Agenda Item #1.1
Prepared by: Katherine Thomas
Meeting Date: July 22-23, 2010

REPORT OF THE EXECUTIVE DIRECTOR

NATIONAL ISSUES

IOM Issues Summary from Future of Nursing Forum: The Institute of Medicine (IOM) has released a summary from its October 2009 forum on the Future of Nursing in acute care settings, held at Cedars-Sinai Medical Center in Los Angeles. The report includes opening remarks by Thomas Priselac, president and CEO of Cedars-Sinai Health System and immediate past chairman of the AHA Board of Trustees, and testimony by Donna Herrin-Griffith, president of the AHA's American Organization of Nurse Executives subsidiary. In his remarks, Priselac notes that the Transforming Care at the Bedside initiative has demonstrated the many benefits of a strong partnership between nurses and health care executives to improve patient safety and meet quality improvement goals. The document will inform a final IOM report on the future of nursing, expected this fall. For more information, please see: http://www.iom.edu/Reports/2010/A-Summary-of-the-October-2009-Forum-on-the-Future-of-Nursing-Acute-Care.aspx.

AACN Launches the First National Centralized Application Service for Students Seeking Entry Into Schools of Nursing: The American Association of Colleges of Nursing (AACN) announced the launch of NursingCAS, the first national centralized application service for students applying to all types of registered nursing (RN) programs. Similar to services already in place for medicine, dentistry, pharmacy and other health professions, NursingCAS provides individuals with a convenient way to apply to nursing programs nationwide while serving as an important mechanism to fill vacant seats in schools of nursing. Through NursingCAS, prospective nursing students only need to complete one electronic application and prepare one set of corresponding materials, which then will be disseminated online to designated schools of nursing for consideration. NursingCAS verifies the application components for accuracy, calculates the applicant's grade point averages, and sends the materials to the nursing programs selected by the applicant. Applicants pay a small fee for this service ($45), which become lower per application ($30) for all additional schools selected. Those applying through NursingCAS will have access to dedicated customer service staff throughout the application process as well as real-time information about their application status. For more information, please see: http://www.aacn.nche.edu/Media/NewsReleases/2010/nursingcas.html.

Nursing Schools Struggle Against Nursing Shortage: Nationwide, universities are experiencing an increase in applicants to nursing programs. But lack of full-time faculty and clinical space is limiting growth in the field, which would be helpful to combat a longtime nursing shortage that is expected to worsen. According to the American Association of Colleges of Nursing, U.S. nursing schools turned away nearly 50,000 qualified applicants in 2008 due to lack of enough full-time faculty, clinical sites, classroom space and budget restraints. Those numbers are only expected to increase this year, with institutions across the country experiencing a marked increase in applicants to nursing schools. For more

information, please see: http://www.pressrepublican.com/homepage/local_story_061223549.html.

International Summit Seeks Solutions to Global Shortage of Nursing Faculty: The global nursing shortage is due in part to a lack of faculty in nursing schools and to a phenomenon known as nurse migration, where nurses leave their country of origin to work elsewhere. In response, the International Council of Nurses (ICN) and the Honor Society of Nursing, Sigma Theta Tau International (STTI), supported by The Elsevier Foundation, will conduct the GlobalSummit on Nurse Faculty Migration—a meeting of nurse experts who will examine the problem, and identify realistic and measurable solutions. In 2009, a survey by the American Association of Colleges of Nursing (AACN) found that almost two-thirds of responding nursing schools pointed to a faculty shortage as the reason for not accepting more applicants. Many organizations have sought to quantify the problem, but little research exists in order to assess what can be done about these trends. To address this global phenomenon, ICN and STTI will convene 24 internationally recognized nurse leaders and education experts in Geneva, Switzerland, 27-30 June 2010. Summit findings will be compiled into a final report that will detail the factors surrounding this issue and suggest realistic, tangible and measurable steps to address global faculty shortages. For more information, please see: http://www.icn.ch/PR09_10.htm.

HHS Warns of Trends in Hospital-Associated Infections: A new report by the Department of Health and Human Services (HHS) pinpoints "disturbing" findings when it comes to infections acquired in hospital settings and warns such infections are on the rise in the United States. Rates of postoperative sepsis, or bloodstream infections, and catheter-associated urinary tract infections top the list. The figures on infections are included in the National Healthcare Quality Report mandated by Congress and issued annually since 2003 that examines U.S. health care quality and includes a new section on infections contracted by patients while in the hospital. Overall, the report concludes that health care quality in all settings is improving slowly, especially for preventive care and chronic disease. The uninsured remain less likely to receive needed care. Unchanged was the number of bloodstream infections associated with central venous catheter placements, which are tubes placed in a large vein to administer medication or fluids or collect blood samples. Rates of postoperative pneumonia did improve by 12 percent. For more information, please see: http://www.commonwealthfund.org/Content/Newsletters/Washington-Health-Policy-in-Review/2010/Apr/April-19-2010/HHS-Warns-of-Disturbing-Trends-in-Hospital-Associated-Infections.aspx.

UHC Nurse Residency Program Reduces Turnover, Offers Case Study for Addressing Nationwide Nursing Retention Problems: The University HealthSystem Consortium (UHC), an alliance of 107 academic medical centers and 232 of their affiliated hospitals formed in 1984, announced in March that the University Health System/American Association of Colleges and Nursing Nurse Residency Program™ (NRP) has helped members achieve an astounding 4.4 percent turnover rate among first-year nurses. This is in comparison to a 27.1 percent national turnover rate. UHC developed the NRP in conjunction with the American Association of Colleges of Nursing (AACN) to offer curriculum and support for new graduate nurses. This 1-year program, which provides first-year nurses with tools to adjust to the high pressures of working as a hospital nurse, has shown remarkable success in nurse retention. With the help of content experts, the NRP curriculum has been newly revised to ensure that the content and resources reflect the revised AACN Essentials of Baccalaureate Education. For more information, please see: http://www.prnewswire.com/news-releases/uhc-nurse-residency-program-reduces-

turnover-offers-case-study-for-addressing-nationwide-nursing-retention-problems-88909997.html.

Nursing Initiative Looks to Better Understand Patients' Cultures: The American Nurses Association (ANA) plans to launch a diversity awareness resource center this year to better serve the full complexity of the U.S. population in healthcare settings. The center will include a database of materials related to different ethnicities, cultures, sexes, and other information to enable nurses to better serve an increasingly diverse patient population. The resource center will give nurses the opportunity to ensure fair and equitable treatment of patients, particularly for individuals facing difficult health and financial issues, according to the ANA. For more information, please see: http://www.healthleadersmedia.com/content/NRS-247516/Nursing-Initiative-Looks-to-Better-Understand-Patients-Cultures.html.

Nurses Say Distractions Cut Bedside Time by 25 Percent: Hospital nurses spend three hours of a typical 12-hour shift away from patients' bedside to complete regulatory requirements, redundant paperwork, and other non-direct care, a recent online survey of more than 1,600 nurses shows. Nurses involved in the survey revealed that some of the biggest distractions and time consuming tasksinclude documenting patient care information in multiple locations, and completing logs, checklists, and other paperwork seen as redundant. They also reported wasted time trying to secure equipment and supplies. For more information, please see: http://www.healthleadersmedia.com/content/NRS-247717/Nurses-Say-Distractions-Cut-Bedside-Time-by-25.html.

HRSA: Nursing Workforce Grows 5.3% Over Four Years : The estimated number of licensed registered nurses in the U.S. grew by 5.3% between 2004 and 2008 to a record 3.06 million, according to initial findings from the National Sample Survey of Registered Nurses, released by the Health Resources and Services Administration (HRSA). Nearly 2.6 million RNs, or 84.8%, were employed in nursing positions in 2008, the highest rate since the survey began in 1977. An estimated 63.2% of RNs were employed full-time, up from 58.4% in 2004 and the first increase since 1996. Nearly 45% of RNs were 50 years of age or older in 2008, and half had achieved a baccalaureate or higher degree in nursing or a nursing-related field. The number of RNs with master's or doctorate degrees rose 46.9% between 2004 and 2008 to 404,163. A final report with complete findings will be published this summer. For more information, please see: http://bhpr.hrsa.gov/healthworkforce/rnsurvey/.

Panel Calls for Changes to Strengthen Primary Care: A panel convened by the Macy Foundation has recommended giving nurse practitioners and physician assistants more authority to deliver primary care. To strengthen the nation's primary care system, the group also called for increased funding for primary care, incentives to attract more people to the field, and changes to education and training for primary care providers. For more information, please see: http://www.macyfoundation.org/documents/jmf_ChairSumConf_Jan2010.pdf.

STATE ISSUES

Governor Declared a Disaster: The Governor declared a disaster on June 27, 2010 in anticipation of Tropical Storm Alex. The agency posted our temporary license procedure for disasters on the website but licensing was unnecessary when the storm ultimately made landfall south of Texas. However, the procedure is ready when and if any further

disasters threaten the State. Staff also met with the Ready Texas Nurses staff at Texas Nurses Association to plan communications for future disaster events.

Fraudulent Nursing Educational Program Update: On May 14, 2010 the Office of the Attorney General (OAG) obtained a default judgment against Career Advanced. This was one of the original five fraudulent programs that operated in Texas in Fall 2007. The Texas Workforce Commission (TWC) issued Cease and Desist Orders in February 2008 to the following schools:

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

The OAG obtained a default judgment against VTEC in January 2009 and against IF Tech in February 2009. Therefore, Career Advanced is the third fraudulent nursing program to be issued a permanent injunction. In each instance, the judge issued the maximum amount of monetary sanctions to the school's owner(s). Specific to Career Advanced, the court ordered $121,000 in civil penalties for violations of the Texas Education Code and $25,000 for the State's attorneys' fees.

Texas Board staff is scheduled to appear at the OAG trial against Esther Medical Tutorial in July 2010. Court proceedings against Esther's have been re-scheduled several times during this past year; however, Board staff anticipates that a permanent injunction will be the outcome of any hearing. Interestingly, Esther was a Certified Nursing Assistant who felt that since she had observed nurses performing nursing duties in a long term care facility, she was capable of instructing both vocational and professional nursing students and opened the school.

Merit Excellence Institute no longer has a presence in Texas. It appears that Merit discontinued operations subsequent to the 2008 TWC Cease and Desist Order.

A sixth school, Omnibus International, was identified as operating in Texas in Spring 2009 and was issued a Cease and Desist Order in May 2009. Although TWC proceedings have been scheduled several times, Omnibus International attorneys continue to successfully postpone any actual hearings.

Health Professions Council: The Health Professions Council (HPC) met on June 7, 2010 for its regular quarterly meeting. The Council is implementing the new Regulatory Database Project that includes the development of a new database for four of the HPC agencies. Three new staff were hired for this project, bringing the HPC full time equivalents to five. The HPC Strategic Plan can be found in ***Attachment A***.

State Moves to New Domain Name: Texas.gov is the new domain name for Texas government and state agencies. You will find the main page at http://www.texas.gov. Agencies are currently registering for their texas.gov domain names. The Board has submitted its registration and will inform the Board of the change when final. However, even after final our current web address will continue to work for our customers for a period of time while we give notice of the change to our constituents.

BOARD ISSUES

Just Culture: A conference call was conducted on May 20, 2010 by NCSBN to discuss state models of Just Culture. Julie George (North Carolina), Shirley Brekken (Minnesota), and Kathy Thomas (Texas) discussed how their boards have operationalized *Just Culture* principles and integrated it into the day to day work of the board. Together, they explained that *Just Culture* is a process that guides the evaluation of an adverse event, identifies the system contribution, assesses accountability, and examines the role of the respondent. The determination falls into one of three categories: human error, high risk/reckless behavior, or intentional/criminal behavior. Each state representative gave exemplars from their own state on how they implement the *Just Culture* Model. Also discussed were the alternative to discipline programs, such as the PREP program in NC, which provides remediation for practice problems. States have implemented the following activities related to *Just Culture*: BON retreats examining the *Just Culture* principles, reviewing cases retrospectively through a *Just Culture* lens to see if the board's decisions reflect the *Just Culture* philosophy, conferences with the hospital association and other licensing boards, presentations to the BON by David Marx or Scott Griffith. The participants on the call expressed interest in developing a common *Just Culture* framework for use by all boards of nursing. Participants suggested disseminating models, tools and resources regarding *Just Culture t*o all the boards of nursing and participants suggested having David Marx present about *Just Culture* on the Leadership day of the 2011 Mid Year Meeting. Participants discussed the position paper that was published in January by the American Nurses Association and discussed the possibility of NCSBN also drafting a statement.

BON Bulletin Articles : The July issue of the *Board of Nursing Bulletin* contains articles on direction to peer review committees, a Nurses on Guard article in prevention of errors involving Promethazine, and boundary violations on the Internet.

Board Meeting: The July meeting will be held at the Hobby Building in the Room 225 in Tower 2.

Board Development: At each board meeting, a board development session is held. At this Board meeting, the Board will have presentations on the new Board Meeting program software and on managing generational and cultural differences.

AGENCY ISSUES

Staff: Mary Beth Thomas recently published part of her dissertation research in the *Critical Care Nursing Clinics of North America*, Volume 22, Issue 2, Pages 279-282. The article, titled "Registered Nurses Select Multiple Factors Associated with their Errors" is attached. Melinda Hester continues to work on her Doctorate in Nursing Practice project, *Data Analysis: of Registered Nurses in Texas with Multiple Disciplinary Actions*. The purpose of this capstone project is to analyze Texas Registered Nurses (RNs), with a history of

practice related disciplinary action, to determine if BON mandated remediation reduces future risk of practice related disciplinary action. This study will analyze the nursing practice errors of registered nurses with multiple disciplinary actions between January 1, 2004 and December 31, 2008 to determine if nurses made the same or similar nursing practice errors.

Records Retention Schedule: The agency's records retention schedule has been approved by the State Library.

Nursing Jurisprudence Examination: The Jurisprudence examination required for initial licensure by Texas Occupations Code Section 301.252, License Application, was implemented in September 2008. Access to the Board's examination is available through the website, http://www.bon.state.tx.us/olv/je.html . Those applying for initial licensure by exam or endorsement **after** September 1, 2008 must pass the Jurisprudence Exam in order to be eligible for licensure. Statistics for all Jurisprudence exam takers for fiscal year 2009, and the first three quarters of 2010 is attached. *(See **Attachment C**).*

Online Jurisprudence Prep Course: The number of participants for the online jurisprudence prep course is 495 for April, 272 for May, and 420 for June. This level of participation was consistent with our past experience with this program.

Website: A streaming video, *Board of Nursing Complaint Process: Investigation to Resolution*, has been developed by the National Council State Boards of Nursing (NCSBN) 2010 Disciplinary Resource Committee and produced by NCSBN. The video is intended for nurses facing disciplinary action and provides a high level overview on these topics:

The board of nursing investigation process;
Due process rights;
Formal and informal administrative hearings; and
Types of resolutions

A description of the video and a link has been added to the Board's website at http://www.bon.state.tx.us/disciplinaryaction/invproc.html.

We have also revised the *Innovation in Nursing Education* section of the Board's website with updates from Texas' nursing education programs. To find this section, go to the Board's home page and click on Nursing Education then go to Innovation in Nursing Education.

Key Meetings and Presentations: attended/presented by the Executive Director and Staff since the last Board meeting:

Katherine Thomas meetings, conference calls, and presentations

Meeting: Health Professions Council Budget Committee Meeting, April 15, 2010, Austin, TX.

Conference Call: Evaluation Conference Call with Consultant, Dr. Regan-Smith for Texas Team Gulf Coast Region, April 15, 2010.

Conference Call: Nurse Licensure Compact Administrators meeting, April 19, 2010.

Meeting: Health Professions Council Administration Committee, April 20, 2010, Austin, TX.

Presentation: NCSBN Substance Use Disorders Forum, Moderator, April 27, 2010, Chicago, IL.

Meeting: NCSBN Chemical Dependency Program Committee, April 28-29, 2010, Chicago, IL.

Presentation: LVNAT Spring Meeting, *BON Update*, April 30, 2010, Austin, TX.

Meeting: Nursing Legislative Agenda Coalition Meeting, May 1, 2010, Austin, TX.

Meeting: NCSBN Board of Directors, May 3-5, 2010, Chicago, IL.

Meeting: with Sharen Luder, staff at Senate Health and Human Services Committee, to discuss Committee Interim Charges, May 10, 2010, Austin, TX.

Meeting: with Department of State Health Services staff, regarding interagency contract to fund the HB 3961 Study, May 13, 2010, Austin, TX.

Meeting: with Kalese Hammonds, new liaision at the Governor's Office, May 14, 2010, Austin, TX.

Meeting: with Allison Mitchell, Texas Nurse Practitioners, to discuss advanced practice nursing issues, May 14, 2010, Austin, TX.

Conference Call: NCSBN Executive Officers, May 17, 2010.

Conference Call: NCSBN meeting on Just Culture, May 20, 2010.

Meeting: with Legislative Budget Board Effectiveness and Efficiency staff, to discuss scope

of practice issues, May 21, 2010, Austin, TX.

Conference Call: with Nursing Education Leadership to discuss Texas Team Strategic Plan, May 21, 2010.

Conference Call: Nurse Licensure Compact Administrators meeting, May 27, 2010.

Meeting: Health Professions Council Administration Committee, May 27, 2010, Austin, TX.

Meeting: Health Professions Council Budget Committee, May 27, 2010, Austin, TX.

Meeting: Health Professions Council Quarterly Meeting, June 7, 2010, Austin, TX.

Meeting: with Senator Dan Patrick's staff, regarding Certified Nurse Midwives, June 9, 2010, Austin, TX.

Meeting: UTMB Correctional Managed Care meeting to discuss impact of 5% reduction on nursing services, June 10, 2010, Austin, TX.

Presentation: Citizens Advocacy Center Webinar: *Deferred Disciplinary Action*, June 10, 2010.

Conference Call: Nurse Licensure Compact Administrators Executive Committee meeting, June 14, 2010.

Meeting: NCSBN Chemical Dependency Program Committee, June 16-17, 2010, Chicago, IL.

Conference: Executive Officer Seminar, June 22-23, San Diego, CA.

Meeting: Joint meeting of Nurse Licensure Compact Administrators and NCSBN Board of Directors, June 23-24, 2010, San Diego, CA.

Conference Call: American Association of Colleges of Nursing, Centralized Application Service for Students, June 29, 2010.

Presentation: DSHS Annual Leadership Confererence for Public Health Nurses, *BON Update*, July 7, 2010, Austin, TX.

Meeting: NCSBN Board of Directors, July 14-16, 2010, Chicago, IL.

Mark Majek Presentations

Presentation: NCSBN IT Summit, Summit Moderator, May 11th and 12th, 2010, Cambridge, MA.

Presentation: NCSBN Attorney/Investigator Symposium, *Criminal Background Checks*, May 25, 2010, Providence, R.I.

Presentation:Texas League for Vocational Nurses , *BON Update*, June 25, 2010, Temple, TX.

Nursing Department Presentations

Mary Beth Thomas and Paul Waller - *Meetings* with Texas employers regarding the revised Differentiated Entry Level Competency for Texas Nursing Education Programs.

Gulf Coast Health Services Steering Committee Houston, Texas, May 14, 2010
DFW Hospital Council, Arlington, Texas, June 9, 2010
Seton Family of Hospitals, Austin, Texas, June 11, 2010
Texas Health Care Association, Austin, Texas, June 16, 2010
Valley Baptist Medical Center, Harlingen, Texas, June 17, 2010
St. David's Health Care, Austin, Texas, June 25, 2010

Mary Beth Thomas Presentation

Presentation: Texas Nurses Association, Peer Review Workshop, May 12, 2010, Austin, TX.

Jolene Zych presentation in conjunction with Faith Fields

Presentation: APRN Roundtable, Licensure portion of the LACE update, May 19, 2010 , Chicago, IL.

Virginia Ayars and Paul Waller presentation in collaboration with Aileen Kishi, PhD, RN

Presentation: 8th National Conference of Nursing Workforce Leaders*, A Partnership Model Between the Texas Board of Nursing and the Texas Center for Nursing Workforce Studies*. June 9, 2010 , Dearborn, Michigan.

Janice Hooper presentation

Presentation: Victoria College Associate Degree Nursing Pinning Ceremony, May 14, 2010, Victoria, TX.

Melinda Hester presentations

Presentation: Texas BON - *Determining Your Scope of Practice*, A&M Alternate Entry Nursing Students Teleconference April 27, 2010.

Presentation: University of Texas at Austin SON, *The Role of the Public Health Nurse - Panel Presentation,* June 9, 2010*,* Austin, TX.

Presentation: Texas School Nurse Administrators Association, *RN Delegation in the School Setting,* June 13, 2010*,* Dallas, TX.

Presentation: Scott and White Summer School Nurse Conference, *Texas BON - Safe Practice for School Nurses,* June 17, 2010*,* Belton, TX.

Melinda Hester and Bonnie Cone presentation

Presentation: Department of Protective and Family Services conference, *Texas BON - Determining Your Scope of Practice*, May 6, 2010, Austin, TX.

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

Case Resolution Report
March 1, 2010 through May 31, 2010

Type of Action	**RN**	**LVN**	**Total**
No Jurisdiction	4	0	4
No Violation	1	1	2
No Action	676	450	1126
Insufficient Evidence	52	7	59
Admonish	7	3	10
Without Prejudice	181	113	294
TPAPN Referrals	95	38	133
EEP Referrals	5	4	9
Totals	**1021**	**616**	**1637**

Cases Where Executive Director Offered and Entered Ordered Orders in Compliance with Board Policy:

LVN DISCIPLINARY ORDERS

Time frame: March 1, 2010, through May 31, 2010

	DISCIPLINARY
25	**FINE WITH REMEDIAL EDUCATION** 19 Submitted an Application/Renewal Document in which false, deceptive, and/or misleading information was given by failing to disclose a criminal history 1 Failed to report knowledge of a non licensed person still practicing after GN permit became invalid 1 Failed to apply for a license in the State of Texas within 30 days of changing primary state of residence 1 Failed to administer pain medication as ordered 1 Withdrew medication, but failed to accurately and/or completely document the administration; failed to timely administer narcotics 1 Failed to perform skilled nursing visits for six patients 1 Left nursing assignment without notifying supervisor
12	**REMEDIAL EDUCATION** 1 Failed to physically assess a patient after receiving more than 6 complaints 1 Failed to administer medications 1 Failed to adequately assess and intervene when resident refused dialysis treatment 1 Administered Humulin Regular Insulin in excess of the physician's order 1 Documented a late entry into a patient medical record 1 Inappropriately administered morphine 1 Convicted of Issuance of a Bad Check, Driving While Intoxicated and Unlawful Possession of a Controlled Substance 1 Failed to assess or document patient assessments; failed to do random blood sugar checks 1 Administered Ativan without a physician's order 1 Deferred proceedings for the misdemeanor offense of False Report to a Police Officer/Law Enforcement Employee 1 Administered Ativan in excess of physician's order; failed to administer medications as ordered 1 Convicted of the misdemeanor offense of Theft of Government Property
30	**VOLUNTARY SURRENDER** 7 Noncompliance with previous Board Order 2 Disciplinary action taken by another licensing authority 1 Engaged in inappropriate sexual conduct 1 Convicted of the state jail felony offense of Possession of a Controlled Substance 1 Intemperate use of Cannabinoids and Benzodiazepines 1 Intemperate use of Amphetamines, Meth-amphetamines, Oxazepam, Alprazolam, Temazepam, Marijuana and Propoxyphene 1 Convicted of the third degree felony offense of Deadly Conduct 2 Deferred sentence for the felony offense of Possession of a Controlled Substance 1 Misappropriation of Phenergan and Hydrocodone 1 Intemperate use of Alcohol 1 Convicted of Evading Arrest/Detention 1 Deferred sentence for the state jail felony offense of Insurance Fraud 10 Submitted a statement of Voluntary Surrender

16	**TPAPN BOARD ORDER** 1 Misappropriation of Morphine 1 Intemperate use of Benzodiazepines and Propoxyphene 1 Convicted of Evading Arrest/Detention and Driving While Intoxicated 1 Wrote a false prescription for Demerol, removed Tylenol III and Lortab 5 from the medication cart for own personal use 1 Convicted of Possession of Marijuana, Driving While Intoxicated and two counts of Theft by Check 1 Misappropriated Phenobarbitol, Zoloft, Lamictal and Tegretol; Intemperate use of Amphetamines and Marijuana 1 Misappropriation and Intemperate use of Alprazolam, Ambien, and Temazepan 1 Withdrew medications in excess of physician's orders 1 Convicted of Delivery of a Controlled Substance, Theft by Check, Possession of a Controlled Substance, and 2 counts of Resisting Arrest 1 Convicted of Driving While Intoxicated Enhanced 1 Convicted of Assault and Public Intoxication 1 Admitted to the use of Propoxyphene 1 Charged with the third degree felony offense of Obtaining a Controlled Substance 1 Entered a residential treatment program 1 Misappropriated Hydrocodone 1 Attempted to obtain Vicodin, Phenetermine, and Chlorothiazide

LVN ENDORSEMENT/PETITIONER DISCIPLINARY ORDERS

Time frame: March 1, 2010, through May 31, 2010

47	**ENDORSEMENTS** 11 Non disclosure of Criminal History or Disciplinary Action on Application for Licensure by Endorsement 36 No Grounds for Denial
289	**APPLICANTS/ PETITIONERS** 6 Non-disclosure of Criminal History 1 Charged with the misdemeanor offenses of Retaliation, Driving While Intoxicated, Driving While License Suspended, and two counts of Theft 1 Deferred sentence for the misdemeanor offense of Fraudulent Use of Identifying Information and charged with the misdemeanor offense of Theft of Property 1 Deferred sentence for the misdemeanor offense of Theft of Property and convicted of Issuance of a Bad Check 1 Deferred sentence for the misdemeanor offense of Criminal Mischief 1 Pre-Trial Diversion of Driving While Intoxicated; deferred sentence for the felony offense of Possession of a Controlled Substance 1 Deferred sentence for the state jail felony offense of Secure Execution of Document by Deception 1 Convicted of the felony offense of Transportation of an Unlawful Alien Within the United States 1 Deferred sentence for the state jail felony offense of Forgery of a Financial Instrument and Convicted of two counts of the misdemeanor offense of Issuance of a Bad Check 1 Deferred sentence for the state jail felony offense of Tampering with Government Records 1 Deferred sentence for the misdemeanor offense of Theft; convicted of Driving While Intoxicated 1 Convicted of the misdemeanor offense of Misapplication of Postal Funds 1 Convicted of the misdemeanor offenses of False Report to a Police Officer and three counts of Driving While Intoxicated 1 Deferred sentence for the misdemeanor offense of Theft of Property; convicted of Perjury and Fail to Report to Police Officer 1 Convicted of the felony offense of Conspiracy to Possess with Intent to Distribute Cocaine and the misdemeanor offense of Driving While Intoxicated 1 Pre-Trial Diversion for the felony offense of Conspiracy and Embezzlement 1 Convicted of the felony offense of Driving While License Revoked, Operating Unregistered Vehicle and Attaching Tag Not Assigned 1 Deferred sentence for the first degree felony offense of Engaging in Organized Crime and the third degree felony offense of Possession of a Controlled Substance; convicted of Public Intoxication 1 Convicted of Alcohol - Providing to Visibly Intoxicated and Obstructing a Peace Officer 1 Deferred sentence for the state jail felony offense of Tampering with Government Record - Fraud/Harm 1 Deferred sentence for the state jail felony offense of Possession of a Controlled Substance; convicted of two counts of the first felony offense of Manufacture/Deliver a Controlled Substance 1 Convicted of the misdemeanor offenses of Theft, Possession of Marijuana and Prostitution 1 Deferred sentence for the misdemeanor offense of Burglary with Intent to Commit Theft, Pre-Trial Diversion for Terroristic Threat, convicted of Driving Under the Influence 1 Deferred sentence for the misdemeanor offenses of Possession of a Controlled Substance and Burglary of a Vehicle 1 Charged with the misdemeanor offenses of Assault and five counts of Theft of Property by Check 259 No Grounds for Denial/Youthful Indiscretion

Cases Where Executive Director Offered and Entered Ordered Orders in Compliance with Board Policy:

RN DISCIPLINARY ORDERS

Time frame: March 1, 2010, through May 31, 2010

	DISCIPLINARY
21	**FINE WITH REMEDIAL EDUCATION** 9 Submitted an Application/Renewal Document in which false, deceptive, and/or misleading information was given by failing to disclose a criminal history 1 Failed to ensure that a Graduate Nurse was appropriately supervised 1 Failed to apply for a license in the State of Texas within 30 days of changing primary state of residence 1 Failed to report knowledge of a non licensed person still practicing after GN permit became invalid 1 Allowed student nurses to practice without a permit or proper credentials 1 Made inappropriate advances towards a patient 1 Practiced as a CRNA without valid authorization 1 Administered Ritalin and Depakote to her son in excess of physicians order 1 Misrepresented that she had a current Psychiatric Certification through the ANCC 1 Failed to document and maintain records as required 1 Practiced without a valid license 1 Left her nursing assignment without notifying appropriate personnel 1 Exceeded authorized scope of practice
18	**REMEDIAL EDUCATION** 1 Failed to call a “Code Blue” an initiate CPR 1 Failed to provide adequate care for a patient 1 Failed to obtain a signed blood transfusion consent before administering a blood transfusion 1 Failed to document a seizure experienced by a patient 1 Administered Humulin Regular Insulin in excess of the physician’s order 1 Documented a late entry into a patient medical record 1 Drew to two lab specimens for patient and mislabeled each 1 Failed to timely initiate a new infusion; failed to administer a scheduled dose of a oral Ativan 1 Documented an Order to transfer a patient to Neurosurgery that was erroneously dated 1 Failed to notify a physician of changes in the condition of a patient regarding urine output 1 Failed to follow up on a patients blood glucose lab results 1 Failed to transcribe a physician’s order; failed to administer medications; failed to document the change of patient condition 1 Inappropriately obtained an order to administer Total Parenteral Nutrition to a patient 1 failed to notify physician when the patient developed pressure ulcers 1 administered blood without a physician’s order 1 Failed to document accurately and completely in medical records 1 Respondent administered intravenous potassium chloride with normal saline when the order was to infuse the potassium 1 Failed to perform mouth-to-mouth rescue breathing

38	**VOLUNTARY SURRENDER** 14 Noncompliance with previous Board Order 1 Convicted of Evading Arrest/Detention 1 Convicted of the felony offense of Possession of Child Pornography 6 Disciplinary action taken by another licensing authority 1 Misappropriated Demerol and Dilaudid 1 Convicted of Possession of a Controlled Substance in a Penal Institution 1 Disclosed that she was an alcoholic at the end of her rope 1 Made threatening statements, engaged in verbal altercations; and made inappropriate/paranoid remarks 1 Intemperate use of THC 1 Administered Etomodate instead of Famotidine causing the patient to stop breathing 10 Submitted a statement of Voluntary Surrender
21	**TPAPN BOARD ORDER** 2 Intemperate use of Alcohol 1 Arrested and charged with two counts of Driving While Intoxicated 1 Admitted to being an alcoholic, charged with the misdemeanor offense of Driving While Intoxicated 1 Misappropriation and Intemperate use of Demerol 1 Misappropriation of Vicodin and Intemperate use of Barbiturates 1 Misappropriation of Demerol 1 Inappropriately managed patient records; Misappropriated Norco; Intemperate use of Tramadol, Opiates, and Propoxyphene 1 Intemperate use of Morphine, Norco, Tylenol and Ativan 1 Wrote a false prescription for Demerol, removed Tylenol III and Lortab 5 from the medication cart for own personal use 1 Intemperate use of Benzodiazepines and Propoxyphene 1 Misappropriation of Morphine 1 Convicted of Evading Arrest/Detention and Driving While Intoxicated 1 Arrested on 6 counts of Driving While Intoxicated; Intemperate use of Alcohol 1 Charged with Recklessly Handle a Firearm so as to Endanger Life, Limb or Property; Convicted of Driving While Intoxicated; Disciplinary action taken by the Virginia Board of Nursing 1 Misappropriation of Oxycontin; Intemperate use of Morphine 1 Misappropriation of Morphine, Fentanyl and Dilaudid 1 Misappropriation o Meperidine, Fentanyl, Lorazepam, Demerol, Dilaudid, Ativan and Morphine 1 Misappropriation of Xanax, Lorcet, Percocet, and Valium; Intemperate use of Propoxyphene, Opiates, Codeine, Morphine, and Alcohol 1 Misappropriation of Dilaudid, Intemperate use of Alcohol and Hydromorphone 1 Misappropriation and Intemperate use of Dilaudid

RN ENDORSEMENT/PETITIONER DISCIPLINARY ORDERS

Time frame: March 1, 2010, through May 31, 2010

135	**ENDORSEMENTS** 6 Disciplinary action taken by another licensing authority 1 Convicted of Wrongfully Possess Marijuana 1 Charged with Driving While impaired; Entered treatment for alcohol abuse 1 Charged with two counts of Driving While Intoxicated 5 Non disclosure of Criminal History or Disciplinary Action on Application for Licensure by Endorsement 115 No Grounds for Denial
613	**APPLICANTS/ PETITIONERS** 7 Non disclosure of Criminal History or Disciplinary Action on Application for Licensure by Examination 1 Charged with misdemeanor offenses of Drug Offense, Carrying a Prohibited Weapon, Unlawfully Carrying a Weapon, and Assault 1 Charged with the state jail felony offense of Possession of a Controlled Substance and the misdemeanor offense of Driving While License Invalid 1 Deferred sentence for the state jail felony offense of Tampering with a Government Record 1 Convicted of the misdemeanor offense of Assault Causing Bodily Injury and two counts of Driving While Intoxicated 1 Charged with 6 counts of the misdemeanor offense of Issuance of a Bad Check 1 Charged with the misdemeanor offenses of Obstruction of a Passageway, Driving While Intoxicated and Criminal Trespass 1 Deferred sentence for the misdemeanor offense of Terroristic Threat 1 Charged with the misdemeanor offenses of Bad Checks and 3 counts of Driving Under the Influence 1 Charged with the misdemeanor offenses of Open Container, Possession of Marijuana and 2 counts of Driving Under the Influence 1 Charged with 4 counts of the misdemeanor offense of Driving While Intoxicated 1 Convicted of the third degree felony offense of Theft of Property 1 Diagnosed with Bipolar Disorder 1 Entered treatment for psycho-social functioning; charged with the misdemeanor offenses of Assault and two counts of Driving While Intoxicated 1 Deferred sentence for the state jail felony offense of Possession of a Controlled Substance 1 Charged with the felony offenses of Manufacture/Deliver/Sell/Possess a Controlled substance and Possession of a Controlled Substance; convicted of the misdemeanor offenses of Theft of Property and Possession of Marijuana 1 Deferred sentence for the misdemeanor offenses of Theft of Property and Criminal Trespass 1 Deferred sentence for the misdemeanor offense of Possession of Marijuana and the second degree felony offense of Possession of a Controlled Substance 1 Charged with two counts of the misdemeanor offense of Theft by Check 2 Denial of Licensure 586 No Grounds for Denial/Youthful Indiscretion

AGENCY STRATEGIC PLAN

FOR THE FISCAL YEAR 2011-2015 PERIOD

SUBMITTED TO THE GOVERNOR'S OFFICE OF BUDGET AND PLANNING
AND THE LEGISLATIVE BUDGET BOARD

BY

HEALTH PROFESSIONS COUNCIL

JUNE 2010

AGENCY STRATEGIC PLAN

June 18, 2010

For the 2011-2015 Period

By

Health Professions Council

Signed:

Katherine A. Thomas, MN, RN
Chair

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VISION OF TEXAS STATE GOVERNMENT

We must set clear priorities that will help maintain our position as a national leader now and in the future by:

Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government.

Investing in critical water, energy , and transportation infrastructure needs to meet the demands of our rapidly growing state;

Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace'

Defending Texans by safeguarding our neighborhoods and protecting our international border and
Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.

-Rick Perry Governor.

MISSION OF TEXAS STATE GOVERNMENT

Texas State Government must be limited, efficient, and completely accountable. It should foster opportunity and economic prosperity, focus on critical priorities and support the creation of strong family environments for our children. The stewards of the public trust must be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

Aim high…we are not here to achieve inconsequential things.

THE PHILOSOPHY OF TEXAS STATE GOVERNMENT

The task before all state public servants is to govern in a manner worthy of this great state. We are a great enterprise, and as an enterprise we will promote the following core principles.

- First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics or individual recognition.

- Government should be limited in size and mission, but is must be highly effective in performing the tasks it undertakes.

- Decisions affecting individual Texans are best made by those individuals, their families, and the local governments closest to their communities.

- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. And just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future, and the future of those they love.

- Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.

- State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse, and providing efficient and honest government.

- Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.

HEALTH PROFESSIONS COUNCIL MISSION

The mission of the Health Professions Council is to achieve the desirable outcomes of consolidation without sacrificing the quality, independence, accessibility and accountability of individual boards through the facilitation of information sharing, training, and shared resources.

HEALTH PROFESSIONS COUNCIL PHILOSOPHY

The Health Professions Council will hold faithfully to the highest standards of ethics, accountability, efficiency and openness. We will demonstrate to the public through all of our actions the sincerity of our desire to carry out our mission fairly and sensibly.

STATE OF TEXAS PRIORITY GOAL APPLICABLE TO THE HEALTH PROFESSIONS COUNCIL

Priority Goal:

To provide citizens with greater access to government services while reducing service delivery costs and protecting the fiscal resources for current and future taxpayers by supporting effective, efficient, and accountable state government operations.

Benchmarks: Savings realized in state spending by making reports/documents/processes available on the internet.

Overview of Agency Scope and Functions

The Texas Health Professions Council (HPC) provides a unique solution for the multiple challenges of state regulation of health professions. The State of Texas created HPC to achieve the potentially desirable outcomes of consolidation of small independent health licensing and regulatory agencies without sacrificing the quality, independence, accessibility and accountability of individual boards. The enabling statute is Title 3, Chapter 101 of the Texas Occupations Code. Established in 1993, the Council has a membership of 12 agencies currently representing 35 professional licensing boards, certification programs, documentation programs, permit programs or registration programs and the Governor's office.

The Health Professions Council was created on the recommendation of the Texas Sunset Commission to achieve the efficiency and effectiveness goals of consolidation while avoiding the creation of a new bureaucracy. Repeated efforts to consolidate boards under one umbrella agency had received only lukewarm support while generating heated opposition from the professions. Experience in other states had shown that large umbrella agencies sometimes failed to meet the perceived benefits and desired objectives of improved consumer service and decreased costs. Problems of consolidations included increased response time for services, decreased quality of services, lack of expertise in regulated professions, and decreased disciplinary actions against licensees. Studies show consolidations often failed to achieve economies of scale.

Although member agencies license and regulate health professionals, the Health Professions Council does not license or regulate health professionals. The Council meets at least four times a year. Meetings are open to the public and are posted with the Office of the Secretary of State.

The Council has mitigated problems of competition and conflict among the licensed professions by fostering an atmosphere of communication and cooperation. It has provided a forum for discussion of issues and allowed a coordinated response to legislative issues when requested by elected officials. The Council has no authority over member agencies

During the last Legislative Session (81st Regular), the Council set out to resolve issues surrounding outdated database systems used by four members of the Council. Also included with the four were the Texas Board of Plumbing Examiners, and the Board of Land Surveying. The two additional agencies were enjoined as a result of sharing legacy systems with member agencies. This project will allow agencies to prorate the costs of a shared system that they would not have the means to procure independently while resulting in a savings to the state. The Regulatory Database Project (RDB) began on September 1, 2009 with a projected implementation schedule of one year. The Council expects the new system to go live in August 2010.

The Council has reviewed options for developing additional shared services, specifically in the area of Human Resources. Over the last biennium, the Council staff implemented a Human Resources Pilot Program. The program provided basic level Human Resources assistance, primarily in the area of job posting, and processing of job applications on behalf of member agencies. The Council views this program positively and believes that with the addition of another Full Time Equivalent to the Council staff, more could be done. In light of the State's reported economic shortfall, and with budget cuts looming, the Council is working among themselves to determine a solution that, in the interim, would not result in additional fees to licensees. The Council may request additional funding for this position when the economic outlook for the state budget improves.

Organizational Aspects

The Council consists of one representative from each of the following:

- the Texas Board of Chiropractic Examiners;
- the State Board of Dental Examiners;
- the Texas Optometry Board;
- the State Board of Pharmacy;
- the Texas State Board of Podiatric Medical Examiners;
- the State Board of Veterinary Medical Examiners;
- the Texas Medical Board;
- the Board of Nursing;
- the Texas State Board of Examiners of Psychologists;
- the Texas Funeral Service Commission;
- the entity that regulates the practice of physical therapy;
- the entity that regulates the practice of occupational therapy;
- the Texas Department of State Health Service's Professional Licensing and Certification Unit
- the Governor's office.
- Office of the Attorney General

The Council elects from its members a presiding officer and an assistant presiding officer to conduct the business of the Council. Currently, the presiding officer (Chair) is Katherine A. Thomas, Executive Director for the Board of Nursing. The assistant presiding officer (Vice-Chair) is Gay Dodson, Executive Director for the State Board of Pharmacy. Council officers serve two-year terms ending August 31 of odd numbered years.

The Health Professions Council employs a small staff (currently 5 FTEs are assigned to the agency), to coordinate and or complete the tasks of the Council. The HPC staff are organized as a separate state agency (#364). Its staff report to the Council directly through supervision of its manager, the Administrative Officer, by the Council Chair. The Council utilizes its staff, along with committees consisting of staff from member agencies to carry out its activities. Operating with a budget of $2,513,779 in Fiscal Year 2010, and $768,662 in FY 2011, the Council is funded entirely by transfer of funds from member agencies. A rider in the biennial appropriations bill specifies prorated amounts. A second rider outlines the transfer amounts for the Regulatory Database System. Additional amounts are transferred by member agencies to pay for shared services such as technology support and toll-free phone service on a usage basis.

Service Populations

Our key service populations are:

- The Citizens of Texas (both directly and through their Texas legislators)
- Member agencies
- Executive and judicial officials, and other state and federal agencies

The majority of general consumers have limited knowledge of the council. We do have contact with consumers through our toll-free complaint line. Other communities are familiar with the council due to the interaction the council has on task forces, other councils, and representation of agencies by the council at other meetings. The opinions of other state agencies, the Legislature and other state entities vary depending on recent experiences with council member or staff.

The most significant concerns of the priority populations served by the council are the potential for consolidation of the member agencies into an umbrella agency. The challenge for the council is to find additional services for member agencies without impeding the mission of each member agency. The greatest challenge to the council is to ensure that the state's decision makers are aware of the mission of the council and the possibility for additional legislatively mandated responsibilities.

To address the challenges, the various HPC committees review potential solutions regularly. Over the past biennium the council worked with the Legislative Budget Board to develop performance measures to direct the needs of the agencies. One measure is directly related to the training of staff. Using the new measure, the council has been proactive in providing a wider variety of training opportunities for member agencies.

We anticipate that the composition or priorities of our populations will change during the time period covered by this strategic plan as the Council seeks out additional services to provide for member agencies.

Workforce Size and Composition

The Council is an independent administrative governmental agency with an Administrative Officer responsible for managing the daily office activities of staff members. The Administrative Officer is assisted by one administrative assistant and two IT staff assigned to the HPC by their parent agencies. During the 81st Legislative Session, the Full Time Equivalent total was increased to five to staff the Regulatory Database Project (RDB).

Staff provides human resource and fiduciary assistance to the council member agencies. The Administrative Officer reports directly to the chair on day to day activities. Quarterly meetings allow for the Administrative Officer to report to the full council regularly. The Council has three statutorily required committees. They are a Budget Committee, Training Committee, and a Administrative Committee. Additionally, the council created ad-hoc committees to facilitate the sharing of information, and address issues confronting all of the agencies. These committees meet on an as needed basis and report back to the full council at the quarterly meetings when appropriate. HPC fully recognizes the importance of maintaining a staff with diverse ethnic backgrounds and adheres to an Equal Employment Opportunity (EEO) policy requiring full compliance with non-discrimination guidelines as set out by state and federal laws and regulations.

Geographical Location

With the exception of the Texas Department of State Health Services, Professional Licensing and Certification Division, member agencies are collocated in the William P. Hobby Building at 333 Guadalupe St. to facilitate resource sharing.

Fiscal Aspects

The appropriation authority for HPC is the Occupations Code, Title 3, Chapter 101. HPC's funds are adopted in an annual budget "…that is funded by a prorated assessment paid by the member boards." In FY 2010 assessments for HPC totaled $2,513,779 which was appropriated to the agency. In FY 2011 assessments for HPC totaled $768,662 which was appropriated to the agency. This is the agency relies on two funding sources. The first is a prorated assessment of administrative costs for the agency. Those amounts are transferred to the Council via a rider, as mentioned above. The second, and largest amounts are dedicated amounts for the purchase, configuration, and ongoing support of a Regulatory Database System. These amounts are paid through interagency contracts. It should be noted that the agencies participating in the Regulatory Database Project were required to raise licensee fees in order to cover the costs.

Fiscal Year	Appropriated through Interagency Transfer
2007	$144,224
2008	$149,662
2009	$149,662
2010	$2,513,779
2011	$768,662

Agency Use of Historically Underutilized Businesses

The council prides itself on its use of Historically Underutilized Businesses (HUB) in its purchases of goods and services from the public sector. The Legislature has provided guidance that each agency receiving appropriations should make a good faith effort to include HUBs in at least 33 percent of the total value of Other Services and 11.5 percent of commodities contracts awarded. The Council will continue to provide every opportunity for the increased use of Historically Underutilized Businesses.

In addition, HPC is committed to minority business enterprise participation in all acquisitions. However, not all expenditures are available for competitive bidding. Many required purchases are for books and on-line services that can only be purchased directly from a sole proprietor (such as Texas Legislative Service) thereby eliminating competition. HPC makes every effort to award non-proprietary purchasing contracts, such as printing and miscellaneous computer supply orders, to price-competitive minority vendors whenever appropriate.

Capital Assets

Due to its small size and dependency on larger agencies for major logistical support, the council priority for capital asset acquisition continues to be information technology. In these times of fiscal conservation, our challenge is to support an ever increasing demand for services with a decrease in real monetary resources.

Technological Developments

The agency's use of technology has improved the quality and efficiency of its services. Technological developments have had a positive impact on agency operations. Although capital funds are required periodically to maintain and upgrade computer systems, the agency has been able to do more at less expense.

The Council regularly studies the resources and needs of member agencies for Information Technology support. The Council found that although some of its larger members (the Board of Medical Examiners, the Board of Pharmacy, and the Board of Nursing) had resources devoted to meet its Information Technology support needs (or at least to address their needs in a prioritized fashion), some of the other smaller members struggled to meet their needs. Additionally, agencies maintaining antiquated legacy technology were informed that the systems would no longer be supported. Together, the Council and agencies were able to research, develop, and implement a new database system. This system will be produced at a net savings to the state because of the opportunities for sharing. The Council expects the new system to be available in August of 2010.

Economic Variables - External

Budget Reductions

With significant shortfalls in the state budget, the Council will work to continue their success in sharing resources. It is important however that agencies be funded at levels that allow them to carry out their missions. As agencies seek ways to reduce their operating budgets it is imperative that amounts paid to the Council remain intact. The Council works extremely hard to ensure that amounts transferred to the agency are used in way to bring the most return to the member agencies.

Economic Variables - Internal

New Staff Positions

The agency's workload, specific to the Human Resources Pilot Project, has seen a steady increase in participation. Council staff recommended adding a Human Resources Specialist to help agencies cope with the wide variety of HR responsibilities. In light of the budget cuts, member agencies were unable to fund an additional position. The Council will not ask for additional funding for the position in the upcoming biennium but recommends returning to the issue when the economic situation among agencies improves.

Position Reclassification

The Administrative Committee recently concluded a review of the current Administrative Officer duties and recommended a reclassification. In the upcoming Legislative Appropriations Request, the Council will be requesting additional funding to cover the cost of the salary increase. Historically, the Council has absorbed increased salary costs, but can no longer afford to within its current appropriations.

Information Technology Increase

Within the Information Technology Support Service Program, Council Staff submitted recommendations for additional hardware and software to ensure that agencies are properly supported. In past biennium agencies were able to absorb those costs. The Council has recommended a new protocol for procuring needed IT infrastructure. The upcoming Legislative Appropriations Request will include an amount to cover the costs recommended to the Council by the ITSS staff. The request will be submitted as an exceptional item. It is important to remember the overall savings that the ITSS provides to the supported agencies. By sharing staff, it has enabled agencies to focus more on their core missions.

Training

The member agencies share training opportunities for member agencies. One member agency staff member from the Board of Nurse Examiners offers new employee EEO training. HPC staff handles the coordination and documentation of the training. HPC staff has also coordinated training opportunities available through the State Auditor's Office. The SAO offers training to agencies when the number of attendees is at or above minimums needed to justify providing the training at another location. HPC provides a regular forum to the Employee's Retirement System staff to give presentations to member agency employees on investments through the Citistreet program.

HPC works with the National Certified Investigator/Inspector Training (NCIT) program of the Council on Licensure, Enforcement, and Regulation (CLEAR) to provide that training locally approximately once a year, providing the highest quality training at the lowest possible cost for HPC members and other state agencies employing investigators.

Measure Name:	**Number of Member Agency Employees Trained**
Definition:	This number represents the total number of member agency employees who attended an HPC sponsored training session.
Data Limitations:	Not Applicable
Data Source:	Data is collected from Health Professions Council records and sign in sheets.
Methodology:	Sum the number of persons who attended a training session sponsored or facilitated by Health Professions Council.
Purpose:	To reflect the council's efforts in training and encouraging cooperation between the employees of member agencies.

Measure Name:	**Number of Events Attended by HPC**
Definition:	This number represents the total number of events, such as conferences, meetings, and training sessions, attended by a Health Professions Council staff member on behalf of Health Professions Council member agencies.
Data Limitations:	Not Applicable
Data Source:	Data is collected from HPC records.
Methodology:	Sum the number of events attended by HPC staff on behalf of member agencies.
Purpose:	To reflect the council's support of member agencies and its efforts to promote efficiency by serving as a representative for all member agencies at events thereby making it unnecessary for each agency to send a representative.

Part I: Technology Assessment Survey

Part II: Technology Initiative Alignment

Part 1: Technology Assessment Summary

- Provide a brief description of the planned technology solutions that respond to the key factors that will affect the agency. Consider how those solutions align with the statewide technology goals reflected in the State Strategic Plan for Information Resources *(Advancing Texas Technology).*

1. Network and Servers
   The agency utilizes a modern firewall router to provision perimeter network security for the LAN. The agency also provides VPN access for a select group of remote employees, allowing them to access network assets securely. A secure and encrypted wireless network was deployed for use of agency staff within the physical limits of the main office. For all uses, authentication and access to network resources is made possible by an Active Directory installation, which is managed by a Windows 2008 Domain Controller. Multiple servers, printers, and other network services are managed through this Active Directory infrastructure. By deploying the network and servers mentioned here, the agency is able to receive the benefits of an efficient and secure network computing environment, which is also accessible to remote workers.

   Barracuda- Through the IT sharing program called ITSS the agency maintains a Barracuda Web Application Firewall. The network device is a perimeter security appliance that protects the agency's web enabled assets from online malicious attacks. The device receives ongoing updates and signature files from the vendor.

   FortiAnalyzer- The agency participates in the use of the FortiAnalyzer management device. This network appliance is an Enterprise reporting tool that allows HPC IT staff to monitor and analyze all agency network traffic. This device is a centralized management node which allows HPC staff to monitor multiple networks simultaneously.

2. Hardware and Software Upgrades
   Hardware and software have been upgraded to support the evolving needs of the agency. The following upgrades have been made which have resulted in a standards-compliant and efficiently supported computing environment:
   a. McAfee ePO- HPC ITSS staff has implemented the ePO product, which is an enterprise management tool for all McAfee software deployed on the agency's network. From one tool, IT staff can now manage all aspects of the agency's anti-malware software.
   b. McAfee Endpoint Encryption- This software will allow IT staff to encrypt the hard disk inside each agency laptop to prevent unauthorized data access through theft or other loss of device.
   c. Addition of a Linux server with SFTP
   d. Backup exec 12 installed
   e. Office 2007 installed on some machines
   f. VPN capability for Windows XP/Vista/7/OSX
   g. Windows 7 installed on all machines

3. Shared Regulatory Database System
   The agency is leading the effort to deploy and manage the Shared Regulatory Database System with six participating agencies. The six agencies are The Land Surveying Board, The Optometry Board, The Dental Board, The Psychology Board, The Pharmacy Board, and the Plumbing Board. This project is being implemented to transition database systems from the legacy end-of-life hardware in the ADROC facility to DIR's Austin Datacenter. For the first time, the agencies will be using a modern database technology with a secure and encrypted web front-end that allows all divisions within the agency to efficiently and effectively manage licensee data. This project is being managed by the Health Professions Council and is undertaken under the auspices of an MOU that documents the collaboration of the six independent licensing agencies. The agencies selected the software company Iron Data (formerly Versa Systems) to configure and install their regulatory licensing software. The new system will be available for use by the end of FY 2010.

4. Website
   The agency website is located in-house, runs on MS Windows Server and has been fully operational since FY 2003. Updates to the website are published regularly, and the agency has full control of content. The website satisfies all legislative requirements. The agency is working to make the site available to mobile users as well.

5. HPC Imaging System
   The agency has increased its participation in the shared HPC document imaging system. The agency reduces costs of printing, binding, faxing (long distance), postage, and paper document storage. Once scanned, documents are available through a secure web interface, allowing agency staff access to up-to-date information in real time. By reducing the number of phone calls, faxes, and mailed packages, the imaging system saves the agency both time and money during the resolution of enforcement and legal cases. The agency plans to expand the usage of this system to additional divisions within the agency.

- Provide agency descriptions related to each statewide technology goal listed below. The criteria for these descriptions appear after each goal and are labeled 1.a, 1.b, 2.a, and so forth.

Statewide Technology Goal 1

Strengthen and Expand the Use of Enterprise Services and Infrastructure

1.1 Enhance Capabilities of the Shared Infrastructure

- Data Center Infrastructure
- Communications Technology Infrastructure
- Statewide Portal Infrastructure

1.2 Leverage Shared Applications

- Enterprise Resource Planning (ERP)
- Email Messaging

1.3 Leverage the State's Purchasing Power

- Product and Services Portfolio Expansion

1.a Describe agency plans to strengthen and/or expand its capabilities through the initiatives described in Statewide Technology Goal 1.

The agency participates in DIR's Austin Datacenter. We participate in the statewide datacenter under the auspices of the DIR-A administrative client to the datacenter. The agency has leveraged the IBM architecture to deploy 4 enterprise servers for deployment of the Shared Regulatory Database System.

1.b Describe agency plans to strengthen and/or expand its capabilities through other initiatives that leverage enterprise or multi-agency services and infrastructure, including managed services, shared applications, internal consolidation efforts, and procurement strategies.

Google Apps Enterprise- The agency is planning to migrate its enterprise messaging to Google Apps Enterprise and decommissioned use of Capnet email services. The Google services allow all agency users to participate in a distributed collaborative messaging environment that extends beyond the LAN. Included with Google Apps is messaging (email), document collaboration, calendar sharing, and intranet site creation.

NetForensics- The agency began using the NetForensic service offered by DIR. This service allows the agency to send the syslog files from both the firewall and the router so that DIR can inspect and analyze all firewall traffic and all router traffic in and out of the agency. The agency receives a monthly report from DIR upon which HPC staff makes security adjustments if necessary.

Statewide Technology Goal 2

Secure and Safeguard Technology Assets and Information

2.1 Align the State's Approach to Enterprise Security with other State and National Strategies

- State Enterprise Security Plan
- Vulnerability to Cyber Attacks
- Response and Recovery Capabilities

2.2 Integrate Identity Management, Credentialing, and Access Privileges

- Identity Management Services

2.a Provide an update on the agency's progress in implementing strategies to align with the *State Enterprise Security Plan.*

NetForensics- The agency began using the NetForensic service offered by DIR. This service allows the agency to send the syslog files from both the firewall and the router so that DIR can inspect and analyze all firewall traffic and all router traffic in and out of

the agency. The agency receives a monthly report from DIR upon which HPC staff makes security adjustments if necessary.

FortiAnalyzer-The shared use of the FortiAnalyzer enables centralized log management of the agency's firewall and router. This tool gives staff the ability to respond to all network incidents and research any possible intrusions or suspicious activity.

Barracuda- Through the IT sharing program called ITSS with the Health Professions Council, the agency maintains the use of a Barracuda Web Application Firewall. The network device is a perimeter security appliance that protects the agency's web enabled assets from online malicious attacks. The device receives ongoing updates and signature files from the vendor.

McAfee Enterprise and ePO- The agency continues to use McAfee node protection products to secure against malware at the network, server, and workstation levels. Also, ePO enables IT staff to remotely manage all aspects of this anti-malware software.

McAfee Endpoint Encryption- This tool is planned to be implemented in FY 2011 and will provide additional encryption security for all agency laptops.

2.b Describe the agency's identity management strategies in place or planned.

The agency continues to use Windows identity management through the implementation of Active Directory. Custom Group Policies are in place to enhance security through the use of complex passwords, password expiration, and password rotation.

McAfee Endpoint Encryption- This tool is planned to be implemented in FY 2011 and will provide additional encryption security for all agency laptops. Endpoint encryption helps to minimize unauthorized access to agency devices.

Statewide Technology Goal 3

Serve Citizens Anytime, Anywhere

3.1 Expand and Enhance Access to Agency Services

- Multi-Channel Access
- Rural Broadband Expansion

3.2 Facilitate Open and Transparent Government

- Best Practices for Information Assets

3.a Describe the agency's plans to expand or enhance access to its services and promote citizen engagement through online services and emerging technologies

.

The agency continues to provide access to agency information through the publication of its existing website. The website will be upgraded to a modern Content Management System in the coming months.

No Social Media efforts are planned at this time.

Google Apps Enterprise- Use of Google Sites for collaborating with board members and key public members. Management is evaluating the implementation of a new Google Site to share data using the Google cloud computing model.

3.b Describe initiatives planned or in process that will facilitate access to agency information and public data.

The agency continues to provide access to agency information through the publication of its existing website

Statewide Technology Goal 4
Pursue Excellence and Foster Innovation across the Enterprise

4.1 Link Technology Solutions to Workplace Innovations
- Workplace Productivity and Collaboration

4.2 Pursue Leading-Edge Strategies for Application Deployment
- Cloud Computing
- Specifications, Toolkits, and the Application Marketplace
- Legacy Systems Modernization

4.3 Optimize Information Asset Management
- Best Practices for Managing Digital Information

4.4 Promote the Use and Sharing of Information
- Health Information Exchange
- Statewide Communications Interoperability
- Justice Information System Integration
- Enterprise Geospatial Services

4.a Describe agency plans to implement or enhance workplace productivity and to leverage collaboration tools.

Google Apps Enterprise- The agency is planning to migrate its enterprise messaging to Google Apps Enterprise and decommissioned use of Capnet email services. The Google services allow all agency users to participate in a distributed collaborative messaging environment that extends beyond the LAN. Included with Google Apps is messaging (email), document collaboration, calendar sharing, and intranet site creation.

Additionally, users will be able to access their agency resources- especially email and calendars- from remote locations using web enabled devices such as their agency-issued laptops and smart phones.

4.b Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization).

The Shared Regulatory Database System is a single installation of web-enabled software that is made available through a private cloud computing model to a distributed number of agencies. Staff users are staff located onsite in Austin and remotely throughout the State.

Google Apps Enterprise- The Google suite of services is based on a cloud computing infrastructure and allows agency users to access collaboration tools from any internet enabled device.

4.c Describe agency strategies to enhance information asset management practices.

The agency continues to participate in a best practices data backup and disaster recovery plan by utilizing services from the Texas Library and Archives Commission.

The Shared Regulatory Database System will participate in the backup and disaster recovery facilities provided by Team for Texas in the Austin Datacenter.

4.d Describe agency practices or plans to enhance the use and sharing of information with agency business partners.

The agency continues to work with the Health Professions Council to facilitate the sharing of information and data with any relevant external organizations.

As a result of the Regulatory Database System, the agency will enable the sharing of licensing data with the following external agencies:

1. State Attorney General
2. Texas Guarantee Student Loan
3. Department of Public Safety
4. Federal Bureau of Investigations
5. DSHS for Minimum Dataset
6. The State Comptroller

Furthermore, the new database system will allow for ad hoc extracts to be developed in a more efficient and timely manner compared to the legacy systems.

Part 2: Technology Initiative Alignment

TECHNOLOGY INITIATIVE	RELATED AGENCY OBJECTIVE/(S)	RELATED SSP STRATEGY/(IES)	CURRENT OR PLANNED	ANTICIPATED BENEFIT(S)	INNOVATION, BEST PRACTICE, BENCHMARKING
1. Implement an integrated licensing, investigation, and legal database application	All objectives.	1.1 1.2 1.3 3.1 4.1 4.2	Planned	The system will provide common information to all division employees and field investigators which will result in efficient processing of all agency tasks.	Best Practice: The agency will migrate multiple legacy data-base systems into one enterprise system built on a modern application platform.
2. Transition all board and committee meetings to paperless	All objectives.	1.2 1.3 4.1 4.2	Current	1. Reduce the costs of hosting committee and board meetings. 2. Reduce meeting preparation time by office staff.	Innovation: The agency will use accessible electronic document formats to reduce both mailing costs and printing costs.
3. Implement in-house technology for staff to work in an increasing paperless environment.	All objectives.	1.2 1.3 4.1 4.2	Current	Provide agency staff full access to all features of the hosted imaging system.	Best Practice: The agency will free office space and make paper documents searchable and accessible by fully adopting the imaging system.
4. VOIP telephone system	All objectives.	1.2 1.3 3.1 4.1 4.2 4.4	Planned	Increase communication efficiency of all agency staff through the use of advanced VOIP technology.	Innovation: Integration of old voice networks with newer digital networks to increase security and speed communication.
5. Support and Maintain secure VPN access for remote workers.	All Objectives.	2.1 2.2 3.1 4.1	Current	1. Increased communication efficiency between remote workers and the main office. 2. Secure transport of all data between the remote locations	Innovation: Employing remote workers reduces the financial burden related to facilities, while

TECHNOLOGY INITIATIVE	RELATED AGENCY OBJECTIVE/(S)	RELATED SSP STRATEGY/(IES)	CURRENT OR PLANNED	ANTICIPATED BENEFIT(S)	INNOVATION, BEST PRACTICE, BENCHMARKING
				and the main office.	allowing for statewide coverage of enforcement functions.
6. Google Apps Enterprise	All Objectives	1.1 1.2 1.3 2.1 2.2 3.1 3.2 4.1 4.4	Current	The Google services allow all agency users to participate in a collaborative messaging environment for the first time. Included with Google Apps is messaging (email), document collaboration, calendar sharing, and intranet site creation.	Best practice: Using cloud computing and leveraging existing technologies to facilitate collaboration among all staff members and board members- local and remote.
7. Net Forensics	All objectives.	1.1 1.2 1.3 2.1 2.2 4.3	Current	This service allows the agency to send the syslog files from both the firewall and the router so that DIR can inspect and analyze all firewall traffic and all router traffic in and out of the agency. The agency receives a monthly report from DIR upon which HPC staff makes security adjustments if necessary.	Best Practice: Proactive network monitoring and access log review.
8. FortiAnalyzer	All objectives.	1.1 1.2 1.3 2.1 2.2 4.3	Current	The shared use of the FortiAnalyzer enables centralized log management of the agency's firewall and router. This tool gives staff the ability to respond to all network incidents and research any possible intrusions or suspicious activity.	Best Practice: Single point of management for all network logging and traffic analysis. Tool to forensically review suspicious activity.
9. Barracuda	All objectives.	1.1 1.2 1.3 2.1 2.2 3.1 3.2 4.1	Current	The network device is a perimeter security appliance that protects the agency's web enabled assets from online malicious attacks.	Best Practice: Web application vulnerability protection without code remediation. Load balancing

TECHNOLOGY INITIATIVE	RELATED AGENCY OBJECTIVE/(S)	RELATED SSP STRATEGY/(IES)	CURRENT OR PLANNED	ANTICIPATED BENEFIT(S)	INNOVATION, BEST PRACTICE, BENCHMARKING
		4.3			for web servers.
10. McAffee ePO	All objectives.	1.1 1.2 1.3 2.1 2.2 4.1 4.3	Current	This centralized management tool allows IT staff to manage and monitor the effectiveness of all McAfee security products deployed in the agency.	Best Practice: Enterprise management tool for automated threat prevention and remediation.

Future Challenges

It is clear that there is a growing realization that the State of Texas has created a useful vehicle in the Health Professions Council and there will continue to be increased demands and new expectations from within and outside the Council.

During the last reporting period, the Council has worked with the LBB and the Governor's office to ensure that the Council plays a continual role on statewide issues. The development and implementation of the performance measures will help to balance the need for more accountability while not diminishing the Council's role in statewide functions. The HPC continues to examine future needs of member agencies. The Health Professions Council sees that challenge as an opportunity to streamline routine procedures and achieve economies of scale.

Another key priority for the Health Professions Council will be the review of information technology issues relating to the databases of members. The Council plans to utilize the Health Professions Council's Information Technology Support Services (ITSS) program along with their Information Technology Committee and continue to provide a roadmap for the upgrade and maintenance of their legacy database systems.

These are only a few of the increasing demands placed on the Health Professions Council. In view of HPC's limited resources, prioritization of demands will be a challenge as the Council seeks to meet growing expectations while minimizing additional costs to member agencies and their licensees. Nevertheless, Council members and staff look forward to the challenge.

APPENDICES

Appendix A: Agency Planning Process

Appendix B: Organizational Chart

Appendix C: Projected Outcomes

Appendix D: Performance Measures Definitions

Appendix E: Workforce Plan

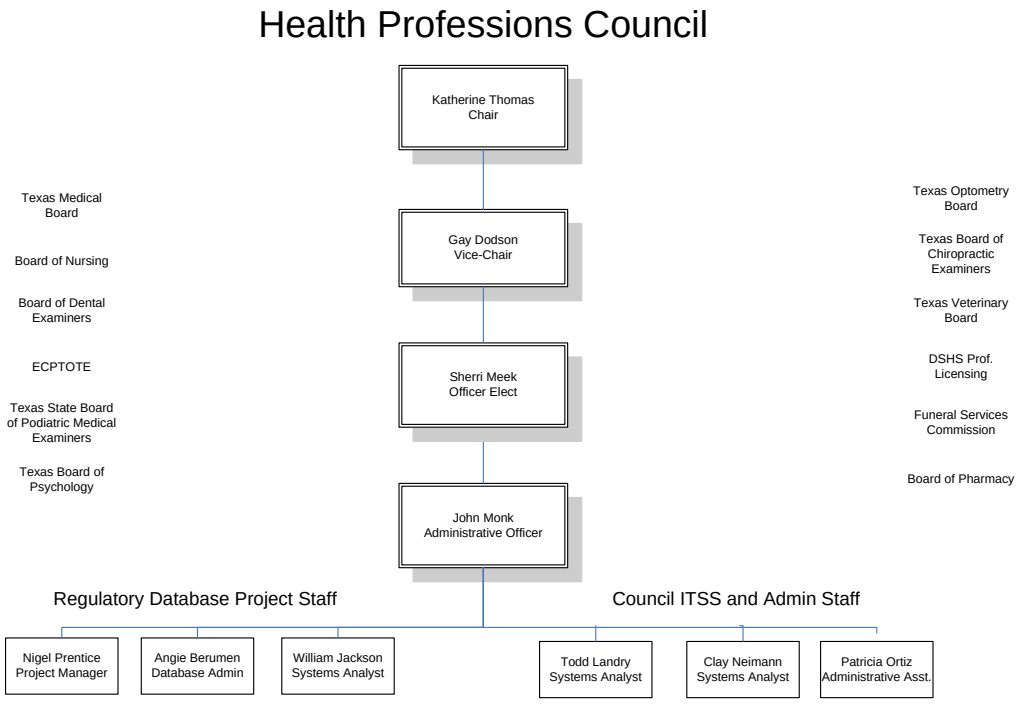
APPENDIX A- AGENCY PLANNING PROCESS

Agency Planning Process

During each fiscal year, HPC holds quarterly meetings. Ad-Hoc committees are formed in order to carry out the mission of the council. Throughout the process, positive and negative attributes of the agency are noted, discussed, and evaluated. HPC key personnel meet regularly to discuss performance, performance measures, and agency strategy. At critical stages during the development of the strategic plan, copies are circulated to key HPC staff for comments and discussion. Meetings are then held to finalize the plan.

APPENDIX B - ORGANIZATIONAL CHART

Organizational Chart



APPENDIX C - PROJECTED OUTCOMES

Projected Outcomes for Fiscal Year 2011-2015

Outcome	2011	2012	2013	2014	2015
Number of Member Agency Employees Trained	50	50	50	50	50
Number of Events, Hearings, Meetings Attended by HPC	12	12	12	12	12

APPENDIX D - PERFORMANCE MEASURES DEFINITIONS

Performance Measures Definitions

Measure Name:	**Number of Member Agency Employees Trained**
Definition:	Member agency employees are employees working for a Health Professions Council member agency. Training is conducted to provide for a better and more informed workforce.
Data Limitations:	Not Applicable
Data Source:	Data is collected from Health Professions Council records and sign in sheets.
Methodology:	Sum the number of persons who attended a training session sponsored or facilitated by Health Professions Council.
Purpose:	To reflect the council's efforts in training and encouraging cooperation between the employees of member agencies. A better trained workforce will allow for a better service for Texas consumers and licensees.
New Measure:	No
Desired Performance:	Target or higher

Measure Name:	**Number of Events Attended by HPC**
Definition:	This number represents the total number of events, such as conferences, meetings, and training sessions, attended by a Health Professions Council staff member on behalf of Health Professions Council member agencies.
Data Limitations:	Not Applicable
Data Source:	Data is collected from council records.
Methodology:	Sum the number of events attended by HPC staff on behalf of member agencies.
Purpose:	To reflect the council's support of member agencies and its efforts to promote efficiency by serving as a representative for all member agencies at events thereby making it unnecessary for each agency to send a representative.
New Measure:	No
Desired Performance:	Target or higher

Agency Workforce Plan

Anticipated Changes to the Agency's Role

The key factor affecting the future role of the Health Professions Council the ongoing nature of consolidation concerns. The enabling legislation for the council was enacted with the underlying view that consolidation of agencies does not always result in economies of scale.

Of particular importance was the view that fostering a spirit of cooperation would allow for licensing boards to maintain their independence while simultaneously receiving the benefits cost reduction, and information sharing that the council provides. To that end the council has provided many opportunities for cost-sharing enabling the boards to maintain their autonomy. The council continues to review and research ideas for further implementation.

HPC's longer term staffing plans are based on its increased role and responsibility in the in the operations of it's council members. Presently staff is at full capacity. The council regularly reviews staffing levels to ensure the council's mission is carried out successfully.

Current Workforce Profile (Supply Analysis)

Critical Skills:

Administration (budgeting, accounting, purchasing, human resources).

Position	Age	Gender	Race	Tenure w/ Texas
Staff Services Officer V	37	M	C	6+
Admin. Asst. IV	35	F	H	9+
Project Manager		M	AA	6+
Database Administrator		F	H	9+
Systems Analyst		M	AA	4+

Diversity

HPC continues to strive towards maintaining a diverse workplace. Currently 80% of employees are minorities. As the chart above notes, the agency continues to be diverse. Past demographics were similar in makeup.

Turnover

Historically, the agency averages two employee resignations per year. However, turnover statistics are not particularly reliable for an agency this size. The difference between one or two persons leaving in a year doubles the turnover percentage rate from 6% to 12%. At present, the turnover rate for FY 2010 is 0%. Future attrition is likely to remain in a range of zero to one person leaving the agency per year or less.

Retirement Eligibility

At this time, we do not consider retirement eligibility to be a significant issue. The agency does not presently have any staff that would be eligible to retire from state services within the next five years.

Future Workforce Profile (Demand Analysis)

Anticipating changes to our role in assisting council members we continually reevaluate the skill sets of our workforce. We expect to continue a transition to a more involved role as agency's budgets are reduced. We will regularly review options for accomplishing our mission to the extent possible with the staff available.

Critical Functions

Improve capability for more diverse array of services provided to council members.
Enhanced training opportunities.

Expected Workforce Changes

Increase level of cross-training to maximize productivity of existing staff resources
Continue seeking employees with strong skill sets

Anticipated Increase/Decrease in FTEs

During FY 2010 the FTE was raised to 5. At this time no change is expected to FTE count unless the Council determines additional services would be better managed by increasing staff levels. . Enhancing training and better coordination should improve efficiency.

Future Workforce Skills Needed

Accounting skills
Database skills
Research skills
Human Resource Skills

Gap Analysis

The agency presently has sufficient personnel with the appropriate skills to make the transition to a more technical quantitative environment. Principally, the gap is based on potential. Should there be significant turnover in key positions, the agency must be in a strong position to allow succession from within and recruit new employees with the appropriate skills needed to perform future agency functions. Moreover, as agencies base their staffing levels to reflect current budget cuts, additional services may be needed from the Council.

Small agencies are vulnerable to potential lack of succession when there is turnover at key positions. Expanding agency responsibilities contributes to a tendency toward task and subject matter specialization. The nature and complexity of council responsibilities exacerbates this situation. It is important for the agency to create an environment where key employees mentor, train and work with potential successors to ensure tasks can continue to be performed in the event of departure or extended absence (maternity leave, illness, etc.). Moreover, it is imperative that key staff are retained whenever possible. Given the number of agencies, historical knowledge of policies and procedures as it pertains to an agency is extremely valuable. With any loss of staff, particularly in a small agency atmosphere, much can lost with the departure of just one employee.

Actions

- Develop project management strategies to ensure pairing of experienced employees with newer employees of lesser experience
- To the extent possible, adequately compensate employees and reward exceptional performance.
- Survey employees to determine which skills they feel require more development.
- Examine alternatives for employee training that maximizes resources. Examples of avenues for research include internal training, internet training, cross-agency training, and external training.
- Develop internal cross-training procedures to allow for greater breadth of responsibility and knowledge.
- Include personnel turnover as an area for review in the internal audit risk assessment.

Registered Nurses Select Multiple Factors Associated with their Errors

Mary Beth Thomas, RN, PhD

KEYWORDS

• Threats • Errors • Patient safety • Error classification

PROBLEMS WITH MEDICAL ERRORS

Errors in health care are one of the leading causes of death and injury in this country, requiring new methods for evaluating and promoting quality in health care services.[1–4] Incidences of injury and death remain high and costly even though health care indices of quality have been used extensively in the health care arena since the 1980s.[1,3–7] The depth and breadth of the problem are such that national and state policy initiatives are being implemented to establish a regulatory framework for solutions.[8,9]

Not only do medical errors have an impact on patients but also health care providers may suffer as a result of their errors, especially when adverse events occur.[10] Health care providers are licensed to promote safe, quality health care in a culture that expects perfection. When something goes wrong, such as an error in the performance of their duties, health care providers typically feel a personal and professional responsibility. Health care providers who have committed errors report feelings of responsibility, guilt, and depression and memories that stay with them for many years.[10]

The role of nurses in promoting patient safety is paramount and precarious. It is paramount in that nurses are with the patient longer and are more involved in patients' ongoing care than other members of the health care team. This relationship with patients is also precarious in that it places nurses at higher risk of making medical errors.[4]

The literature suggests that we live in a culture where health professionals are expected to be perfect with no instances of error.[4,11] Licensing boards are viewed by some as reinforcing the myth of clinical perfection, and the Institute of Medicine has recommended that nursing regulatory boards across the country develop processes for distinguishing errors caused by human factors from errors caused by intentional misconduct and negligence.[4] Because state boards of nursing have substantial data about nursing errors, exploring their data to investigate new models related to a nurse's role in the commission of medical errors is timely.

Texas Board of Nursing, 2404 Elmglen Drive, Austin, TX 78704, USA
E-mail address: mbttex@aol.com

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SURVEY OF REGISTERED NURSES INVOLVED IN MEDICAL ERRORS

The purpose of the study was to explore the perceptions of registered nurses (RNs) who had been sanctioned by a board of nursing regarding a medical error event in their practice. The study population consisted of RNs in a southwestern state who received a disciplinary order from the state's board of nursing because of a nursing practice error. Six hundred thirteen RNs were mailed the Taxonomy of Error Root Cause Analysis of Practice-responsiblity (TERCAP) survey that was modified for the study. Sixty-two RNs completed the survey. The TERCAP, an instrument developed by the National Council of State Boards of Nursing to ascertain categories of errors or practice breakdown and other demographic information was utilized for the study. The instrument collects multifactorial information that may contribute to error events, including factors related to the individual nurse respondent, the patient, the system, and the health care team.[12]

RNs RESPOND

The profile of a typical respondent was a 47-year-old associate degree in nursing–educated RN who had been licensed for 14 years and provided direct patient care in a hospital setting and, because of the error event, had been terminated or asked to resign in lieu of termination. Hospital staff nurses were most at risk for being involved in nursing practice errors. This phenomenon may relate to several factors. As pointed out in the Institute of Medicine study, *Keeping Patients Safe*,[4] patients admitted to hospitals are more acutely ill, indicating that errors in health care may have more of an impact on patients in hospitals. In addition, due to, regulatory and Center for Medicare and Medicaid Services (CMS) requirements, hospitals may have more reliable or robust error tracking systems than other health care settings. Lastly, during hospitalization, the majority of care that patients receive is nursing care, thus increasing the odds that errors occur by a nurse.

Because most of the nurses had been licensed for 5 to 15 years, further analysis should be undertaken to ascertain why seasoned nurses are more at risk for being involved in an error event. In addition, 76% of the nurses reported working in their agencies fewer than 5 years. Green[13] found that nurses were more likely to be disciplined if they had been with an employer fewer than 3 years. It may be that in addition to competency gained through years of employment with 1 employer, years of employment also reflect employer satisfaction and continued support for a nurse. The finding regarding the high percentage of job separation due to an error event may be higher in the study's population because of state board of nursing regulations requiring employers to report nurses to the board who have been dismissed for violations of the act.[14] Particularly in times of an RN shortage, however, such a large percentage was an unexpected finding. It may be that the participants had a pattern of competencies issues that were not resolvable. Or perhaps it is easier for employers to terminate nurses than change system factors that also have an impact on error commission. This issue merits further research.

Respondents selected individual, health care team, patient, and system factors that contributed to their error events. System and health care team factors were the most common items selected as contributing to the error events whereas individual and patient factors were the least often selected items. Because the findings are subjective, the lower number of individual factors may serve as a form of self-protection, particularly because some of the respondents indicated that the disciplinary process was traumatic. In addition, there may have been fewer items identified in individual

factors because simply checking off a box may not adequately allow nurses to explain their own limitations in performing patient care.

The systems factors identified most often in this study were those related to staffing (60%) and high work volume/stress (56%). This is an important finding in this research because these factors may reflect nurses' inability to manage the high numbers or complexity of their patients and, as such, may be related to their error events.

Regarding patient factors that contributed to the error event, among the most commonly selected factors were those that affected communication between the RN and patient. This finding could play a role in the development of methodologies for patient acuity systems that could allow more nursing time for patients who have difficulty communicating with their caretakers.

There were 4 levels of harm in the patient harm index: no harm, harm, significant harm, and death. In this study, respondents indicated that the majority of the types of errors outlined in the study did not cause harm. However, 13% of the nurses reported errors that may have contributed to the patient's death and 12% reported errors that caused significant patient harm, resulting in 25% of the total reported error events that may have contributed to significant harm or patient death. This percentage is higher than in other studies of disciplined nurses. For example, in Emrich's study[15] of 30 nurses disciplined in Ohio, the investigators indicated that 90% of the errors did not cause patient harm. Mohar,[16] in a study of 878 RNs disciplined in Washington, reported that there were 22 patient deaths (3%). Why there was such a large percentage of patient death or significant patient harm reported by the respondents in this study is not clear. One reason may be that the state board in which the study was conducted mandates that all nurses report infractions of the board's rules and regulations thus bringing more errors to the board's attention. Another factor may be that this study was a self report and perhaps the participants whose errors caused significant harm or death felt more compelled to respond to the survey for personal and professional reasons.

SUMMARY

This study was unique in that it used a survey to gain the perspective of participants who had been sanctioned by a board of nursing for issues with maintaining standards in their care. With only a 10% response rate, this study also reflected the difficulty of receiving input from disciplined nurses about their practice errors. Because of the importance of gaining the perspective of those closely involved in an error commission, methods to increase participation in this population need further exploration.

REFERENCES

1. Agency for Healthcare Research and Quality. Medical errors: the scope of the problem. Available at: http://www.ahrq.gov/qual/errback.htm. 2000. Accessed July 22, 2005.
2. Agency for Healthcare Research and Quality. Making health care safer: a critical analysis of patient safety practices. Available at: http://www.ahrq.gov/clinic/ptsafety/. 2001. Accessed July 22, 2005.
3. Institute of Medicine (IOM). To err is human: building a safer health system. Washington, DC: National Academies Press; 2000.
4. Institute of Medicine. Keeping patients safe: transforming the work environment of nurses. Washington, DC: National Academies Press; 2004.
5. Institute of Medicine. Crossing the quality chasm. Washington, DC: National Academies Press; 2001.

6. Leape L. Learning from errors. Available at: http://www.ahrq.gov/clinic/trip1997/trip4.htm. 1997. Accessed March 21, 2006.
7. RAND Corporation. Assessment of the National Patient Safety Initiative. Santa Monica (CA): RAND Corporation; 2005.
8. Comden S. Statewide safety coalitions: a status report. Portland (MI): National Academy for State Health Policy; 2002.
9. GovTrack.us. Patient safety and quality improvement act of 2005. Available at: http://www.govtrack.us/congress/bill.xpd?tab=summary&bill=s109-544. 2005. Accessed March 10, 2006.
10. Serembus J, Wolf Z, Youngblood N. Consequences of fatal medication errors for healthcare providers: a secondary analysis study. Medsurg Nurs 2001;10(4):193–200.
11. Kaiser Foundation. Public opinion on medical errors. 2001. Available at: http://www.kff.org/spotlight/mederrors/index.cfm. Accessed February 20, 2006.
12. National Council of State Boards of Nursing. TERCAP. April 7–11. Available at: https://www.ncsbn.org/441.htm. 2006. Accessed December 10, 2009.
13. Green A. Disciplined professional nurses in the state of Texas: a profile and comparison to non-disciplined RNs. A Collaborative Research Project by Lamar University, Beaumont, Texas & the Board of Nurse Examiners for the State of Texas. 1994.
14. Board of Nurse Examiners for the State of Texas. 2007. Texas Occupational Code 301.401. Grounds for Reporting a Nurse.
15. Emrich L. The incidences of nursing non-vigilance and dimensioned nursing vigilance in selected cases investigated by the Ohio Board of Nursing [unpublished thesis]. Bexley (OH):Capital University; 2004.
16. Mohar C. Vigilance, practice breakdown and system errors in nursing: an analysis of selected cases investigated by the Washington State Nursing Care Quality Assurance Commission from January 2000 to October 2005 [unpublished doctoral dissertation]. Washington: The University of Washington; 2006.

Measure	Totals FY'07	Totals FY'08	Totals FY'09	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Running FY 2010 Total
Nursing Jurisprudence Exam	**n/a**	**n/a**	**18,886**	**5,701**	**5,866**	**7,971**	**0**	**19,538**
Exam Not Completed			825	334	339	402	0	1,075
Percentage Not Completed			4.37%	5.86%	5.78%	5.04%	??	5.50%
Did Not Passed			485	131	131	644	0	906
Percentage Did Not Pass			2.57%	2.30%	2.23%	8.08%	??	4.64%
Exam Passed			17,576	5,236	5,396	6,925	0	17,557
Percentage Exam Passed			93.06%	91.84%	91.99%	86.88%	??	89.86%
NJE - Breakdown by Applicant Group								
LVN-Candidate			**4,627**	**1,361**	**1,343**	**1,501**	**0**	**4,205**
Exam Not Completed			282	106	140	130		376
Did Not Passed			177	58	61	243		362
Exam Passed			4,168	1,197	1,142	1,128		3,467
LVN-Endorsement			**938**	**328**	**291**	**334**	**0**	**953**
Exam Not Completed			57	15	19	24		58
Did Not Passed			90	21	16	66		103
Exam Passed			791	292	256	244		792
RN-Candidate			**8,104**	**2,082**	**2,496**	**4,225**	**0**	**8,803**
Exam Not Completed			265	143	102	166		411
Did Not Passed			35	11	17	131		159
Exam Passed			7,804	1,928	2,377	3,928		8,233
RN-Endorsement			**5,217**	**1,930**	**1,736**	**1,911**	**0**	**5,577**
Exam Not Completed			221	70	78	82		230
Did Not Passed			183	41	37	204		282
Exam Passed			4,813	1,819	1,621	1,625		5,065