Texas Board of Nursing Update

Texas Organization of Nurse Executives Annual Conference
April 4, 2014

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Texas Board of Nursing
Objectives

1. Discuss national changes affecting nursing practice

2. Describe Texas Board of Nursing changes affecting nursing practice

3. Describe legislative changes that impact nursing regulation
National News

- APRN Compact in development
  - Includes Consensus Model language for licensure
  - Lessons learned from the Nurse Licensure Compact
  - In vetting phase now

- E-Notify launched by NCSBN
  - Automatically delivers licensure and discipline data directly to employers
Welcome to Nursys e-Notify!

Nursys e-Notify informs you if your employed RNs or LPN/VNs receive public discipline or alerts from their licensing jurisdiction(s). It also notifies you if licenses are expiring. e-Notify is your simple one-stop shop for monitoring the status of nurses. View the list of participating boards of nursing.

Manage your nurse list

- Search the system for nurses to add to your list
- Add multiple nurses at once using file upload
- Remove a nurse from your list or deactivate your notifications
- Integrate with your systems using our application programming interface (API)

View your nurse reports

- Learn of license expirations
- See information about discipline actions
- Get summary reports

Receive nurse notifications

- Set email alerts for license status changes
- Choose notification frequency
- Send expiration reminders to nurses
National News

- DHHS Office of Civil Rights issued letter to health care providers related to HIPAA and the release of information when patient represents serious danger to himself or others.

- National RN Survey—NCSBN has partnered with the Forum of State Nursing Workforce Centers to conduct a national survey of RNs to collect current nursing workforce data.
Emerging State Issues

Military Veterans Seeking Careers in Nursing

- College Credit for Heroes Program
- LVN to ADN
- Medic to ADN
- Medic to BSN

BON Website Military Section
Pill Mills

- “Pill mill” is a term used primarily by local and state investigators to describe a doctor, APRN clinic or pharmacy that is prescribing or dispensing powerful narcotics inappropriately or for non-therapeutic reasons.

- They often open and shut down quickly in order to evade law enforcement.

- Although the problem is nationwide, Drug Enforcement Administration officials believe the highest concentration of pill mills are in Florida and Texas.
In 2009, more than 15,500 deaths in the US resulted from overdoses on prescription drugs, nearly 4 times the number who died in 1999.

The nationwide surge in deaths now places prescription drug overdoses as the second leading cause of accidental death behind traffic crashes and painkillers as the top narcotic contributing to death.
Pill Mills, cont.

- COMMON SIGNS:
  - Accept cash only
  - No physical exam performed
  - No medical records or x-rays are needed
  - Pick your own medicine, no questions asked
  - Directed to “their” pharmacy
  - They treat pain with pills only
  - You get a set number of pills and they tell you a specific date to come back for more
  - They have security guards
  - There may be huge crowds of people waiting to see the doctor
FEDERAL LAW:

- It is against federal law for a practitioner to prescribe pain medication without a legitimate medical purpose or "outside the usual course of medical practice."

- If prescription is found not "valid," this is a felony.

- It is also illegal to practice or prescribe medications without a license.
Webinars
- Medication Safety
- Professional Boundaries
- Nursing Peer Review
- Safe Harbor
- APRN Application Process
- Standards for APRN Practice
- Documentation
- Delegation
- LVN Scope of Practice

Workshops
- Protecting Your Patients and Your Practice
- LVN Scope
- Peer Review
- Delegation
- APRN Licensure and Practice In Texas: Meeting the Challenges, Meeting the Needs (April-Houston; Sept.-Arlington)
Board approved an alternative to discipline pilot in collaboration with Texas A&M University Center for Rural and Community Health Institute

- For cases deemed appropriate for remediation

- Proposed study involves comparison of board remediation methods with assessment followed by tailored remediation and reassessment

Texas Taxonomy of Error Root Cause Analysis and Practice-responsibility (TERCAP) Pilot

- August 2012-August 2014
- Mid-Pilot Report presented in January 2014
- April 2014 Bulletin Article
Texas TERCAP Pilot Goals

- To prevent errors through the use of a standardized instrument to review data collected related to nursing practice breakdown during NPR proceedings

- Create partnerships to enhance the safety of nursing practice across the state

- Common framework to identify and classify nursing practice breakdown

- Provide guidance for Peer Review Committees

- Help with resolution/mitigation of Nursing Practice Breakdown (NPBD)

- Review data to develop proactive approaches to preventing NPBD
The peer review case involves a nurse who was involved in a practice breakdown.

The peer review case involves one or more identifiable patients.

The case allows for all or almost all of the data collection instrument fields to be completed.

The case is reviewed by the institution’s peer review committee and not deemed reportable to the BON.
Types of Nursing Practice Breakdown

Eight Categories:

- Safe Medication Administration
- Documentation
- Attentiveness/Surveillance
- Clinical Reasoning
- Prevention
- Intervention
- Interpretation of Authorized Provider’s Orders
- Professional Responsibility/ Patient Advocacy
Majority of Nurses with PBD
- No history of NPB
- 5+ years experience
- Not working in temporary capacity
- Retained and remediated by employer

Communication #1 system factor cited

Clinical reasoning cited most frequently primary factor contributing to the PBD
Task Force to Study Implications of Growth of Nursing Education Programs in Texas

- Current Charges
  - Develop a Guideline for Optimal Clinical Instruction for pre-licensure nursing education
  - Review and analyze 2013 NEPIS data related to clinical hours

- Survey of Clinical Partners, Faculty & Students out next week
Texas 83rd Legislative Session

- 2014-2015 Budget Request (HB 1)
- Self-Directed/Semi-Independent Status (HB 1675)
- Nursing Practice Act Amendments (SB 1058)
- APRN (SB 406)
Two new nursing positions
  ▪ Nursing Education
  ▪ Nursing Practice

TPAPN Funding
  ▪ New national standards have been published by NCSBN for alternatives to discipline programs for nurses with substance abuse disorders
    ▪ Grounded in best practices and evidence-based
    ▪ To provide opportunity for recovery, monitoring and safety
  ▪ Request for increasing the monitoring period to 3 years and to restore the 5% reduction to the budget in the last biennium

2014-2015 Appropriations Bill (HB 1)
2014-2015 Appropriations Request

Texas Center for Nursing Workforce Studies

- TCNWS funded by nurse licensure fees

- TCNWS proposed budget for FY 2014-2015
  - Includes funding to cover resources, salaries, travel and website improvements
RN Renewal Fee Decrease

- RN renewal fee decreased to $70 due to:
  - New appropriations granted
  - Completion of fingerprint criminal background check audits
  - New mandatory criminal background checks for students
Self-Directed / Semi-Independent Status

- A model that maintains most state agency functions and responsibilities

- HB 2361 (Darby) & SB 1375 (Hinojosa) filed to give SDSI status to the TX Medical Board, TX State Board of Pharmacy and TX BON did not pass

- However HB 1675 passed and directs the Sunset Commission to conduct a study concerning criteria and process used to determine whether a state agency should be given SDSI status
NPA Amendments (SB 1058)

- Substantive Amendments
  - Mandatory Criminal Background Checks for Students
  - Provide for limited nondisclosure of disciplinary proceedings
  - Make deferred discipline a permanent discipline option
NPA Amendments, cont.

- Substantive Amendments

  - New Targeted Continuing Education Requirements
    - Nursing Jurisprudence & Ethics
    - Geriatrics/Older Adults
    - Rule 216 changes reflect new requirements

  - The Online CNE Course: “Nursing Regulations for Safe Practice” meets the 2 hour NJPE requirement
SB 406: APRN Prescriptive Authority

- BON & TMB developed joint FAQs to guide APRNs, PAs & Physicians

- Advanced Practice Nursing Advisory Committee (APNAC) reviewed and made recommendations to Rule 222
  - Continuing Education related to Controlled Substances
  - 3 hours for APRNs who prescribe controlled substances

- BON granted authority to issue APRNs a license #
  - Requires valid Texas RN or privilege to practice (Compact)
  - Began April 1st after licensees & stakeholders notified
  - FAQs posted on BON website
Changes to Rule 222 include:
- New definitions
- Clarify DEA only required on prescriptions for controlled substances
- Identifies the requirements for Prescriptive Authority Agreement
- Schedule II prescribing authority in certain settings
- Clarify ordering/prescribing behaviors that may result in discipline
- Rule 228 Pain Management (new)
- Rule 221 to be considered at April meeting
Duties of health care facilities, health care providers, and the Department of State Health Services with respect to care provided to a sexual assault survivor (SB 1191)

- Requires a person who performs a forensic examination on a sexual assault survivor to have at least basic forensic evidence collection training or the equivalent education prior to caring for patient

- Reflected in changes to rule 216
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