



# TEXAS BOARD OF NURSING

# 2019 ANNUAL REPORT

## BOARD MEMBERS

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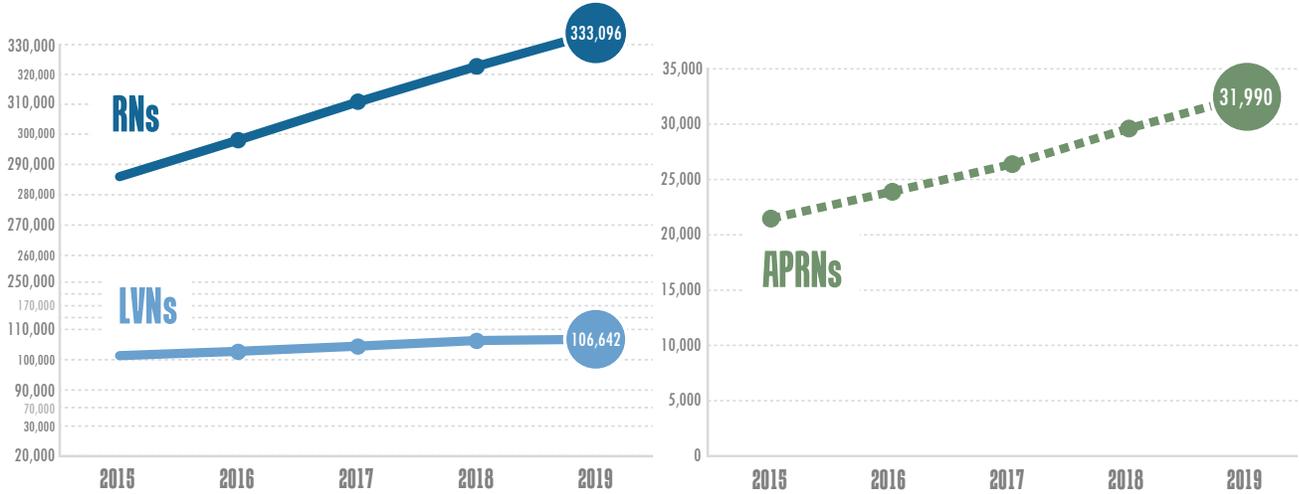
Kathy Shipp, President, MSN, RN, FNP, Representing APRN Practice, Lubbock  
David Saucedo, II, Vice President, Consumer Member, El Paso  
Laura Disque, MN, RN, Representing RN Practice, Edinburg  
Diana Flores, MN, RN, Representing RN Practice, Helotes  
Carol Kay Hawkins-Garcia, RN, LVN, Representing LVN Education, San Antonio  
Mazie M. Jamison, BA, MA, Consumer Member, Dallas  
Kathy Leader-Horn, LVN, Representing LVN Practice, Granbury  
Allison Porter-Edwards, DrPH, MS, RN, CNE, Representing BSN Education, Bellaire  
Tamara Rhodes, MSN, RN, Representing ADN Education, Amarillo  
Melissa D. Schat, LVN, Representing LVN Practice, Granbury  
Francis Stokes, BA, Consumer Member, Port Aransas  
Rickey "Rick" Williams, Consumer Member, Killeen  
Kimberly L. "Kim" Wright, LVN, Representing LVN Practice, Big Spring

# OPERATIONS

## NUMBER OF RNS/LVNS/APRNS IN TEXAS: FY2015-2019

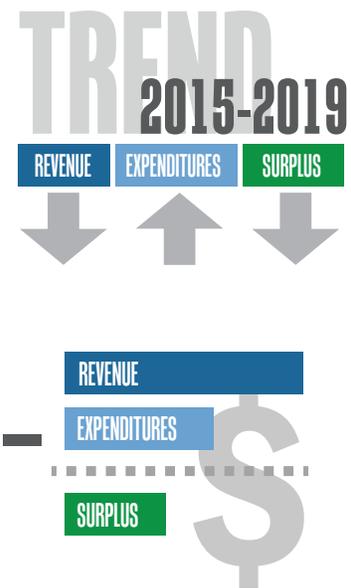
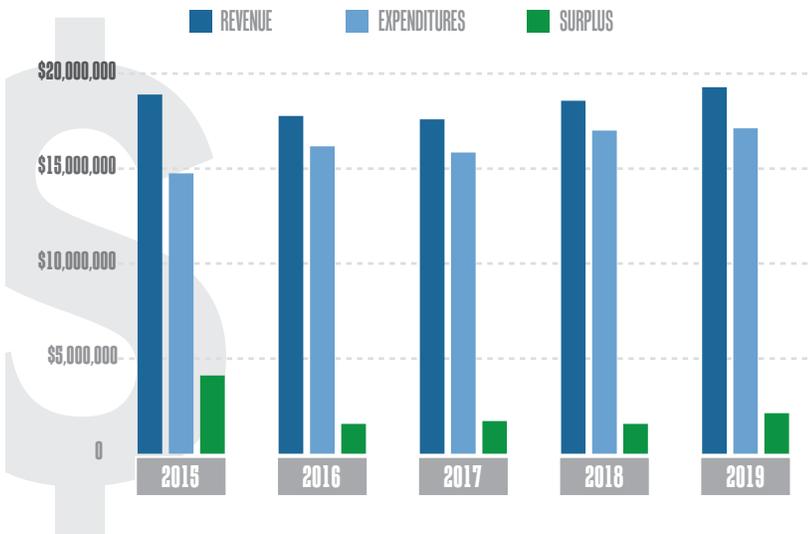
*i* The growth in current LVN licensure has flattened over the past fiscal year dropping from an annual increase of under 2% to just 0.6%. The average annual growth in RN licensure is just under 4% with the growth in APRN licensure consistently averaging above 11%.

Although there continues to be steady growth in the number of current RNs licensed by examination, the number of licenses issued by endorsement from other states has declined by 3% over the past fiscal year. The growth of APRNs has been robust as the state is experiencing a shortage of primary care providers.



## TEXAS BOARD OF NURSING REVENUE/ EXPENDITURES: FY2015-2019

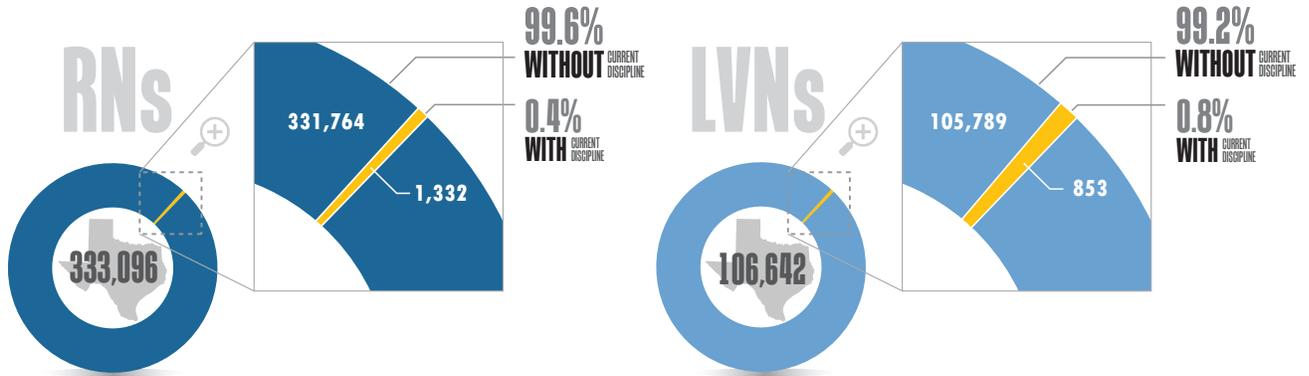
*i* The growth in licensees in Texas, has resulted in higher revenue from license renewals. The BON attempts to maintain a balance of funds approved by the Texas Legislature but the sustained growth of RNs and APRNs provides additional revenue beyond projections.



# ENFORCEMENT

## NURSES WITH CURRENT DISCIPLINE: FY2019 PERCENTAGE OF CASES COMPARED TO TOTAL POPULATION OF LICENSEES

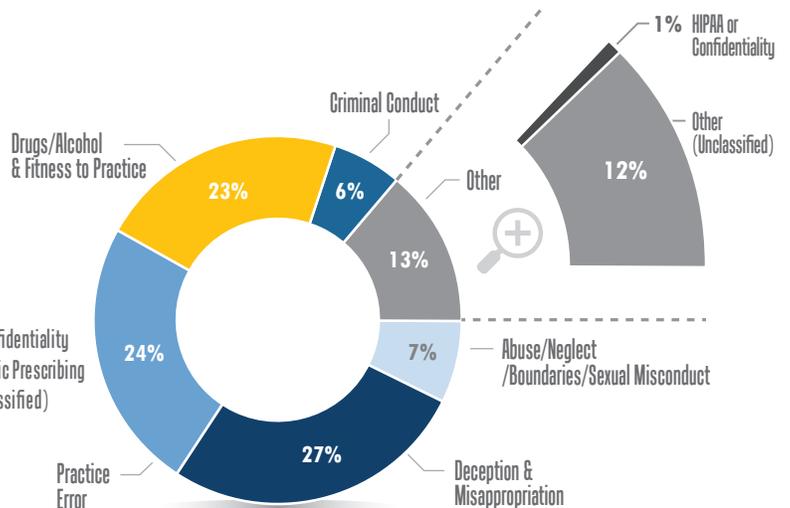
**i** Current discipline affects a very small population of nurses — only 0.4% of Registered Nurses and 0.8% of Vocational Nurses have current discipline as of the end of FY2019.



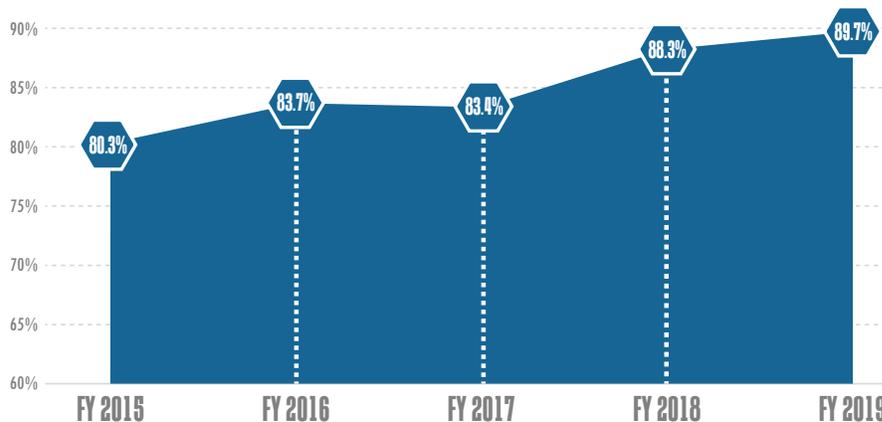
## TYPES OF CASES RESULTING IN DISCIPLINE: FY2019 PERCENTAGE OF TOTAL COMPLAINT TOPICS RESULTING IN DISCIPLINE

**i** About half (50%) of complaints resulting in discipline included concerns about use of drugs/alcohol, fitness to practice, deception, and misappropriation, while concerns involving nursing practice issues represented less than one quarter (24%) of the complaints.

- 27% Deception & Misappropriation
- 24% Practice Error
- 23% Drugs/Alcohol & Fitness to Practice
- 13% Other
- 7% Abuse/Neglect/Boundaries/Sexual Misconduct
- 6% Criminal Conduct



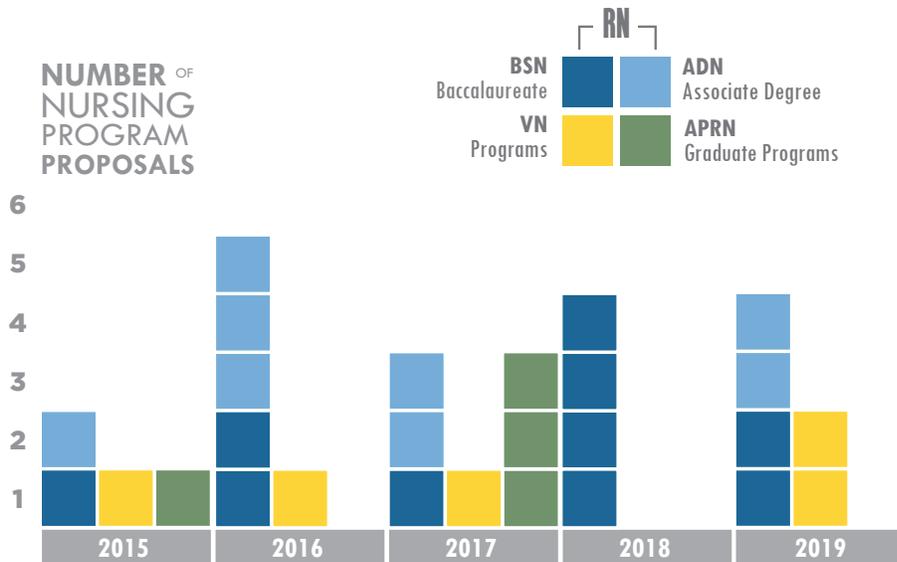
## PERCENTAGE OF CASES CLOSED IN SIX MONTHS: FY2015-2019



**i** The Board routinely closes 8 out of 10 cases within 6 months, and in FY2019, approximately 9 out of 10 cases were closed within 6 months.

# EDUCATION

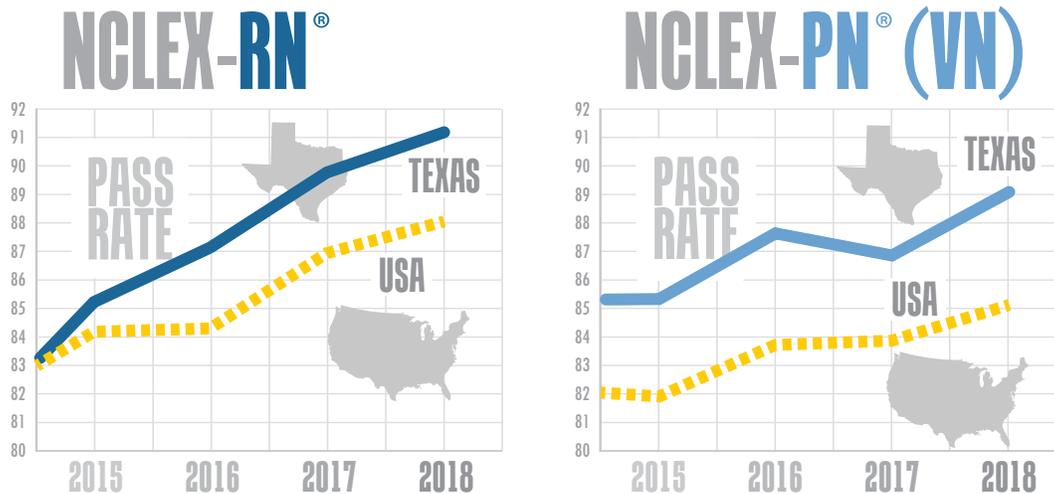
## NUMBER OF PROGRAM PROPOSALS REVIEWED/APPROVED: FY2015-2019



**i** From 2015-2019, the BON approved 27 new nursing education programs.

10 were baccalaureate degree, 8 were associate degree, 5 were vocational certificate, and 4 were APRN.

## TEXAS NURSING EDUCATION PROGRAM NCLEX® PASS RATES COMPARED TO NATIONAL PASS RATES



**i** The annual NCLEX-RN® and NCLEX-PN® examination pass rates of first time test-takers from registered nursing and vocational nursing programs in Texas were above the national average from 2014 - 2018 with the exception of the 2014, when the NCLEX-RN® pass rate decreased to 83.93%, just slightly below the national average of 84.29%. This was an expected decrease as the NCLEX-RN® passing standard was increased, effective April 1, 2013.

Throughout 2014, BON Education Consultants worked individually with each affected program as the programs conducted program self-studies to address identified areas for program improvement. Subsequently, the NCLEX-RN® pass rates rebounded in 2015 and remain above the national average to date. The 2019 NCLEX-RN® and NCLEX-PN® pass rates will be finalized in January 2020 and April 2020 respectively.

## I. Agency Mission and Values of the Texas Board of Nursing

The mission of the Texas Board of Nursing (BON or Board) 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 (NPA), supersedes the interest of any individual, the nursing profession, or any special interest group.

Acting in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and openness, the Texas Board of Nursing approaches its mission with a deep sense of purpose and responsibility and affirms that the regulation of nursing is a public and private trust. The Board assumes a proactive leadership role in regulating nursing practice and nursing education. The Board serves as a catalyst for developing partnerships and promoting collaboration in addressing regulatory issues. The public and nursing community alike can be assured of a balanced and responsible approach to regulation.

## II. Legal/Enforcement Highlights

### Number of New Cases – Investigator Caseloads

In FY2019, the Board opened 15,357 new complaints, which was about 2,000 more cases than opened in FY2018 and about 4,000 more cases than opened in FY2017. These increases in new cases are likely the result of all student criminal background check (CBC) results continuing to be reviewed by the Enforcement Department, a process which began in early FY2018 in order to consistently apply the Board's revised directives in evaluating CBC results and how those results apply to the practice of nursing. Although reviewed through a new process, these background checks do not result in more investigations and actions.

Before FY2019, the Board had maintained a seven-year trend of closing more cases each year than were opened. However, this trend changed in FY2019, when the Board closed about one hundred fewer cases than new cases opened. This change may be attributed to the overall rise in the total number of new cases. Despite closing fewer cases than were opened, the average caseload in FY2019 for the Investigator III and Investigator IV positions essentially remained consistent with previous averages: FY2019 - *91 cases per investigator*; FY2018 - *84 cases per investigator*; FY2017 - *93 cases per investigator*.

### Disciplinary Actions

There was essentially no change in the percent of complaints resulting in discipline in FY2019. However, the FY2019 and FY2018 results both represent a decline of 6% from the FY2017 findings. This may be attributed

to the Board's continuing to use a modified approach to criminal conduct subsequent to the most recent Sunset Advisory Commission review.

### Informal Settlement Conferences – Mediations

In FY2019, the demand for informal settlement conferences continued to decline (66 in FY2019; 96 in FY2018) with mediations increasing substantially (109 in FY2019; 43 in FY2018). This reversal has been a focus for the agency to settle rather than litigate cases, resulting in a more expeditious method to resolve disciplinary cases.

In January 2019, the Board began routinely scheduling informal settlement conferences once each month in response to the decreasing demand for informal settlement conferences.

### Case Closure Timelines

On average, cases of all priority levels required about the same number of days to resolve in FY2019 as compared to FY2018. While the highest priority cases were closed 18 days earlier in FY2019, the lowest priority cases required essentially the same number of days to close. There was a very slight increase in the middle priority cases, which took about 67 days longer to close in FY2019 as compared to FY2018.

### III. Licensing Highlights

#### Continued Growth in Professional Nursing – Continued Decline in New License for Vocational Nurses

Texas continues to have a substantial growth in the numbers of licensed Advanced Practice Registered Nurses (APRN) with newly issued licenses growing over 11% per fiscal year. Likewise, the total number of Registered Nurses (RNs) continues to increase particularly through the licensing of new graduates. Of interest, is that there has been a consistent decrease in the numbers of RNs transferring their license to Texas by endorsement. This could be a result of the new eNLC which expanded from 25 to 34 states including three states, Florida, Oklahoma and Louisiana which previously provided a higher number of licenses to Texas by endorsement.

A noticeable trend from the previous Fiscal Years is the overall decline in the number of licenses by examination and endorsement of Licensed Vocational Nurses (LVNs). From FY2018 to FY2019 there has been 5.7% decrease in the total number of new LVN licenses issued by examination and endorsement. As with Registered Nurse licensure, the effect of the new compact may have contributed to this decrease. However, more likely factors for the overall decline in growth of new LVN licensees are: the steady decrease in the number of students enrolling in LVN programs, reduced numbers of applicants applying to take the NCLEX-PN® exam, as well as a lack of growth in new vocational nursing education programs.

### IV. Nursing Education Highlights

#### Baccalaureate Degree Nursing Programs in Public Junior Colleges

SB 2118 enacted during the 85<sup>th</sup> Legislature, authorized the Texas Higher Education Coordinating Board (THECB) to approve certain public junior colleges to offer baccalaureate degrees in specified fields of study, including nursing. The bill required nursing baccalaureate program proposals meet all Board of Nursing requirements, regardless of whether the program is a pre-or-post licensure baccalaureate degree program. Board and THECB Staff have developed a proposal application process that avoids duplication, yet assures the required input of the Board's expertise specific to nursing education.

During its April 2018 quarterly meeting, the Board acknowledged approval of Austin Community College as the first community college in Texas to offer a baccalaureate degree nursing program. As of the end of FY2019, six public junior colleges have been approved by THECB to offer baccalaureate nursing programs. Board Staff will monitor this closely and continue to work collaboratively with THECB to ensure a coordinated approval process.

#### Next Generation NCLEX Project

The National Council of State Boards of Nursing (NCSBN) has been researching the possibility of measuring clinical judgment in nursing since 2012. Findings from the 2013-2014 NCSBN Practice Analysis indicated that entry-level nurses are responsible for activities involving critical thinking, clinical reasoning, and clinical judgment.

Though some of the current NCLEX-RN® items measure judgment to some degree, a higher level of testing is needed to ensure safe entry-level practice.

A Clinical Judgment Model (CJM) was designed based upon leading theories of decision making (information processing; intuitive/humanistic; and cognitive continuum). The CJM depicts a nursing decision-making model involving recognizing and analyzing cues, prioritizing hypotheses, generating solutions, taking action, and evaluating outcomes. The model can be compared to the nursing process. The CJM is contextually-driven and allows for the influences of environmental (setting, resources, medical records, task complexity, etc.) and personal factors (nurse knowledge and skills, candidate characteristics, level of experience, etc.) in decision-making by the nurse.

Research has shown that the elements in the CJM can be identified and that test items can be written to measure each element. The purpose of current NCSBN research is to determine scoring techniques for the new items.

As NCSBN makes progress toward an implementation date, Board Staff will continue keep education stakeholders informed so that graduates can be adequately prepared for new exam item types.

## Task Force to Study Implications of Growth of Nursing Education Programs in Texas

The Board's Task Force to Study Implications of Growth of Nursing Education Program in Texas met twice during FY 2019 to continue work toward its charge to create a dialogue between nursing education and clinical partners to facilitate optimal clinical learning experiences for all constituents. The Task Force will be presenting a statewide

summit with the Texas Organization of Nurse Executives in early 2020 to broaden stakeholder discussion of strategies and best practices in clinical learning experiences to benefit students, nurses, clinical partners, and patients/families. Outcomes of the summit will be disseminated widely following the event.

## V. Nursing Practice Highlights

### Nursing Peer Review Evaluation of Practice-breakdown (N-PREP)

Board staff have developed an adapted version of the Taxonomy of Root Cause Analysis of Practice-responsibility (TERCAP). This new methodology is called Nursing Peer Review Evaluation of Practice-breakdown (N-PREP). N-PREP was created for utilization by Texas nursing peer review committees to support their existing organizational peer review processes in improving the evaluation of nursing practice breakdown. The overall concept of N-PREP involves a structure with a broad enough template to provide both guidance and flexibility to the nursing peer review process so that all of the hundreds of nursing peer review committees throughout the state may successfully incorporate the tool into their own organizational structure. This new resource is a means to support the committee's analysis of reported incidents to determine if the nurse's conduct is: required to be reported to the Board, constitutes a minor incident that is not required to be reported to the Board and may be remediated at the facility level, or does not constitute a deficit in practice.

During FY 2019, Board staff provided two in-person trainings in Austin and Houston to educate nursing peer review chairs on how to use the N-PREP resource tool. Evaluations of the trainings were overwhelmingly positive indicating the N-PREP resource tool will help nursing peer review committees in their evaluation of nursing practice breakdown.

During FY 2020, Board staff will transition the in-person training into an online module to educate those interested in the intent and use of the N-PREP resource tool and provide individuals with a copy of the resource itself for implementation in their nursing peer review process.

### Continuing Nursing Education

The 86th Legislature enacted several bills that created new continuing competency requirements for nurses. HB 2059, effective September 1, 2019, requires all nurses who provide direct patient care to complete a human trafficking prevention course approved by the Health and Human Services Commission prior to each licensure renewal on or after September 1, 2020.

HB 2454, effective September 1, 2019, requires APRNs who have entered into a prescriptive authority agreement authorizing the prescribing of opioids to complete not less than two (2) hours of continuing education annually regarding safe and effective pain management related to the prescription of opioids and other controlled substances. This requirement applies to renewal of licensure on or after January 1, 2021.

HB 3285, effective September 1, 2019, requires prescribers whose practice includes the prescription of opioids to attend at least one (1) hour of continuing education annually covering best practices, alternative treatment options, and multi-modal approaches to pain management. The Texas Pharmacy Board is tasked with adopting rules to establish the required content of the continuing education. This requirement takes effect September 1, 2019, and expires on August 31, 2023.

HB 2174, effective September 1, 2019, requires APRNs licensed prior to September 1, 2020, and authorized to receive information from the prescription monitoring program to complete two (2) hours of continuing education related to approved procedures of prescribing and monitoring controlled substances no later than September 1, 2021.

APRNs licensed after September 1, 2020, and authorized to receive information from the prescription monitoring program are required to complete the continuing education no later than one year after their initial licensure. This is a one-time education requirement.

As of October 25, 2019 amendments to Board Rule 216.3 regarding Continuing Competency Requirements necessary to implement the new requirements have been adopted. Board Staff will continue to collaborate with the other agencies involved in the new requirements and keep licensees informed of developments.

Additionally, Board Staff will be launching new continuing education courses for nurses in 2020 that will cover the topics of nursing delegation, nursing peer review, and nursing jurisprudence and ethics. These topics were selected based upon stakeholder input from calls, webmasters, and course evaluations.