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Texas Board of Nursing Bulletin

A Quarterly Publication of the Texas Board of Nursing

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. This mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

Notice to APRNs Regarding Balance Billing

Balance billing is a practice in which providers who are not within a patient's insurance network bill the patient directly for the difference between the fee charged by the provider for the service rendered and the amount allowed by the insurance company. This most often occurs in situations in which a patient receives services in a facility that is within the specified insurance network from a non-network provider. For example, a patient may have surgery in a facility contracted with the insurance network and receive anesthesia services from a non-network anesthesia provider. Texas insurance laws permit patients to request mediation when the balance billing amount exceeds \$500 and meets other specified requirements. The mediation process has been in place for some years for balancing billing by physicians.

As a result of the passage of Senate Bill (SB) 507, patients may now initiate a mediation process for balance billing by advanced practice registered nurses (APRNs) for services provided on or after January 1, 2018. APRNs who engage in balance billing practices are required to participate in the mediation process established under Chapter 1467 of the *Texas Insurance Code* for services provided on or after January 1, 2018. All APRNs who receive notice that a mediation referral has been made must participate in the process in good faith. The process is intended to provide appropriate protections to consumers of health care who receive bills for services they were not expecting to receive. Additionally, APRNs are required to include a specific consumer advisement in their billing statements, even if their billing statements are prepared by a third party billing agent. The advisement must comply with the requirements of *Texas Insurance Code* §1467.0511 and be substantially similar to the following:

"You may be able to reduce some of your out-of-pocket costs for an out-of-network medical or health care claim that is eligible for mediation by contacting the Texas Department of Insurance at (website) and (phone number)."

An APRN who does not engage in mediation in good faith or who violates the provisions of SB 507 or other billing law, such as *Texas Health and Safety Code* §311.0025, may be referred to the Board for investigation and/or disciplinary action.

Board staff cannot speak as experts on insurance laws and regulations and cannot offer advice to APRNs about the process. Additional information regarding this process is available on the Texas Department of Insurance's website at: www.tdi.texas.gov/consumer/cpmmmediation3.html.

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Save the Date: TPAPN Spring Advocate Workshop

The TPAPN 2018 Spring Advocate Workshop will be held on April 6, 2018.

Registration information will be accessible on the TPAPN website at: www.tpapn.org.

Enhanced Nurse Licensure Compact (eNLC) Update

Compact licensure provides a modern licensure solution to the demands of the current and future healthcare environment. Texas implemented the Enhanced Nurse Licensure Compact (eNLC) on January 19, 2018 along with 28 other states. The eNLC allows registered and vocational nurses who hold compact licensure to practice in any of the 29 eNLC states. Currently, an additional 10 states have pending legislation to implement the eNLC.

Board staff often receive inquiries from nurses and employers regarding licensure requirements as a condition of employment when a nurse who holds a compact license issued from a home state outside of Texas accepts an employment position in Texas. In this scenario, the nurse holds a privilege to practice in all compact states, including Texas, and is not required to apply for licensure by endorsement in Texas **unless** the nurse establishes residency in Texas. In fact, if the nurse were to apply for a Texas license without a formal declaration of Texas residency, such an application would be denied, as the nurse already holds a privilege to practice in Texas and has not declared Texas residency.

If, however, a nurse establishes residency in Texas, at least one of the following must be provided with the licensure endorsement application:

- (a) driver’s license with a home address;
- (b) voter registration card with a home address;
- (c) federal income tax return with a primary state of residence declaration;
- (d) military form no. 2058 (state of legal residence certificate); or
- (e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.

The eNLC has gained momentum and has already surpassed the number of states who were in the original nurse licensure compact. As an eNLC member, Texas affords its nurses the ability to respond to the challenges of modern health care, and provide borderless nursing services to patients in other eNLC states. For more information about the eNLC, please visit: www.ncsbn.org/enhanced-nlc-implementation.htm. See eNLC map and online resources on NDA-8.



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Texas Board of Nursing Meeting Schedule

2018 Board Meeting Dates

April 19-20
July 19-20
October 25-26

2018 Eligibility and Disciplinary Committee Meeting Dates

May 8	September 11
June 12	November 13
August 21	December 11

All Board and Eligibility & Disciplinary Committee Meetings will be held in Austin at the William P. Hobby Building located at 333 Guadalupe, Austin, Texas, 78701.

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Summary of Actions

A regular meeting of the Board of Nursing was held January 18-19 2018, in Austin. The following is a summary of Board actions taken during this meeting.



In the **February 9, 2018, edition of the Texas Register**: The Board adopted amendments to 22 Tex. Admin. Code **§217.9**, pertaining to **Inactive and Retired Status**. The proposed amendments were published in the *Texas Register* on December 1, 2017, and became effective on February 11, 2018.

In the **February 16, 2018, edition of the Texas Register**: The Board adopted amendments to 22 Tex. Admin. Code **§213.27**, pertaining to **Good Professional Character**. The proposed amendments were published in the *Texas Register* on December 8, 2017, and became effective on February 25, 2018.

The Board adopted the repeal of 22 Tex. Admin. Code **§213.28** and adopted new **§213.28**, pertaining to **Licensure of Individuals with Criminal History**. The proposed repeal and new section were published in the *Texas Register* on December 8, 2017, and became effective on February 25, 2018.

In the **February 23, 2018, edition of the Texas Register**: The Board proposed amendments to 22 Tex. Admin. Code **§220.1**, concerning **Definitions**, and the repeal of **§§220.2 -220.4**. These changes are necessary to implement the Enhanced Nurse Licensure Compact. The public comment period ends March 25,

2018. The Board adopted amendments to 22 Tex. Admin. Code **§213.23**, pertaining to **Decision of the Board**. The proposed amendments were published in the *Texas Register* on December 8, 2017, and became effective on February 25, 2018. The Board adopted amendments to 22 Tex. Admin. Code **§214.9**, pertaining to **Program of Study**. The proposed amendments were published in the *Texas Register* on December 8, 2017, and became effective on February 28, 2018. The Board adopted amendments to 22 Tex. Admin. Code **§217.2**, pertaining to **Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions**. The proposed amendments were published in the *Texas Register* on December 8, 2017, and became effective on February 28, 2018. The Board adopted amendments to 22 Tex. Admin. Code **§217.12**, pertaining to **Unprofessional Conduct**. The proposed amendments were published in the *Texas Register* on December 8, 2017, and became effective on February 25, 2018.

In the **March 2, 2018, edition of the Texas Register**: The Board proposed amendments to 22 Tex. Admin. Code **§213.35**, relating to **Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot Program**. The proposed amendments are intended to remove any implied exclusivi-

ty from the rule and clarify that any provider that meets the rule's requirements may be considered to provide a similar assessment and remediation program. The Board proposed the repeal of existing 22 Tex. Admin. Code **§217.16**, concerning **Reporting of Minor Incidents** in conjunction with the proposal of new **§217.16**. At its July 2014 meeting, the Board charged the Nursing Practice Advisory Committee (NPAC) with reviewing Board Rule 217.16 and making recommendations for any necessary changes. At its January 2018 regularly scheduled meeting, the Board considered the Committee's recommendations and Board staff's recommendations for additional changes to the rule text, as directed by the Committee and voted to publish the proposed new section and the proposed repeal of the current rule in the *Texas Register* for public comment. The Board proposed amendments to 22 Tex. Admin. Code **§217.19**, relating to **Incident Based Nursing Peer Review and Whistleblower Protections**. Proposed amendments to §217.19 are necessary to conform to statutory changes from passage of House Bill 3296 during the 85th Legislative Session requiring a nursing peer review committee to be established for vocational nurses, if a person regularly employs, hires, or contracts for the services of eight (8)

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Nursing Education Actions - January 2018 Board Meeting

Reviewed Reports on:

Status Report on New Nursing Education Programs and Currently Active and Potential Proposals; Status Report on Programs with Sanctions; Report on Communication Activities with Nursing Education Programs; Summary of Self-Study Reports for Vocational Nursing Education Programs for the 2016 NCLEX-PN® Examination Year; and Report of 2017 NCLEX-RN® Examination Pass Rates.

Approved Reports of Survey Visits:

Blinn College Vocational Nursing (VN) Education Program in Brenham, Blinn College VN Education Program in Bryan, Central Texas College VN Education Program in Killeen, Navarro College VN Education Program in Corsicana, Southwest Texas Junior College Associate Degree Nursing (ADN) Education Program in Uvalde, and Valley Grande Institute VN Education Program in Weslaco.

Approved Change in Approval Status from Initial to Full Approval:

Chamberlain College of Nursing Baccalaureate Degree Nursing (BSN) Education Program in Pearland, Howard College ADN Education Program in San Angelo, and South University BSN Education Program in Round Rock.

Approved Change in Approval Status from Initial/Full with Warning to Full Approval:

Brazosport College ADN Education Program in Lake Jackson, Dallas Nursing Institute ADN Education Program in Richardson, University of Mary Hardin Baylor BSN Education Program in Belton, and University of Texas Rio Grande Valley BSN Education Program in Edinburg.

Approved Change in Approval Status from Initial/Full to Initial/Full with Warning:

Clarendon College ADN Education Program in Pampa, McLennan Community College ADN Education Program in Waco,

The College of Health Care Professions ADN Education Program in Houston, and University of Texas of the Permian Basin BSN Education Program in Odessa.

Approved Change in Approval Status from Conditional to Full Approval:

Chamberlain College of Nursing BSN Education Program in Houston, Concorde Career College VN Education Program in Grand Prairie, and Houston Community College VN Education Program in Houston.

Approved Change in Approval Status from Full with Warning to Conditional:

Concorde Career College ADN Education Program in Dallas, and El Centro College ADN Education Program in Dallas.

Denied Proposal to Establish a New Nursing Education Program:

Quest College VN Education Program in San Antonio.

Errors of Omission in Nursing Care and Its Impact on Patient Care

by Linda Laws, BSN, MSN, RN and Calyn Hughes, MSN, RN, CPNP

Think of a time when you began your shift and things started off smoothly. You had a manageable patient assignment, there was enough staff and the electronic medical record was up and running. As the day progressed, you discharged one or two patients, admitted two new patients, the unit lost a patient care assistant, and you still have one complex patient. This patient is NPO after bowel surgery, has orders to ambulate three times a day, sit in a chair twice a day, is receiving antibiotics, total parenteral nutrition (TPN) and lipids, as well as pain medications as needed every six hours. The end of this shift is nearing and you realize that your patient ambulated once during your shift. You were so busy with discharging and readmitting patients, as well as passing medications, that you forgot to ensure the patient sat in a chair during your shift. You suddenly become overwhelmed with what is priority. You still have antibiotics to hang, TPN and lipids to check off and hang, along with reviewing all orders before the oncoming shift arrives in 30 minutes. It becomes a quick decision of what appears to be priority. You hang the medications because they cannot be late, make sure all clinical data are entered in the computer, and start checking off all orders from the day. Your relief arrives and you report off. The oncoming nurse asks, "Did the patient get out of bed and into a chair today? There is hesitation in your answer as the events of the day are still overwhelming you. You are informed by the oncoming nurse that the patient did not get out of bed yesterday to sit in a chair either.

How did you feel when you reported off? How did you feel leaving your shift? Guilt, shame, the thought "I will stay and help complete the task" or "I can't work like this one more day" or maybe even "No matter what I try to do, it's not good enough"? Likely all nurses have been there at some point. The following article will discuss how patients and nurses can be affected by errors of omission, the implications, and strategies to prevent these errors.

Introduction

The Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine issued a report, *To Err is Human* (2000), that initiated the patient safety movement. Since that time, most of the efforts in improving patient safety have focused on errors of commission; however, many researchers believe that errors of omission can occur even more frequently than errors of commission (Kalisch, 2015).

Errors of commission are commonly thought of as doing the wrong thing, e.g., administering a wrong medication or surgery on the wrong body part. Kalisch (2015) defined errors of omission as "any aspect of required patient care that is omitted or delayed" (p.7). Examples of errors of omission include, but are not limited to, failing to carry out ordered interventions, such as administering medications, repositioning a patient to prevent skin breakdown, or ambulating a patient to help mobility. Nursing errors of omission, also known as missed nursing care, can have a significant impact on patients, their family members, and on nurses themselves.

Errors of omission are often not discussed during shift change or patient handoff, which may have a disastrous effect on patient care and patient safety. This article will explore the current literature and regulatory requirements to provide a framework for nursing care that minimizes errors of omission.

Background

In 2001, the IOM continued the exploration of patient safety issues by publishing a series titled *Crossing the Quality Chasm*. This series cited the direct impact that the nursing work environment has on patient outcomes. As a result, the IOM recommended transforming the nursing work environment to include bedside shift report and quiet zones for the preparation of medications. While the 2001 IOM report cited the impact of the nursing work environment on the potential for errors in care, the discussion was lacking in the nursing-specific environmental factors that directly influence nursing decision-making and the resultant provision of nursing care. Nursing-specific environmental factors directly affect nurses, and may lead to nurses making decisions that abbreviate, delay, or omit care due to an overwhelming task/work load (Kalisch, Landstrom, & Hinshaw, 2009).

Kalisch coined the term "missed nursing care" in 2006, and she launched multiple studies beginning in 2009 aimed to better understand errors of omission. The initial research indicated that the issue of missed nursing care was far-reaching and prevalent (Kalisch, 2015). The influence of these errors on nursing care had not previously been studied prior to Kalisch's work. Kalisch refocused research on errors of omission, to focus specifically on missed nursing care or errors of omission specific to nursing. Using Kalisch's survey instrument known as the *MISSCARE Survey*, focused studies revealed that staffing levels,

type of staffing, and teamwork predicted missed nursing care. In turn, missed nursing care predicted job and occupation satisfaction, intent to leave, turnover, and patient outcomes (Kalisch, 2015).

When first looking at missed nursing care in 2006, Kalisch identified nine areas of commonly missed nursing care and seven themes relating to why nursing care was missed. The reasons for missed nursing care ranged from poor or low staffing, inadequate use of existing staffing resources, poor teamwork, time needed to complete nursing interventions, habit, personal denial, and ineffective delegation (Kalisch, 2006). With these findings, nursing-specific matters were brought to light. Additionally, the realization was made that more information was needed to define missed nursing care, along with a better understanding of what leads to omission of nursing care.

Top Five Areas of Missed Nursing Care

In several studies across numerous health-care systems, Kalisch (2015) found that the top five areas of missed nursing care consistently included:

- Ambulation
- Interdisciplinary care conference attendance
- Oral care
- Timely medication administration
- Turning patients every two hours

In an era of limited resources, nurses must prioritize nursing care. Omitting any of the above, just once may not seem significant; however, the effects can have an impact on patients. Research has demonstrated that failing to ambulate patients has been linked to a decline in walking ability within 48 hours of hospitalization (Hirsch, Sommers, Olsen, Mullen, & Winograd, 1990). More recently, Kalisch (2015) noted that several studies found failure to ambulate a patient was associated with neurologic impairment, pneumonia, impaired skin integrity, prolonged hospitalization, alteration in comfort, and an overall decrease in physical mobility.

Using patient surveys, Kalisch (2015) found that the most important issues for patients included oral care, ambulation, getting out of bed into a chair, being updated regularly on tests/procedures, and bathing. Although these are all elements of basic nursing care and are priorities for patients, they may often be overlooked and become errors of omission for nurses.

Top Reasons for Missed Nursing Care

Kalisch (2015) conducted several studies
continued on next page

Errors of Omission - continued from previous page

to understand why errors of omission occur. Study findings were consistent, in that reasons for missed nursing care across multiple organizations included staffing, material resources, communication/teamwork, interruptions, multi-tasking, task switches, and fatigue. Although it is beyond the scope of this article, Kalisch (2015) discussed each study thoroughly in *Errors of Omission, How Missed Nursing Care Imperils Patients*.

The Standards of Nursing Practice and the Impact of Missed Nursing Care on Nurses

Errors of omission can influence whether a nurse is meeting the minimum standard of care and competency requirements to provide safe and effective care to patients. Errors of omission diminish the ability of the nurse to provide a safe environment and some errors may even lead to disciplinary action. Texas Board of Nursing Rule 217.11(1)(B) states that each nurse must implement measures to promote a safe environment for all patients and others (Texas Board of Nursing, 2017). The impact of these errors on nurses may include moral distress, decreased job satisfaction, compassion fatigue, and burnout (Kalisch, 2015).

Moral Distress

Not only are patients impacted by errors of omission, but the impacts on nurses themselves are numerous. Nurses may bear a significant amount of guilt as well as face ethical dilemmas when they are not able to provide all of the care patients need. Kalisch (2015) suggests that dissatisfaction with job and occupation, intent to leave, turnover, moral distress, compassion fatigue, and burnout are all results of missed nursing care.

Moral distress is defined as “when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (Jameton, 1984, p.6). When nurses are unable to provide the nursing care they believe patients require due to the work environment, they may experience moral distress and subsequently leave their current employment position.

Employment Satisfaction and Turnover

Very few studies link job satisfaction with quality of patient care. Nurses have reported satisfaction with providing quality care to patients and feeling they are making a difference (Kalisch, 2015). The *Triple Aim* centers around improving the individual experience of care, improving the health of populations, and reducing the per capita cost of healthcare (Berwick, Nolan, &

Whittington, 2008). Sikka, Morath, and Leape (2015) suggested that there should be a fourth aim, which is improving the experience of providing care, creating an engaged and productive workforce.

There are only a few studies that link the impact of the quality of nursing care provided at the bedside to subsequent nurse turnover. One such study by Larrabee et al. (2003) found that when registered nurses were satisfied in their setting, they were 2.4 times less likely to leave than other registered nurses.

Using the *MISSCARE Survey* instrument in 11 hospitals, Kalisch (2015) found that there was a direct correlation of missed nursing care with job satisfaction and the intent to leave. Based on Kalisch’s findings, those nurses who reported greater fulfillment with their current job, profession, and teamwork were less likely to be found contemplating changing jobs.

Compassion Fatigue and Burnout

Other impacts on missed nursing care include burnout and compassion fatigue which influence quality of nursing care and nurse satisfaction. Turnover can be costly, with estimates ranging from approximately \$20,000 to \$60,000 per nurse (Robert Wood Johnson Foundation, 2009). Missed nursing care can predict nursing staff satisfaction and intent to leave leading to costly turnover. With a looming shortage and increased demand for nurses, efforts should be aimed at retaining nursing staff by reducing missed care opportunities.

Strategies to Decrease Frequency of Missed Nursing Care

Kalisch (2015) developed four overarching strategies to decrease the frequency of missed nursing care. These strategies included culture and leadership, teamwork, patient and family engagement, and technology. See Table 1 for examples of each strategy.

Organizational culture and leadership are essential to a patient safety culture. Leape (2009) suggested that a culture of safety is based upon:

- Acknowledgment that errors are primarily caused by system failures
- Elimination of punitive environments
- Transparency over secrecy
- Patient-centered over provider-centered
- Team based collaborative work models of care
- Accountability is universal and reciprocal, not top-down

Just as these strategies are appropriate to prevent errors of commission, they are also appropriate to protect against errors of omission.

Teamwork

Kalisch (2015) suggested several strategies to enhance teamwork in nursing which can ultimately enhance the quality of nursing care. These strategies include redesigning patient units, team training, and making changes in the model of nursing care delivery. During patient hand offs, effective communication is essential. Kalisch (2015) suggested several methods for improving communication, such as face-to-face verbal reports and the use of mnemonics to include SBAR (Situation, Background, Assessment, Recommendation) or I PASS the BATON (introduction, patient, assessment, situation, safety concerns, background, actions, timing, ownership, next).

Patient and Family Engagement

Although largely ignored in the past, involving patients and their families in patient care is a critical element of improving patient safety. Historically, patients have been passive recipients of care. By nurses improving patient engagement, education, and safety, patients are now more involved in their care. Nurses are always patient advocates and, as such, must involve patients in their care. Kalisch (2015) suggested that nurses advocate for patient involvement by promoting liberal visitation, conducting interdisciplinary rounds at the patient’s bedside, including family members in rounds, and providing patients with access to and the ability to write on their own healthcare record. Other methods to consider are performing change-of-shift report at the patient’s bedside, putting patient advocates on the care team, developing training programs and tools, creating patient councils, and involving patients and families in healthcare organization committees.

Technology

There is little research that demonstrates how the use of technology can reduce the incidence of missed nursing care; however, many of the technologies currently in use include alarms, alerts, or reminders to the nurse that care needs to be completed (Chen et al., 2013; Hatler, Hebden, Kaler, & Zack, 2010; Huang et al., 2004). Studies have suggested that the use of electronic reminders reduced missed nursing care (Piscotty & Kalisch, 2014; Piscotty, Kalisch, & Gracey-Thomas, 2015). Other studies have suggested that there is a positive impact with the use of health information technology.



Opioid Use Disorder and Nursing Care



In health care, nurses at all levels of licensure may be called upon to administer opioids for the purpose of pain reduction, and nurses licensed as advanced practice registered nurses (APRNs) may be called upon to order these drugs under certain circumstances in compliance with state law. It is important for nurses to recognize that there are differences between acute and chronic pain. Although numerous definitions of chronic pain were found in the professional literature, Treede et al. (2015) defined chronic pain as persistent or recurrent pain lasting longer than three months. Typically, chronic pain involves pain that persists past the normal time required for the tissue to heal (International Association for the Study of Pain, 1986 as cited in Dowell, Haegerich, & Chou, 2016). Additionally, nurses must be aware of both the physical and psychological aspects of pain and the importance of treating each as appropriate. Failure to appropriately treat the psychological aspects of chronic pain may contribute to opioid use disorders.

Opioids are a class of drugs that includes prescription pain relievers such as morphine, hydrocodone, or oxycodone as well as illicit drugs such as heroin. Opioids are known for their addictive potential. In 2016, 11.8 million people over the age of 12 years reported that they engaged in the misuse of opioids in the previous year; 11.5 million of those people engaged in the misuse of prescription pain relievers (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017, p. 20). Rudd, Seth, David, and Scholl (2016) further reported that 63.1% of all drug overdose deaths involved an opioid. As a result of the increasing incidence of misuse of opioids and overdose deaths involving opioids, numerous health organizations have declared this to be an epidemic. Nurses in almost all health care settings must be prepared to care for patients with opioid use disorder.

Nurses at all levels of licensure must be aware of the implications of the opioid epidemic for the practice of nursing. It is important to recognize that misuse of a prescription drug is not necessari-

ly the same as abuse of that drug. Behaviors such as taking a drug without a prescription of one's own, taking a higher dosage of a prescribed drug than was prescribed, or taking a drug more frequently than was prescribed all constitute misuse. SAMHSA (2017) reported that more than 40% of individuals obtained the drugs they misused from a friend or relative (p. 24). When performing a health history and assessment, nurses should keep this information in mind when eliciting a patient history related to substance use and be certain to ask patients whether they have ever borrowed or obtained medicine from a friend or family member and whether they took the drug as prescribed. Nurses should also be aware of issues that may occur as a result of misuse of opioids, such as health problems from side effects of the drug, symptoms of physical withdrawal, diminished social functioning, and failure of the patient to meet responsibilities at work, school, or home. When nurses obtain information regarding possible substance misuse, they have a responsibility to document this information under Board Rule 217.11(1)(D)(i).

Nurses are required to collaborate with their patients, other members of the health care team, and, where appropriate, patients' families [Board Rule 217.11(1)(P)]. Patients often confide in nurses and share information with them once the nurse-patient relationship has been developed. This can include sharing information with the nurse that the patient has not shared with other health professionals. It is important that nurses work together with other members of the team who are providing care to the patient to be certain the patient receives the needed care. Nurses should know and recognize how signs and symptoms of opioid use disorder may affect other co-morbid conditions the patient may be experiencing or mask signs and symptoms of other conditions.

APRNs who care for patients who suffer from opioid use disorders may find themselves in the position of needing to provide medication assisted therapy. APRNs may obtain a waiver from

SAMHSA that will allow them to prescribe buprenorphine to a limited number of patients by completing 24 hours of continuing education approved by SAMHSA and then submitting the appropriate request for waiver. Additional information is available on the SAMHSA website at: <https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers>.

It is incumbent upon all nurses to be aware of the opioid epidemic and be mindful of the signs and symptoms of opioid use disorder. Nurses need to be prepared to support their patients who may be experiencing opioid use disorder by recognizing appropriate signs and symptoms, documenting their observations, and working with appropriate members of the health care team in the best interest of the patient.

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Be the One in the Fight Against Human Trafficking



Prevent * Recognize * Report

Human trafficking is modern day slavery. We know from available research data that Texas is not immune to this type of crime and inhumanity. The Attorney General of Texas released a new digital training tool for all Texans to help us recognize red flags to identify potential victims. Texas nurses have a licensure associated duty and responsibility to all patients to provide a safe environment. Attorney General Ken Paxton challenges all citizens of this great State, nurses included, to BE THE ONE in the fight against human trafficking, including prevention, recognition, and reporting. The Board appreciates the hard work of the Texas Attorney General in the development of this new tool and all that is being done related to this important issue in our State! For more information about human trafficking and to access the training tool, please visit: www.texasattorneygeneral.gov/human-trafficking.

Rules - cont. from page 3

or more nurses, and for professional nurses, if the person regularly employs, hires, or contracts for the services of eight (8) or more nurses, at least four (4) of whom are registered nurses. Proposed changes also include recommendations from NPAC approved at the January 2018 Board Meeting. The Board proposed amendments to 22 Tex. Admin. Code **§217.20**, relating to **Safe Harbor Peer Review for Nurses and Whistleblower Protections**. Proposed changes to **§217.20** addressed changes brought about by passage of HB 3296 (see above) as well as non-substantive corrections, correcting grammatical errors, and for consistency of word text in the section. The earliest possible date of adoption for all amendments proposed in the March 2, 2018 issue of the *Texas Register* is April 1, 2018.

You may access the publication at: www.sos.state.tx.us/texreg/index.shtml

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Office Hours and Location

The office of the Texas Board of Nursing is located in the William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is: 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944. Office hours are 8:00 a.m. to 5:00 p.m.,

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Save the date! August 13-14, 2018

Join us for a free, two-day event to learn innovative methods to better understand and care for older adults.

Day 1: Celebrating the Power of Nurses in the Long-Term Care

Day 1 is dedicated to providing nurses with an understanding of how best to provide high quality care to the geriatric population. The focus on this day will be on advancing a nurse's clinical knowledge related to a variety of topics. These topics include: "Aging and Substance Abuse", "Aging and Mental Health", "Compassionate Touch – Non-Pharmacological Approach that Prevents Behavioral Expression and Builds Care-Partner Relationships", just to name a few. There will be a total of 30 breakout sessions for participants to choose from.

Day 2: Evolution and Diversity in the Aging Community

Day 2 is dedicated to providing education to all levels of health care providers, including family members, friends and consumers. As the number of older adults increases across the state, care providers may find themselves challenged to provide high levels of care that increase the quality of life for those individuals. Breakout sessions for day 2 to include: "Seeing Dementia Differently: Enriching Lives with the Arts", "Advancements in the Technologies for the Care and Treatment of Alzheimer's Disease", "Key Issues in Evolving Dementia Care", and more.

Speakers

Day 1 – Tracie Harrison, PhD, RN, FGSA, FAAN, Professor, School of Nursing, The University of Texas, Director, Center for Excellence in Long-Term Care; **Karyn Buxman, MSN, RN, CSP, CPAE**, GSB Speaker Management, NSA Speaker Hall of Fame

Day 2 – Clint Swindall, CSP, President and Chief Executive Officer of Verbalocity, Inc.; **Pia C. Kontos, PhD**, Senior Scientist, Toronto Rehabilitation Institute – University Health Network, Co-Lead Transdisciplinary Working, AGE-WELL Network of Centers of Excellence

Registration opens May 14, 2018

Seating is limited!

For more information: www.hhs.texas.gov/qmp
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TEXAS
 Health and Human Services

NOTICE OF DISCIPLINARY ACTION

The following nurses had disciplinary action taken against their licenses through a Board order containing public information about the nurse's disciplinary action. You can obtain information about these disciplinary actions from the Board's website, www.bon.texas.gov, using the verification look-up under *Licensure* or under the disciplinary action section of *Discipline & Complaints*. Under *Licensure*, select *Verification* then click on the applicable type of license type; *Discipline & Complaints*, select *Disciplinary Action* then select individual newsletter date. Additionally, you can send your written request to the Texas Board of Nursing, Enforcement Division, 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944.

<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Adams, Lindsey Warren	RN 777701	Warning with Stipulations	December 12, 2017
Allen, Danny Harold	LVN 192505	Warning with Stipulations	November 14, 2017
Altmeyer, Ashley Nicole	RN 798544	Voluntary Surrender	December 29, 2017
Amadi, Juliet Chioma	RN 707876	Remedial Education	December 5, 2017
Aralikatti, Chandrhas Avinash	LVN 334048	Voluntary Surrender	November 16, 2017
Arp, Andrea Nicole	RN 850702	Revoked	November 14, 2017
Ates, Susan K.	RN 555748 & LVN 121128	Warning with Stipulations and Fine	December 12, 2017
Aucar, Julie Ann	AP108304 & RN 607316	Remedial Education with Fine	November 8, 2017
Baidoo, Esther	LVN 334569	Warning with Stipulations	November 14, 2017
Balraj, Peter	LVN 232105	Suspend/Probate	November 14, 2017
Banks, William Adrian	RN 788477	Warning with Stipulations and Fine	January 18, 2018
Barbini, Dawn N.	LVN 180992	Enforced Suspension	January 18, 2018
Barnes, Marla Annette	RN 673089	Warning with Stipulations	December 12, 2017
Beaumont, Hapatia E.	RN 655417	Suspend/Probate	December 12, 2017
Becker, Lauren Cacy	LVN 304848	Warning with Stipulations	November 14, 2017
Benavides, Veronica Azucena	RN 845394 & LVN 163631	Voluntary Surrender	January 22, 2018
Beltran, Edwin Escano	RN 747724	Remedial Education	November 16, 2017
Bielefeld, Todd Allen	RN 671195 & LVN 129286	Warning with Stipulations	January 18, 2018
Bradley, Kristina L.	PTP VA RN	Revoked	December 12, 2017
Bradley, Lashunda Lashae	RN 685962	Remedial Education	November 6, 2017
Brinkley, Jeanelle Lynn	RN 801152	Warning with Stipulations	November 14, 2017
Brown, Cynthia Marie	LVN 80555	Warning with Stipulations	January 18, 2018
Brown, Tina Mary	RN 773106	Warning with Stipulations	December 12, 2017
Brown, Winold V. G.	RN 226610	Remedial Education with Fine	November 8, 2017
Buelow, Jyllynn	RN 656082	Enforced Suspension	January 18, 2018
Bullock, Laney Beth	AP129355 & RN 679543	Suspend/Probate	January 18, 2018
Burns, Matthew Reuben	LVN 309500	Warning with Stipulations	January 18, 2018
Butler, Jonathan Malcolm	RN 712055 & LVN 191389	Warning with Stipulations	January 18, 2018
Canfield, Ruth Ann	RN 808291	Voluntary Surrender	November 3, 2017
Cannady, Terra Jean	RN 756927	Revoked	November 14, 2017
Castro, Mary Magdalena	RN 532904 & LVN 77939	Warning with Stipulations	December 12, 2017
Cearley, Lynda Sue	RN 547056 & LVN 106878	Warning with Stipulations and Fine	December 12, 2017
Chafton, Brenda Lee	LVN 194869	Reprimand with Stipulations	January 18, 2018
Chandler, Chet	PTP MD RN R211189	Revoked	November 14, 2017
Chandler, Patrice	LVN 325518	Warning with Stipulations	November 14, 2017
Chaparro, Patricia	RN 761777	Remedial Education with Fine	January 9, 2018
Chavez, Veronica	RN 733796	Remedial Education with Fine	December 4, 2017
Cheek, Davvene Patricia	RN 715257 & LVN 151554	Enforced Suspension	December 12, 2017
Cho, Myung Hi	RN 686867	Reprimand with Stipulations	January 18, 2018
Clark, Billie Dawn	RN 714445 & LVN 176984	Reprimand with Stipulations	November 14, 2017
Clark, Kathryn Jeanine	RN 882340	Remedial Education, Deferred	November 29, 2017
Clark, Steven Christopher	RN 771110 & LVN 212727	Revoked	December 12, 2017
Collier, Wendy	RN 636459	Enforced Suspension	November 14, 2017
Collins, Shannon Leigh	LVN 198853	Revoked	November 14, 2017

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Corder, Jeffery Wayne	RN 805969	Reprimand with Stipulations	November 14, 2017
Cox, Kristina	RN 707132	Voluntary Surrender	December 7, 2017
Cozart, Jessica Hardman	LVN 220738	Warning with Stipulations and Fine	December 12, 2017
Crawford, Stephanie Charlotte	LVN 301062	Remedial Education	November 16, 2017
Cunningham, Rhonda Sue	LVN 214902	Reprimand with Stipulations	November 14, 2017
Cushenbery, Shiela Ranay	RN 662138	Limited License	January 18, 2018
Davis, Jennifer Amy	LVN 162133	Revoked	December 12, 2017
Davis, Margaret Mary	RN 571557 & LVN 118915	Voluntary Surrender	November 16, 2017
Dimattia, Emanuele Paul	RN 826935	Revoked	December 12, 2017
Dixon, Sunita Michale	LVN 221205	Remedial Education with Fine	January 2, 2018
Diyen, Cyprian Nkessa	RN 847155 & LVN 304934	Reprimand with Stipulations	January 18, 2018
Doporto, Marcus Martin	RN 703813 & LVN 168933	Enforced Suspension	November 14, 2017
Dreyer, Krystal A.	RN 821676	Warning with Stipulations	December 12, 2017
Duddleston, Donna Marie	RN 723113	Reprimand with Stipulations and Fine	November 14, 2017
Egwim, Emmanuel Chinedu	RN 799803	Remedial Education	January 2, 2018
Enos, Esther Shields	LVN 58096	Warning with Stipulations	January 18, 2018
Enwere, Cornelius	LVN 320829	Warning with Stipulations	January 18, 2018
Esechie, Charles Eromonsele	RN 769694 & LVN 214016	Voluntary Surrender	November 10, 2017
Evans, Kyle	RN 865486 & LVN 302576	Warning with Stipulations	November 14, 2017
Fair, Maxine	LVN 330948	Warning with Stipulations	January 18, 2018
Fields, Shirley Ann	LVN 109310	Revoked	November 14, 2017
Fisher, Somer Dawn	RN 831476	Warning with Stipulations	November 14, 2017
Flores, Jesus	RN 780417	Warning with Stipulations	January 18, 2018
Flores, Joshua Eric	LVN 324377	Warning with Stipulations and Fine	January 18, 2018
Forun, Susan Nkeiruka	LVN 179198	Voluntary Surrender	December 1, 2017
Franklin, Tracy N.	RN 624428	Enforced Suspension	December 5, 2017
Freeman, Dykstra Wayne	RN 844599	Suspend/Probate	November 14, 2017
Garciagary, Julisa	RN 798800	Remedial Education with Fine	January 8, 2018
Garrison, Laura Alethia	RN 692666 & LVN 178050	Revoked	November 14, 2017
Gonzales, Hernan Mata	RN 799429	Warning with Stipulations	December 12, 2017
Gonzalez, Jennifer Suzanne	RN 826617	Reprimand with Stipulations	December 12, 2017
Gonzalez, Paula Jean	LVN 82763	Remedial Education with Fine	January 4, 2018
Goodwin, Linda Faye	RN 562694 & LVN 109106	Warning with Stipulations	December 12, 2017
Griesemer, Kathleen M.	AP133851 & RN 919807	Warning with Stipulations	December 12, 2017
Groseclose, Katelyn Rose	RN 900102	Reprimand with Stipulations	January 18, 2018
Guadiana, Brittney Marie	LVN 324445	Suspend/Probate	January 18, 2018
Hadley, Peggy Lee	LVN 200878	Reprimand with Stipulations	December 12, 2017
Harder, Alicia Lynn	RN 774230	Reprimand with Stipulations	November 14, 2017
Hardwick, Karen Marie	LVN 307855	Warning with Stipulations	November 14, 2017
Hartis, Tricia Michelle	LVN 143327	Revoked	November 14, 2017
Hasselbach, Shannon Michelle	RN 826445 & LVN 214755	Warning with Stipulations	December 12, 2017
Hegwood, Christine Elizabeth	RN 582792	Remedial Education with Fine	January 8, 2018
Hernandez, Jennifer	RN 767366	Suspend/Probate	November 14, 2017
Hernandez, Miguel Angel	LVN 331555	Warning with Stipulations	January 18, 2018
Hinojosa, Jessica Isabel	RN 825596	Enforced Suspension	January 18, 2018
Hodges, Kimberly Gail	RN 554702	Revoked	November 14, 2017
Holder, Lisa Anne Wilkins	RN 578639 & LVN 107402	Voluntary Surrender	January 23, 2018
Holliday, Melvin Lee	RN 676186 & LVN 168354	Revoked	December 12, 2017
Huston, Marcela Marie	RN 796428 & LVN 179836	Suspend/Probate	November 14, 2017

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Hutto, Chelsey	RN 884764	Warning with Stipulations and Fine	November 14, 2017
Hutto, Cynda Brooke	RN 832910	Warning with Stipulations	November 14, 2017
Ishmael, Bryan Lee	LVN 228047	Warning with Stipulations	January 18, 2018
Jackson, Leigh Ellen	RN 652602	Remedial Education with Fine	November 28, 2017
Jackson, Margret Daesorie	RN 908224	Remedial Education	January 17, 2018
James, Bobby Allan	LVN 232065	Revoked	December 15, 2017
Jaynes, Roberta Rae	LVN 163830	Voluntary Surrender	November 8, 2017
Jeffries, Jenifer Lynn	RN 693363	Revoked	December 12, 2017
Jimenez, Candi Lynn	RN 820041 & LVN 199013	Remedial Education, Deferred	December 12, 2017
Jimenez, Oscar	LVN 207320	Suspend/Probate	November 14, 2017
Johnson, Jennilyn Julian	LVN 189480	Reprimand with Stipulations	January 18, 2018
Jones, Sandra Denise	LVN 144539	Enforced Suspension	November 14, 2017
Jurk, Brandy Leigh	LVN 190259	Warning with Stipulations and Fine	January 18, 2018
Kass, Jennifer Tackaberry	RN 722778	Revoked	November 14, 2017
Key, Robert Russum	AP113616 & RN 711046	Enforced Suspension	January 23, 2018
King, Heather Ann	RN 781055 & LVN 201646	Enforced Suspension	January 3, 2018
Kitogo, Msovu Salim	RN 638199	Warning with Stipulations	January 18, 2018
Knox, Shawna Patrice	LVN 151218	Enforced Suspension	January 18, 2018
Kuithe, Shannon Marie	RN 762052	Revoked	December 12, 2017
Kumpe, Tara Megan	LVN 195654	Revoked	December 12, 2017
Laferney, Roxie Ellen	RN 675352	Warning with Stipulations	December 12, 2017
Lambert, Irene P.	RN 521454 & LVN 82331	Warning with Stipulations	November 14, 2017
Landry, Jill Kathlleen	RN 769791	Remedial Education with Fine	November 28, 2017
Lea, Lisa Danielle	RN 679516	Warning with Stipulations	December 12, 2017
Leal, Alison Bryant	RN 903155	Suspend/Probate	November 14, 2017
Leal, Martina	RN 607525	Remedial Education with Fine	December 14, 2017
Lehrer, Cynthia Ann	LVN 301193	Enforced Suspension	November 2, 2017
Longinos, John Edsel	RN 819246	Revoked	December 12, 2017
Lopes, Tiago Miguel	RN 778635	Warning with Stipulations	November 14, 2017
Lopez, Raoul T.	LVN 318350	Suspend/Probate	December 12, 2017
Love, Deshanuda Renea	LVN 195882	Warning with Stipulations and Fine	December 12, 2017
Love-Jones, Derrick Micah	AP125430, RX 15604 & RN 786037	Suspend/Probate	November 14, 2017
Lubina, Vincent Quitoriano	RN 760456	Suspend/Probate	November 14, 2017
Lucas, Amy	RN 859503 & LVN 158311	Reprimand with Stipulations	November 14, 2017
Machado, Pabala Valdez	LVN 191538	Warning with Stipulations	January 18, 2018
Maldonado, Angelaca Renee	LVN 200987	Warning with Stipulations and Fine	January 18, 2018
Marsh, Jonathan Allen	RN 816262	Voluntary Surrender	December 4, 2017
Martin, Karen Jane	RN 783226	Revoked	November 14, 2017
Mbagwu, Stella	LVN 313491	Warning with Stipulations, Deferred	December 12, 2017
McAlester, Candace Maria (Littles)	AP113927, RX 6162 & RN 582886	Warning with Stipulations and Fine	November 14, 2017
McGar, Jessica	LVN 232811	Remedial Education with Fine	November 28, 2017
McMurray, Kathleen E.	RN 441617	Reprimand	December 12, 2017
Meza, Adele Leigh	LVN 210100	Warning with Stipulations	November 14, 2017
Miller, Eula Annette	RN 572261	Warning with Stipulations and Fine	January 18, 2018
Mitchell, Janet Marie	RN 589536 & LVN 81036	Remedial Education	January 9, 2018
Morante, Montserrat Robles	LVN 215074	Warning with Stipulations	January 18, 2018
Morgan, Kimberly Keen	AP110132 & RN 633384	Remedial Education	December 15, 2017

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Mouhot, Beverly McCain	RN 783165	Revoked	November 14, 2017
Mullis, Kathryn Rene	RN 716409	Warning with Stipulations	December 12, 2017
Muniz, Cona Kathleen	LVN 310848	Reprimand with Stipulations	November 14, 2017
Muren, Amanda Leigh	RN 790115	Remedial Education	December 5, 2017
Murray, Leigh Anne	LVN 198495	Remedial Education, Deferred	November 10, 2017
Murray, Terri Diane	RN 594839	Enforced Suspension	January 10, 2018
Musick, Sherry Ellen	LVN 218928	Revoked	November 14, 2017
Myers, Bruce Ray	RN 256763	Reprimand with Stipulations	January 18, 2018
Namazzi, Proscovia Yunia	RN 809411	Revoked	November 14, 2017
Nelson, Kerie	RN 671803	Voluntary Surrender	November 30, 2017
Nosakhare, Iriagbonese	RN 842563	Warning with Stipulations	December 12, 2017
Obudho, Maureen Atieno	RN 762240	Warning with Stipulations	January 18, 2018
Onuoha, Ebere	RN 767797 & LVN 161349	Remedial Education with Fine	November 30, 2017
Operstény, Gretchen Elizabeth	RN 670842	Warning with Stipulations	December 12, 2017
Orenday, Luis Enrique	LVN 163468	Revoked	November 27, 2017
Owen, Nicole Gayle (Baker)	LVN 327028	Warning with Stipulations	November 14, 2017
Owoeye, Ayobami Gbemiga	RN 836396	Suspend/Probate	December 12, 2017
Palmer, Karen L.	RN 614415	Voluntary Surrender	November 28, 2017
Parks, Rosa Isela	LVN 208312	Warning with Stipulations, Deferred	January 18, 2018
Parsons, Susian Teri	RN 659204	Warning with Stipulations, Deferred	November 14, 2017
Paulino, Katrina Maranan	RN 844873	Revoked	November 14, 2017
Perez, Alice	LVN 132368	Enforced Suspension	November 14, 2017
Petton, Sharon E.	RN 238835	Voluntary Surrender	December 6, 2017
Posada Mancía, Reina I.	LVN 332776	Reprimand with Stipulations	November 14, 2017
Preza-Villarreal, Angelica	RN 717229 & LVN 141402	Remedial Education	December 5, 2017
Pyle, Cody Andrew	RN 786992	Revoked	January 18, 2018
Ramirez, Alfred G.	AP110187 & RN 530639	Suspend/Probate	December 12, 2017
Reyna, James Lyn	LVN 300193	Warning with Stipulations	January 18, 2018
Rocha, Jana Beth	LVN 137483	Enforced Suspension	November 14, 2017
Rodriquez, Alex S.	LVN 319514	Voluntary Surrender	January 22, 2018
Ross, Beth Ann	LVN 301617	Remedial Education	November 14, 2017
Rydman, Michelle	LVN 319429	Warning with Stipulations and Fine	January 18, 2018
Sandoval, Oralia	LVN 318462	Voluntary Surrender	December 14, 2017
Santana, Trina Marie	LVN 311045	Warning with Stipulations and Fine	November 14, 2017
Schaffer, John Louis	RN 255622	Warning with Stipulations and Fine	December 12, 2017
Schroeder, Halley Michelle	LVN 233184	Remedial Education with Fine	December 6, 2017
Schroeder, Sallie Anne	RN 245132 & LVN 55652	Voluntary Surrender	November 22, 2017
Segrest, Angie Marie	LVN 226832	Enforced Suspension	January 23, 2018
Self, Allison Nicole	RN 786659	Enforced Suspension	December 12, 2017
Serrano, Yverica Marrero	LVN 218714	Voluntary Surrender	December 27, 2017
Serrano Iii, Louis Fernando	RN 694773	Suspend/Probate	November 14, 2017
Sharp, Ryan Thomas	RN 803565	Revoked	November 14, 2017
Simpson, Sally Arnold	RN 223193	Warning with Stipulations	December 12, 2017
Singleton, Noel G.	RN 534731	Warning with Stipulations, Deferred	December 12, 2017
Smith, Mary	RN 746183	Revoked	January 18, 2018
Soofi, Sharon Renee	RN 842409 & LVN 173679	Warning with Stipulations	January 18, 2018
Splitt, Joshua James	PTP IA RN 114342	Warning with Stipulations	December 12, 2017
Stange-Smith, Brittney Louise	RN 812325	Warning with Stipulations	January 18, 2018
Stansberry, Zakiya Racquel	RN 894471	Reprimand with Stipulations and Fine	December 12, 2017

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<u>NAME</u>	<u>LICENSE NUMBER(S)</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Svensson, Travis Knight	RN 767466	Reprimand with Stipulations	December 12, 2017
Sykes, Lisa Michelle	RN 907107	Warning with Stipulations	December 12, 2017
Talkington, Brenda Lee	LVN 307939	Voluntary Surrender	December 22, 2017
Tamez, Ray	LVN 174524	Reprimand with Stipulations and Fine	November 14, 2017
Taylor, Katherine Ann	RN 900292	Warning with Stipulations	December 12, 2017
Thomas, Gina Gabriella	RN 821074	Reprimand with Stipulations	December 12, 2017
Tolleson, Genevieve Alene	RN 741421	Warning with Stipulations and Fine	January 18, 2018
Trevena, Tracey Ann	RN 711520	Suspend/Probate	November 14, 2017
Turner, Billy Mark	RN 584858	Warning with Stipulations	January 18, 2018
Twedt, Adonica Waymire	RN 544992	Revoked	December 12, 2017
Vargas, Irma	LVN 207963	Remedial Education with Fine	December 8, 2017
Varghese, Annie Reji	RN 659362	Remedial Education, Deferred	January 22, 2018
Veitenheimer, Rachel Lynn	RN 883589	Warning with Stipulations	November 14, 2017
Wallace, Robbie Lee	PTP SC RN 89888	Remedial Education	December 5, 2017
Walton, Cynthia A.	AP104529, RN 502313 & LVN 89634	Suspend/Probate	November 14, 2017
Warner, Julie Anne	LVN 153468	Voluntary Surrender	January 18, 2018
Welch, Ginger Lee	LVN 146277	Reprimand with Stipulations	November 14, 2017
White, Betty Nell	RN 242210	Voluntary Surrender	January 10, 2018
White, Tara Nicole	LVN 222524	Reprimand with Stipulations and Fine	December 12, 2017
Whiteley, Deidre Danne	RN 830547 & LVN 160286	Reprimand with Stipulations and Fine	January 18, 2018
Wilber, Kimberly Laine	RN 756780	Revoked	November 14, 2017
Wilcox, III, Lucius L.	RN 811019	Warning with Stipulations	January 18, 2018
Williams, Angela Renee	LVN 181401	Voluntary Surrender	January 5, 2018
Williams, Connie Boerm	LVN 68999	Revoked	November 14, 2017
Williams, Rhonda Renee	LVN 301027	Suspend/Probate	November 14, 2017
Williams, Thomas Robert	RN 688808 & LVN 182274	Suspend/Probate	December 12, 2017
Wilson, Haviette C.	LVN 230557	Warning with Stipulations	December 12, 2017
Winkley, Janet Lee	LVN 79739	Remedial Education with Fine	December 7, 2017
Winslow, Scott Randall	RN 578672	Enforced Suspension	December 12, 2017
Womack, Stephanie Ann	RN 683570	Suspend/Probate	December 12, 2017
Wood, Belinda Darlene	RN 604779	Revoked	November 14, 2017
Wood, Brittany Nicole	LVN 331392	Reprimand with Stipulations	January 18, 2018
Woods, Morris Leo	RN 639776 & LVN 144779	Warning with Stipulations and Fine	December 12, 2017
Young, Paty Sieber	RN 856429 & LVN 198803	Revoked	November 14, 2017

Abbreviations in the Notice of Disciplinary Action Section

PTP	Privilege to Practice in Texas, also known as Nurse Licensure Compact Privilege, associated with the indicated state and license. States are abbreviated using the official two letter state abbreviations of the United States Postal System.
RX	Prescription Authorization

Statistical information

The 223 disciplinary actions reported in this bulletin represent only 0.055% of all nurses who are currently licensed to practice in the State of Texas. For the statistical reporting period ending February 2018, 99.54% of Registered Nurses and 99.06% of Vocational Nurses were without recent discipline according to Board records.



2018 Board Position Statements Reflect Current Practice Trends

Annually, Board Position Statements are reviewed to determine if updates are needed related to changes in national practice trends. Board staff keep apprised of changes in practice nationally through evidence-based practice developments, guidelines, and regulatory changes. Below is an overview of the eight position statements in which substantive changes were adopted by the Board at the January 18-19, 2018 Board Meeting:

Position Statement 15.3, *LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines*, previously addressed that only the insertion of PICC lines or midline catheters is beyond the scope of practice for LVNs. The position statement now includes the removal of PICC lines or midline catheters as also beyond the scope of practice for LVNs based on current national standards and position statements of other state boards of nursing.

Position Statement 15.6, *Board Rules Associated With Alleged Patient "Abandonment,"* updates include the addition of links to related articles that reflect changes in Board Frequently Asked Questions (FAQs), along with the removal of information related to workplace violence as this is now addressed in the new Position Statement 15.30, *Violence in the Workplace*.

Position Statement 15.7, *The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes*, includes incorporation of reference hyperlinks, as well as the American Association of Nurse Anesthetists' most recent publication in 2017, *Care of Patients Receiving Analgesia by Catheter Techniques*, to promote evidence-based research relating to this position statement.

Position Statement 15.8, *The Role of the Nurse in Moderate Sedation*, acknowledges trends in nursing practice that include the adjunct or off label use of low dose agents for pain management or other indications. The changes also add two references as suggested by outside stakeholders for clarity.

Position Statement 15.9, *Performance of Laser Therapy by RNs or LVNs*, reflects regulation of laser therapy by the Texas Department of Licensing and Regulation (TDLR). Previously, the program was regulated by the Texas Department of State Health Service (DSHS).

Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice*, changes reflect the addition of a summary paragraph that relates the limitations for expanding a nurse's scope of practice to the duty a nurse has to patients that is separate from any employment relationship.

Position Statement 15.13, *Role of LVNs and RNs in School Health*, clarifies that the medications and treatments that are listed as tasks that may be delegated to an unlicensed person in emergency situations are intended to be examples and not all inclusive.

Position Statement 15.16, *Development of Nursing Education Programs*, contains modifications to reflect the current process for education program proposals.

During the annual position statement review, it is also determined if new position statements are needed based on national practice trends and issues. A current issue facing nursing practice is workplace violence. Therefore, a new Board Position Statement, **Position Statement 15.30, *Workplace Violence***, highlights relevant standards of nursing practice and violence prevention resources to promote safety.

As a reminder, Board position statements do not have the force of law but are a means of providing direction to nurses on issues of concern to the Board relevant to protection of the public. Board position statements can be accessed on the BON website by selecting **Practice**, then **BON Position Statements**.

Errors of Omission - continued from page 5

Table 1 - Strategies to Decrease Frequency of Missed Nursing Care

Strategy	Example
Organizational Culture & Leadership	Acknowledgment that system failures can contribute to errors; elimination of punitive environments; team based collaborative work models of care; accountability
Teamwork	Team training; model of nursing care delivery; redesign patient care units
Patient & Family Engagement	Liberal visitation; interdisciplinary rounds at patient bedside; bedside change of shift report
Technology	Electronic reminders; checklists

Future Research

Although it has been suggested that errors of omission outnumber errors of commission, errors of omission are not yet studied as extensively as errors of commission. However, studies are beginning to emerge. In November 2017, Poghosyan et al. published a study looking at errors of omission in primary care with similar findings to Kalisch's work. In this study, Poghosyan et al. found that omitting patient teaching, patient follow-up, emotional support, and mental health needs were the predominant topics of missed care in the primary care setting.

Conclusion

The implications of the errors of omission for nurses are numerous. Research has shown that nurses want to provide quality nursing care, but organizational restraints may sometimes hinder these efforts. Addressing errors of omission improves patient safety while upholding minimum standards of nursing care. As patient advocates, nurses can prioritize patient needs and coordinate with appropriate members of the healthcare team when those needs are not being met. It takes a village of team providers to ensure patient safety. Nursing is consistently ranked as the most trusted profession. Patients trust nurses to do the right thing and prevent errors, including errors of omission.

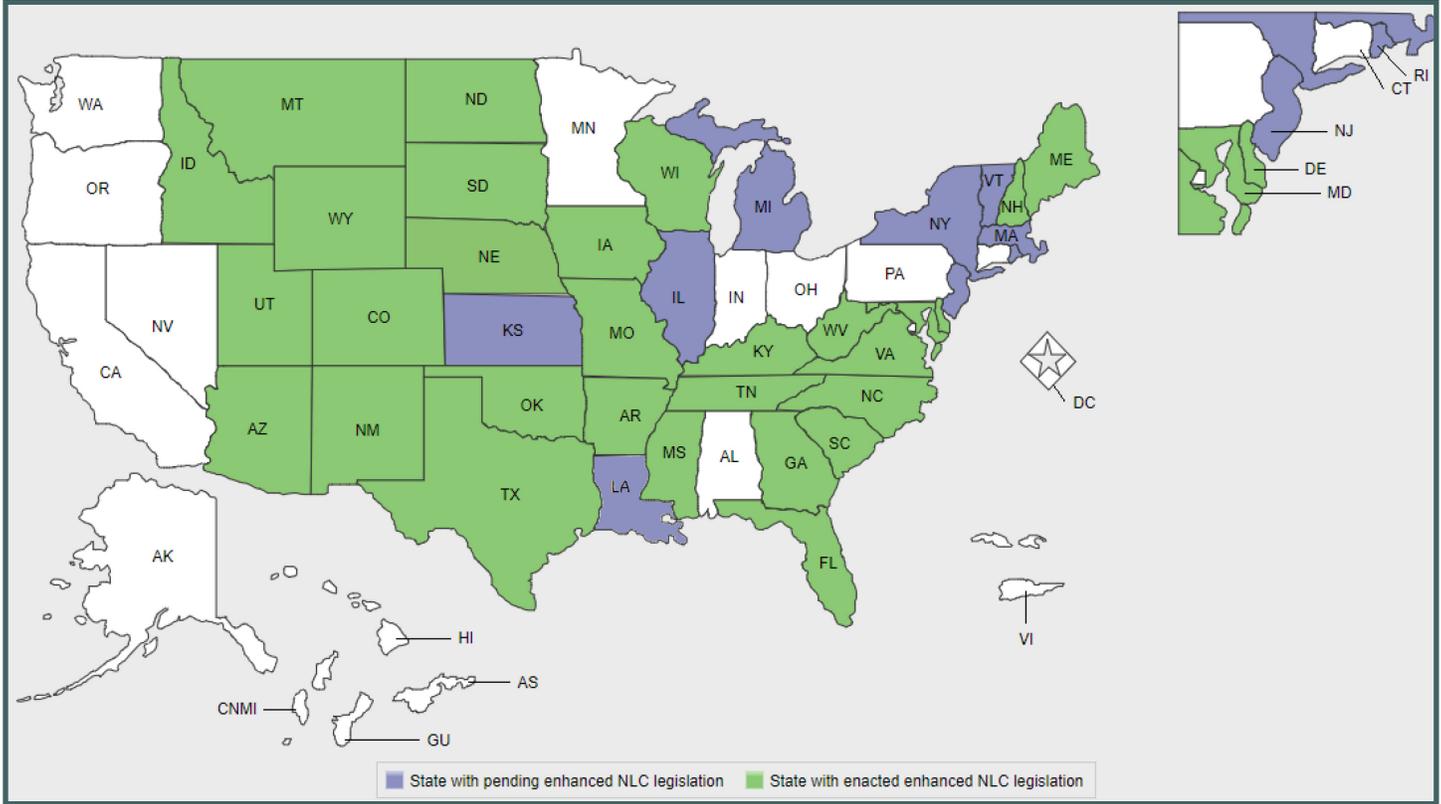
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Enhanced Nurse Licensure Facts and Resources

Enhanced NLC - Current and Pending States as of March, 2018



Online Resources

- **NurseCompact.com**
– Subscribe to receive email updates
- Implementation FAQs and Legislative Updates at: www.ncsbn.org/enhanced-nlc-implementation

IMPOSTER WARNING

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

Between May 10, 2017, and October 4, 2017, Ashley Nicole Pettis, a.k.a Ashley Nicole Jones, remained employed with a staffing agency in the Fort Worth, Texas area after her license had been revoked by the Board. Ashley Nicole Pettis continued to practice as a licensed vocational nurse providing hospice care to patients at facilities and in their homes. According to the Board's licensure records, the license of Ashley Nicole Pettis to practice nursing in the State of Texas was revoked on May 9, 2017. The case has been referred to the Tarrant County District Attorney for prosecution.



BON Lifelong Learning Account

Depending on the continuing education course, you may be required to log in to your individual account to complete follow-up learning activities and/or course evaluations after a workshop or webinar in order to receive your CNE certificate of completion.

The BON Lifelong Learning Account will also contain links for workshop handouts, any required forms, post-activity certificates of completion, and other helpful resources for each registered activity. If questions arise during your registration or during an online learning course, there are specific **Help** links throughout the process to direct you to the dedicated Online Learning Help Desk.

Secure online payments are completed using major credit cards, bank cards—those with Visa or MasterCard logos—or online checks. Registration payments submitted directly to the Board will be returned and the registration process will be delayed. Employers, organizations, or groups can complete payment for multiple registrants with the purchase of a bulk voucher. The bulk voucher system will send the voucher information to the group coordinator for distribution to individual registrants. Each individual will use the voucher as the form of payment during her/his own online registration.

You may register for as many courses as you are interested in by re-entering the BON Continuing Education Course Catalog at anytime to register for another educational offering. For a complete listing of the registration policies, visit the Board's website, then click on **Continuing Education Course Catalog**.

BON Continuing Competency Offerings Address New Nursing Jurisprudence and Ethics Requirements

In 2013, the 83rd Regular Texas Legislative Session passed a law that specifies continuing education requirements for all nurses. Senate Bill (SB) 1058 requires nurses to complete at least 2 hours of continuing education related to nursing jurisprudence and ethics before the end of every third, two-year licensing period. The BON has two continuing education offerings which meets the requirement: the workshop titled, "Protecting Your Patients & Your Practice, Nursing Jurisprudence & Ethics" and the interactive online course titled, "Nursing Regulations for Safe Practice". For more information about BON CNE requirements, visit the Board's website, click on **Laws and Rules**, then **Rules and Regulations**, and then **Chapter 216**.

Please Note: Participants more than 10 minutes late or who leave prior to the end of the session (workshops) will not receive CNE credit or meet BON stipulations.

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Texas Board of Nursing Learning Opportunities: 2018



Continuing Competency Workshops and Interactive Online Continuing Nursing Education (CNE)

The Texas Board of Nursing is excited to offer learning opportunities for 2018. Nurses can explore a variety of topics designed to provide the most current information to support safe nursing practice. Space is limited, early registration is recommended.





2018 Workshops

Protecting Your Patients & Your Practice, Nursing Jurisprudence & Ethics**#+>

This workshop has been approved for 8.4 contact hours.

June 13, 2018 (Wednesday) - Houston

Location: DoubleTree by Hilton, Houston Hobby Airport, 8181 Airport Blvd., Houston, TX 77061.

August 15, 2018 (Wednesday) - Arlington

Location: Hilton Arlington, 2401 E. Lamar Blvd, Arlington, Texas, 76006-1430. Free surface parking. <http://www3.hilton.com/en/hotels/texas/hilton-arlington-ARLAHHF/index.html>

November 7, 2018 (Wednesday) - Corpus Christi

Location: Holiday Inn Corpus Christi Airport & Conference Center, 5549 Leopard St., Corpus Christi, TX 78408.

November 14, 2018 (Wednesday) - San Marcos

Location: Embassy Suites, 1001 E McCarty Ln, San Marcos, TX 78666. Free parking. <http://embassysuites3.hilton.com/en/hotels/texas/embassy-suites-by-hilton-san-marcos-hotel-conference-center-and-spa-SNMESES/index.html>

Cost: Pre-registration \$109.00. Walk-in registration on day of workshop \$125.00, if space available. No cash accepted for payment. Early registration is encouraged.

Time: 8:00 to 4:30 pm CST

How to Register

You can register for all Board of Nursing (BON) educational offerings--online courses and workshops--through the BON CNE Course Catalog. To register for a BON workshop or online

course, please visit our website at www.bon.texas.gov and select the **CNE Course Catalog** icon. You will receive a purchase confirmation and event reminders via your email address leading up to the scheduled activity and for post activity reminders in order to help you access your CNE Certificate of Completion. Instructions and help for confirming that your workstation is compatible with the online process are provided for each event. All of the BON CNE activities include online components that must be completed in conjunction with the activity in order to receive completion credit and certificates. When you register online, a BON Lifelong Learning Account is created that will be your home for accessing handouts, evaluations, and certificates.

Legend

- ^ This continuing nursing education activity was approved by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation through May 12, 2018. From May 12, 2018 to May 12, 2020, approved by the Board, see **.
- ** This continuing nursing education offering was approved by the Texas Board of Nursing. The Texas Board of Nursing is an approved provider of continuing education by the Alabama Board of Nursing, ABNP1509, expiration date August 17, 2020.
- # This course meets the 2-Hour CNE requirement for nursing jurisprudence and ethics established during the 2013 Legislative Session.
- + This course satisfies nursing jurisprudence and ethics requirements for Board orders.
- @ This course does not award CNE contact hours.
- > The Authors, Speakers/Presenters, Content Reviewers and Experts declare that there are no conflicts of interest.

Note: The Board offers several pre-recorded presentations for viewing at no cost including: **APRN Scope for Faculty and Students**, located at: https://www.bon.texas.gov/practice_nursing_practice_aprninfo.asp and the **APRN Application Process**, accessible at: <https://www.bon.texas.gov/catalog/#courses>. These offerings are not approved for CNE contact hours.



Interactive Online CNE

"Nursing Regulations for Safe Practice"***

This interactive online CNE course is easy to access on any schedule and costs \$25.00.

"Prescriptive Authority for APRNs"^^

This course provides information on the current laws and regulations governing prescriptive authority in the State of Texas. The course is designed to help the learner develop a greater understanding of delegation of prescriptive authority to Texas APRNs and requirements that must be met for APRNs to be in compliance with Texas laws and BON rules. Approved for 1.0 contact hour. Cost: \$25.00.

"Documentation: So Let It Be Said...In Writing That Is"***

The purpose of this online continuing educational activity is to provide all licensed nurses with information on the current standards of nursing practice, rules, and regulations applicable to nursing documentation in Texas. Participation in this course will contribute to the nurse's ability to know and conform with the Texas Nursing Practice Act and the Board's Rules and Regulations, which in turn will promote and protect the welfare of the public as evidenced by participant post-test responses. Approved for 1.4 contact hours. Cost: \$25.00.

"Texas Online Nursing Jurisprudence Exam Prep Course"@"

The Texas Board of Nursing has developed a Jurisprudence Exam Prep-Course that offers an overview and interactive instructions on the subject areas covered in the exam. The course is delivered online with the ability to bookmark "Hot Topics" for a quick review. The course, complete with training on how to locate information for further review, printable resources that will aid study and practice questions, will be useful not only for exam preparation but for future nursing practice. Cost: \$25.00.

"Determining APRN Scope of Practice"***

The purpose of this online continuing educational activity is to provide advanced practice registered nurses (APRNs) with information on the current standards of nursing practice, rules, and regulations applicable to the advanced practice scope of practice in Texas. Participation in this course will contribute to the APRNs ability to know and conform to the Texas Nursing Practice Act and the Board's Rules and Regulations, which in turn will promote and protect the welfare of the public. Approved for 1.4 contact hours. Cost: \$25.00.