APRN Prescribing Errors & Violations: Lessons from Texas APRN History

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"Those who cannot remember the past are condemned to repeat it"

George Santayana ~ Reason in Common Sense, Vol. 1 (1905)

APRN Disciplinary Actions in Retrospect

- Stratified sample:
  - Disciplinary action related to APRNs prescribing or ordering medications
  - Time period: Violations occurred between 1989 – 2009

- Results:
  - 143 disciplinary orders contained 232 violations over 21 years
  - ≤ 0.3438% violations per licensee per year
APRN Experience at the Time the Violation Occurred

Broad Categories of Violations
Intemperate Use/Criminal Behaviors

• 44.4% of total violations

• Numbers do not include behaviors related to use of alcohol

• Does not imply there were no violations involving use of alcohol during this time

Regulatory Violations

• 13.36% of the violations

• Failure to comply with specific Texas requirements

• Rules 221.13(d), 222.4(b), 222.5 & 222.6

Documentation Violations

• 9.8% of the violations
**Ethical Violations**

- 10.34% of the violations
- Rule 222.10(a)(2)—Rx for self prohibited
- Objectivity of the provider—Position Statement 15.22—care of family and others with whom there is a close personal relationship

**Practice Breakdown**

- 21.98% of the violations
- Includes dosing errors, wrong medication for the diagnosis, non-therapeutic prescribing
- Rules 221.12, 221.13, 222.4, 222.8, 222.9, 228.1

**Rules 221.12 and 221.13**

- Foundation for scope of practice
- Responsibility for knowing scope
- Protocols
- Accountability and responsibility
Rule 222.4

- Order and prescribe within role and population focus
- Prescription information—physician information required
- Prescribing for partners of patients for STIs
- Clinical trials
- Off label uses

Rule 222.9

- Prescription drug samples
- Authorized to prescribe the drugs and devices
- Within scope
- Record keeping consistent with the Texas Health and Safety Code

Rule 222.8

- Controlled substance requirements
- APRN requires his/her own DEA registration
- Schedules—III through V limitations
- Schedule II setting limitations
**Rule 228.1**

- Pain management standards

- Must be considered in conjunction with:
  - Rule 221.12—Scope of practice
  - Rule 221.13—Core standards for APRN
  - Rule 222—Prescriptive authority

**Nontherapeutic Prescribing Issues**

- National crisis

- Controlled substance cocktails

**Rule 228.1(b)—Purpose**

- Therapeutically treat overall health

- Prescribe in a therapeutic manner

- Complete assessment and sound clinical judgment

- Documentation
Nontherapeutic Prescribing Issues

- Function not assessed properly
  - Objective measures vs. pain scale

- Prescription not supported by diagnosis

- Assessment incomplete

- Lacks documentation
  - I did it but I forgot to write it down

Rule 228.1(c)—Evaluation of Patient

- Physical assessment

- Pain assessment
  - History
  - Comorbidities
  - Risk factors

Nontherapeutic Prescribing Issues

- Inappropriate assessment

- Pain assessment
  - What, when, where, who
  - Cannot ignore comorbidities
  - Risk for substance use disorders
Rule 228.1(d)—Treatment Plan & Outcomes

• The drug’s relationship to chief complaint and treatment of pain
• Information regarding the drug prescribed
• Lab and diagnostic evaluations ordered
• Other treatment options planned/considered
• Plans for ongoing monitoring
• Subjective and objective measures to determine outcomes

Nontherapeutic Prescribing Issues

• Prescribing a drug not related to the complaint and treatment of pain
• No details regarding what was prescribed
• Labs and diagnostic testing not done
• Other treatment options ignored
• No plan for ongoing monitoring
• No objective measurement of therapeutic outcomes

Rule 221.8(e)—Informed Consent

• Signed documentation or notation
• Risks/benefits include:
  – Diagnosis
  – Treatment plan
  – Expected outcomes
  – Non-pharmacological therapies
  – Potential side effects
  – Adverse effects/Potential for impairment
Nontherapeutic Prescribing Issues

- Signed consent issues
- Missing diagnosis
- Nonspecific treatment plan
- Only outcome is to help with pain
- No discussion regarding the side effects of medications

Rule 228.1(f)—Pain Management Agreement

- Drug therapy beyond 90 days
- Must be in writing
- Patient responsibilities:
  - Drug testing upon request
  - Adherence to number and frequency of refills
  - One provider/one pharmacy
  - Potential consequences of non-compliance
  - Successful completion of treatment goals

Nontherapeutic Prescribing Issues

- Patients are not held to the terms of the agreement
  - Drug testing
  - Early refills
  - Multiple providers/pharmacies
Prescription Monitoring Program
www.pharmacy.texas.gov

Rule 228.1(g)—Ongoing Monitoring

• Must assess and document ongoing monitoring of progress toward treatment goals
• Patient compliance with treatment plan
• Pain relief and changes in function
• Changes in treatment plan and meds if no improvement

Nontherapeutic Prescribing Issues

• Assessments are the same over and over again
• No measurement of progress
• No discussion of noncompliance issues
• Pain relief discussed based on reported scores with medications but no measure of change in function
• No improvements documented but the prescriptions are the same
Rule 228.1(h)—Consultation and Referral

• At risk patients—consider consultation
• Consult/Refer—
  – History of SUDS with psychological and/or psychiatric disorders

Nontherapeutic Prescribing Issues

• Not evaluating risk using validated risk stratification instruments
• Ignoring known mental health history
• Ignoring significant scores on depression and anxiety instruments

Rule 228.1(i)—Pain Clinics

• APRNS may not own/operate
• Clinic must be registered with the Texas Medical Board
• Physicians on site 33% of the time
• Physicians must review 33% of the charts
Nontherapeutic Prescribing Issues

- APRN owned clinics
  - Not registered with the Texas Medical Board
- Physicians are rarely on site
- Refills after 90 days not discussed /documented
- Physicians only on site to write prescriptions for hydrocodone combination products
- Scanty evidence of chart review

What Does This Mean for Us?

- DOCUMENT, DOCUMENT, DOCUMENT
- Make sure assessment supports the diagnosis
- Patient history is an important part of your assessment
- Education must support scope

What Does This Mean for Us?

- Document contacts with the physician
- Know the laws and regulations that govern your practice
- Check the prescription monitoring program if you prescribe controlled substances
Questions?

Thank you!