with any questions or concerns.

Sincerely,

Maryann Alexander, PhD, RN  
Chief Officer, Nursing Regulation



## STATE OFFICE OF RISK MANAGEMENT

WILLIAM P. CLEMENTS, JR. BUILDING, 6<sup>TH</sup> FLOOR  
P.O. BOX 13777, AUSTIN, TEXAS 78711  
(512) 475-1440

June 17, 2008

Ms. Katherine A. Thomas, MN, RN  
Executive Director  
Texas Board of Nursing  
P.O. Box 430  
Austin, Texas 78767

Agency #507

Dear Ms. Thomas:

Re: Risk Management Program Review

A Risk Management Program Review (RMPR) at the Texas Board of Nursing (BON) was conducted on June 6, 2008. The visit was conducted under the authority of Texas Labor Code, Title V, Subtitle A., Chapter 412, and is designed to assist state agencies to develop and implement comprehensive risk management programs that meet Risk Management for Texas State Agencies (RMTSA) guidelines.

The following observations were reviewed and discussed during the visit:

- The overall safety culture at BON is very strong as evidenced by the low workers' compensation injury rate. Management commitment and employee safety consciousness to providing a safe work environment are evident.
- Workers' compensation payments totaled \$0.00 per full-time equivalent (FTE) for FY07 at the BON. Workers' compensation payments totaled \$58.38 per FTE for SORM Article VIII client agencies in FY07. Workers' compensation payments totaled \$248.16 per FTE for SORM client agencies in FY07.
- Lost, damaged, and destroyed property losses totaled \$0.00 per FTE for FY07 at the BON. Lost, damaged, and destroyed property losses totaled \$42.43 per FTE for SORM Article VIII client agencies in FY07. No lost, damaged, and destroyed property was reported for FY05-FY08 at the BON. Controls are maintained over the accountability for inventoried assets resulting in no loss of agency assets.
- Total losses at the BON for FY07 were \$272.64 per FTE. Total losses for SORM Article VIII client agencies were \$117.35 per FTE for FY07. Total losses for SORM client agencies were \$448.93 per FTE for FY07.
- SORM 200 data was reviewed for accuracy and completeness. No errors or omissions were found.

Noteworthy observations made during this review include the following:

- The new SORM Risk Evaluation and Planning System (REPS) was reviewed and discussed with Mark Majek, Director of Operations. All sections of REPS have been completed, including frequency/severity and mitigating strategies. SORM recommends that the BON continue to maintain and update the information in REPS when necessary and use the Risk Management Plan as a general guideline for administering the agency's risk management program.
- Risk Management is a priority at the BON as evidenced by the fact that risk management is a standard agenda item during every staff meeting.
- The BON attends TFC Tenant Council Meetings.
- The BON Personnel Manual and Risk Management Program are current and thorough. The documents are periodically reviewed and updated when necessary.
- Housekeeping throughout the agency is noteworthy. The new floors were especially aesthetic.
- The BON periodically provides defensive driving training and reviews motor vehicle records of personnel who drive on official agency business.
- Fire extinguishers and emergency exits are kept free and clear of obstructions. Building emergency evacuation procedures are practiced and discussed with staff.
- An Automated External Defibrillator (AED) is available and some employees of the BON are trained in how to use it in the event of an emergency.
- The BON has Business Continuity/Disaster Recovery Plan in place. The plan has been tested and updated, i.e. the BON involvement in the Hurricane Disaster Plan, which demonstrated the BON is highly mobile and can resume operations in the event that their offices in the Hobby Building is not accessible.

There are no open recommendations made as a result of previous visits.

Recommendations to improve or maintain the effectiveness of your Risk Management Program include the following:

**#08-06-01      Safety Inspections**

In addition to the informal inspections that the BON does on regular basis, the BON should conduct and document a formal inspection at least annually.

*Note: A checklist will be provided to the Risk Manager.*

*Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 5.4.*

**#08-06-02      Indoor Air Quality**

The BON should develop an Indoor Air Quality (IAQ) program. As was discussed, the program should include, but not limited to, guidelines for building occupant responsibilities, good housekeeping practices, building maintenance recommendations, and a procedure for handling indoor air quality complaints. The IAQ program should designate an indoor quality coordinator(s) who will investigate and monitor all indoor air quality issues. Training should also take place for the coordinator(s). Please refer to

**Ms. Kathy Thomas, Executive Director**

**June 17, 2008**

**Page 3 of 3**

SORM's IAQ website. There is a form on the website to be filled out by the IAQ coordinator. Once the program is written, all employees should be made aware of the contents of the IAQ program.

*Note: An IAQ Management Plan template will be provided to the Risk Manager.*

*Reference: RMTSA Guidelines, Volume III, Section Two, Chapter 7, Subchapter 7.15; Texas Health and Safety Code, Subtitle C, Title 5, Chapter 385, Section 297.7(b).*

SORM requests the appropriate staff review this document, specify the actions the BON plans to take, and project an estimated date of completion for each recommendation. Please provide your response by **July 18, 2008** to me via US mail, fax, or E-mail to [lisa.bell@sorm.state.tx.us](mailto:lisa.bell@sorm.state.tx.us).

Please extend my sincerest appreciation to Mark Majek for his assistance and cooperation during my visit. As always, if you have any questions or if I can be of any assistance in any matter pertaining to your agency's risk management program, please feel free to contact me at (512) 936-1570 or [lisa.bell@sorm.state.tx.us](mailto:lisa.bell@sorm.state.tx.us).

Sincerely,



Lisa Bell  
Risk Management Specialist  
Risk Assessment and Loss Prevention  
State Office of Risk Management

cc: Mr. Mark Majek, Director of Operations/ Primary Risk Manager, Texas Board of Nursing