

REPORT OF THE EXECUTIVE DIRECTOR

NATIONAL ISSUES

IOM Report on the Future of Nursing: *The Future of Nursing: Leading Change, Advancing Health*, was released on October 5, 2010. The 4 key messages are: 1. Nurses should practice to the full extent of education and training; 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression; 3. Nurses should be full partners with physicians and other health professionals in redesigning health care in the U.S.; and, 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure. Specific recommendations contained in Part III of the report include: 1. Remove scope of practice barriers; 2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts; 3. Implement nurse residency programs; 4. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020; 5. Double the number of nurses with a doctorate by 2020; 6. Ensure that nurses engage in lifelong learning; 7. Prepare and enable nurses to lead change to advance health; and, 8. Build an infrastructure for the collection and analysis on interprofessional health care workforce data. IOM/RWJ continue to support implementation of these recommendations.

The report is available for download (or to read online) at http://books.nap.edu/openbook.php?record_id=12956&page=R1.

Census Bureau Reports that Uninsured Rose to 16.7% in 2009: The percentage of uninsured individuals rose to 16.7%, or 50.7 million people, in 2009, up from 15.4%, or 46.3 million people, in 2008, according to data released by the U.S. Census Bureau. The number of people with health insurance decreased for the first time since 1987, the first year that similar health insurance data were collected, to 253.6 million in 2009 from 255.1 million in 2008. The number of people with private health insurance decreased to 194.5 million in 2009 from 201.0 million in 2008, while the number of people with government health insurance increased to 93.2 million from 87.4 million. The percentage of children under age 18 without health insurance remained stable at 10%, or 7.5 million, in 2009 compared to 9.9% in 2008. The findings are part of "Income, Poverty and Health Insurance Coverage in the United States: 2009," which is based on 2010 data from the Current Population Survey Annual Social and Economic Supplement. For more information, please see: <http://www.census.gov/prod/2010pubs/p60-238.pdf>.

CMS Updates Health Spending Estimates to Reflect Health Reform: The Centers for Medicare & Medicaid Services (CMS) projected national health spending will grow an average 6.3% annually through 2019. That's 0.2 percentage points faster than projected in February due to health care reform and other recently enacted legislation. The agency projects health care will account for 19.6% of gross domestic product by 2019, 0.3 percentage points higher than anticipated before reform. Assuming a 23% physician payment cut takes effect in December 2010 and COBRA premium subsidies expire, CMS expects spending growth to slow from 5.1% in 2010 to 4.2% in 2011. It expects spending to rise by 9.2% in 2014, largely due to expansions of health coverage through Medicaid and the state health insurance exchanges. By 2019, private health coverage is expected to account for 32% of national health spending. Government administrative costs for health reform are estimated at \$71.1 billion through 2019.

For more information, please see: <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.2010.0788>.

Study Finds 28% of New Health Problems Treated in Emergency Departments: More than one-quarter of outpatient visits for new health problems or changes in chronic conditions are made to emergency departments (ED), according to a new study published today in Health Affairs. Between 2001 and 2004, primary care physicians treated 42% of these "acute-care" visits, while emergency departments treated 28%, specialists 20%, and hospital outpatient departments 7%, the study found. Two-thirds of these ED visits took place on weekends or after office hours. The study used three federal surveys to analyze nearly 354 million annual outpatient visits for newly arising health problems. For more information, please see: <http://content.healthaffairs.org/cgi/content/abstract/29/9/1620>

Tool Helps Hospitals Improve Hand Hygiene Compliance: The Joint Commission Center for Transforming Healthcare released an interactive tool to help hospitals improve hand hygiene. Created by eight hospitals and health care systems, the center's first Targeted Solutions Tool provides a step-by-step process to measure hand-hygiene performance, identify barriers to excellent performance and implement proven solutions. The first eight participants improved their average hand-hygiene compliance rate from 48% to 82%. Nineteen other hospitals, ranging from small to large, are now experiencing similar gains. As the center tackles other issues such as wrong site surgery, surgical site infections and hand-off communications, the solutions developed by the projects will be incorporated into the tool. For more information, please see: <http://www.centerfortransforminghealthcare.org/>

Center for Nursing Excellence in Long-Term Care Launched: The Honor Society of Nursing, Sigma Theta Tau International (STTI) in Indianapolis, announced the launch of the Center for Nursing Excellence in Long-Term Care. STTI, in collaboration with the Hartford Centers of Geriatric Nursing Excellence, skilled nursing facilities, national providers, trade associations and geriatric consumer groups, is developing a portfolio of products and services that aims to help registered nurses take stronger leadership roles within long-term care facilities. For more information, please see: <http://www.centerfornursingexcellence.org/>.

RWJF Brief Describes School Nursing Disparities, Possible Improvements: A recent brief from Robert Wood Johnson Foundation's (RWJF) Charting Nursing's Future series, "Unlocking the Potential of School Nursing: Keeping Children Healthy, in School, and Ready to Learn," describes dramatic disparities in the availability of services and highlights policies and funding strategies. Half of the nation's schools lack a full-time registered nurse. The brief profiles a disparate group of funding approaches for school nurses, including a taxation mechanism in Miami; publicly and privately funded grants in Mississippi; and partnerships with a healthcare provider in Austin, Texas; an insurer in Minneapolis; and a nursing school in Boston. For more information, please see: <http://nursing.advanceweb.com/News/National-News/RWJF-Brief-Describes-School-Nursing-Disparities-Possible-Improvements.aspx>.

Environmental Scan (move to NCSBN report)

STATE ISSUES

SOA Report on the Board of Nursing: The attached document, *Workforce Summary Document* prepared by the State Auditor's Office Classification Team, will be provided to the Legislature. It reports on various data related to the Board of Nursing. **(See Attachment A).**

House Bill 1: The House of Representatives released the appropriations bill on January 19th. The portion of Article VIII on the Board of Nursing is attached. Reductions to the agency's budget includes seven fewer FTEs. **(See Attachment B).**

LBB Report on APRNs: The Legislative Budget Board's (LBB) *Texas State Government Effectiveness and Efficiency Report Selected Issues and Recommendations*, January 2011 contains recommendations regarding the regulation of Advanced Practice Registered Nurses. **(See Attachment C).**

BON Featured by Texas.Gov and Department of Information Resources (DIR): Texas.Gov has spotlighted the BON and six other agencies as: “..Texas government agencies that partner with us to make online services available to you.” The page, <http://www.texas.gov/en/Discover/Pages/gov-spotlight.aspx>, has a link to our website and shows our logo and our mission. DIR's features appear at: http://www2.dir.state.tx.us/management/strategy/data/asp/Pages/tas_11.aspx (under State Portal Infrastructure) and http://www2.dir.state.tx.us/management/strategy/bpr/Pages/aag_43.aspx (bottom of the page with our logo)

Health Professions Council: The Health Professions Council (HPC) met on December 6, 2010 for its regular quarterly meeting. The Regulatory Data Base Project, which provides new licensure, discipline, and other data functions for four of the agencies continues toward implementation with delay of the “Go Live” date delayed until February. The Council continues to provide training opportunities for HPC's agencies' staff, technology support, and Human Resources job screening functions.

BOARD ISSUES

BON Bulletin Articles : The January issue of the *Board of Nursing Bulletin* contains an article on new BON webinars on Peer Review in 2011; an article announcing Richard Gibbs was elected the Vice President; a best safety practices article on professional boundaries in the community; and a guest article highlighting the importance of providing licensure renewal data for workforce planning purposes by staff of the Texas Center for Nursing Workforce Studies.

Board Development: At each board meeting, a board development session is held. Pursuant to discussions with the Board in October and Richard Gibbs, Board Development Liaison, at this meeting a registered parliamentarian will present on parliamentary procedures.

Risk Management Audit: The State Office of Risk Management (SORM) conducted a Risk Management Program Review December 10, 2010. No recommendations were made. **(See Attachment D).**

Just Culture: Staff continue to dialogue with other Boards of Nursing on the relationship of Just Culture principles to regulation. At the NCSBN Mid Year meeting, March 14-16, 2011, there will be an educational session on Just Culture.

LBB and Governor's Office Approve FTEs: A request from the Texas Board of Nursing for increase in full time equivalent (FTE) staff positions to address the growing workloads in APRN application review and Criminal Background Check processing was submitted to the Governor's Office and Legislative Budget Board in February 2010. The agency received letters indicating approval by these two offices in December 2010 and January 2011. The request proceeded the 5% budget cuts and there are now pending requests for additional 2.5% in budget cuts. Staff are considering how to use the additional FTEs within the current budget. **(See Attachment E).**

AGENCY ISSUES

Nursing Jurisprudence Examination: The Jurisprudence examination required for initial licensure by Texas Occupations Code Section 301.252, License Application, was implemented in September 2008. Access to the Board's examination is available through the website, <http://www.bon.state.tx.us/olv/je.html> . Those applying for initial licensure by exam or endorsement **after** September 1, 2008 must pass the Jurisprudence Exam in order to be eligible for licensure. Attached are statistics for Jurisprudence exam takers for past fiscal years and through the first quarter of FY 11. (**See Attachment F**).

Online Jurisprudence Prep Course: The number of participants for the online jurisprudence prep course for the first quarter, FY2011 was -- September 371; October 335; November 255; for a total of 961. This level of participation is consistent with our past experience with this program.

Website: The following changes/updates have been made to the Board's website since the October Board meeting:

- Changes to Education Form - Approval of Program Outside Texas Jurisdiction to Conduct Clinicals in Texas.
- Posted NCLEX - RN Pass Rate for 2010.
- Posted publication NCSBN Leader to Leader featuring Janice Hooper's article: *Strategies to Promote Innovation in Nursing Education in Texas: An Update*
- Posted pdf materials from the First BON Nursing Education Webinar held 12/3/2010.
- Posted meeting notice on Information Session on Starting a New Nursing Program, scheduled for Thursday, February 24, 2011.
- Posted adopted amendments to Chapters 214 and 215, effective 12/27/10.
- Posted Nurse Licensure Compact (NLC) Fact Sheet - *Overview of What Nurse Employers Need to Know regarding the licensure compact.*
- Updated online verification pages to remove Board Order link for Nurses with Formal Charges.
- Posted agenda for Eligibility and Disciplinary Committee Meetings.
- Posted Imposter Notices and Disciplinary Information posted in October Newsletter.

Staff received the following email regarding our website.

I am exploring the possibility of a nursing career so I visited your site for information. I want you to know what a pleasure it is to navigate a website that is intuitive, organized in logical categories and contains useful, concise information. And, you have integrated changes in one category to correspond with changes in others; no conflicting and outdated information! These may seem like a "duhh, doesn't everyone?" comments. This, sadly, is not the case with a number of licensing board and department sites I have visited on my cyber-journey. Your website is a reflection of the administration and oversight of nursing professionals in Texas. I am encouraged to be part of the profession right from the beginning. Great job!

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

Katherine Thomas meetings, conference calls, and presentations

Visitors: Nepal Nursing Council, to discuss licensing and other board functions, October 25-26, 2010, Austin.

Conference Call: NCSBN Chemical Dependency Program Committee, October 28, 2010.

Meeting: with staff of the Texas Center for Nursing Workforce Studies and the Health Professions Resource Center to discuss workforce data needs, October 29, 2010, Austin.

Presentation: Licensed Vocational Nurses Association of Texas (LVNAT), *BON Update*, October 29, 2010, Round Rock.

Webcast: Institute of Medicine and Robert Wood on Future of Nursing Initiatives, November 1, 2010.

Meeting: with representatives of the Kaplan School of Nursing, November 1, 2010, Austin.

Meeting: with Colorado Board of Nursing Executive Director to orient/mentor to new position, November 3, 2010, Denver, CO.

Meeting: with Department of Aging and Disability Services (DADS) staff to discuss nursing delegation, November 8, 2010, Austin.

Presentation: to APRN Educators on the *Consensus Model for APRN Regulation*, November 12, 2010, Austin.

Interview: by Joy Don Baker, PhD, RN from UT Arlington School of Nursing on Nursing Regulation for a student video, November 12, 2010, Austin.

Meeting: with Dr. Ben Raimer to discuss nursing scope of practice issues, November 16, 2010, Austin.

Meeting: with Becky Dean at the Office of the Governor, November 17, 2010, Austin.

Presentation: Gulf Coast Health Services Steering Committee, *BON Update*, November 18, 2010, Austin.

Conference Call: Texas Organization of Nurse Executives Board, *BON Update*, November 22, 2010.

Webcast: Institute of Medicine and Robert Wood Johnson National Summit on *Advancing Health through Nursing*, November 30, 2010.

Meeting: with Texas Higher Education Coordinating Board staff and guests on the Doctorate of Nursing Practice, November 30, 2010, Austin.

Meeting: Health Professions Council Quarterly Meeting, December 6, 2010, Austin.

Meeting: with Texas State Board of Pharmacy, Texas Medical Board and U.S. Drug Enforcement Agency on pill mill clinic investigations process, December 8, 2010, Austin.

Conference Call: Nurse Licensure Compact Administrators Executive Committee, December 16, 2010.

Conference Call: NCSBN Executive Officers, December 20, 2010.

Conference Call: Texas Team, December 21, 2010.

Meeting: NCSBN Uniform Licensure Requirements Committee, January 5-6, 2011, Chicago.

Meeting: with Clifford Sparks from the Legislative Budget Board, January 21, 2011, Austin.

Mark Majek:

Presentation: National Federations of LPNs, *Nursing Regulation Issues*, October 23, 2010, Birmingham, AL.

Presentation: Dallas Oncology Nurses Society, *Self Directed/Semi Independent Status*, October 26, 2010, Dallas.

Presentation: 29th Texas Association of Vocational Nurse Educators (TAVNE), *BON Update*, October 29, 2010, Austin.

Presentation: Texas Healthcare Recruiters Association, *BON Update*, November 5, 2010, Houston.

Presentation: Texas League of Vocational Nurses, *BON Update*, January 20, 2011, Temple.

Nursing Department:

Presentation: Marybeth Thomas, University of Texas at Austin School of Nursing Commencement, December 4, 2010, Austin.

Presentation: Marybeth Thomas, Texas Council of Perioperative Registered Nurses, January 22, 2011, Austin.

Presentation: Nursing Education Consultants, Texas Association of Vocational Nurse Educators, October 29, 2010, Austin.

Webinar: Nursing Education Consultants, *Board of Nursing Education Update*, December 3, 2010.

Meeting: Education Consultants, Representatives of The Career Colleges and Schools of Texas (CCST), November 17, 2010, Austin.

Presentation: Bonnie Cone, *Determining your Scope of Practice*, December 14, 2010, San Antonio.

Webinar: Melinda Hester, *Nursing Peer Review: Understanding the Process*, October 8, 2010, Memorial Hermann Healthcare System, Houston.

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

Case Resolution Report
September 1, 2010 through November 30, 2010

Type of Action	Total
No Jurisdiction	2
No Violation	0
No Action	392
Insufficient Evidence	55
Admonish	11
Without Prejudice	248
TPAPN Referrals	98
EEP Referrals	7
Totals	813

LVN DISCIPLINARY ORDERS

Time frame: September 1, 2010, through November 30, 2010

DISCIPLINARY	
34	<p>FINE WITH REMEDIAL EDUCATION</p> <ul style="list-style-type: none"> 24 Submitted an Application/Renewal Document in which false, deceptive, and/or misleading information was given by failing to disclose a criminal history 1 Mistakenly documented a late entry showing supervisory visit instead of attendant orientation 1 Withdrew medication, but failed to document the administration 1 Admitted to misappropriation of inmate/patient shock medication, to wit,, Vistaril 1 Failed to administer medications as ordered 1 Falsely document the administration of Zosyn to a patient 1 Documented in error, ahead of time, that she administered a respiratory treatment 1 Failed to timely submit documentation of skilled nursing visits 1 Completed comprehensive adult nursing assessment on patients but refused to document his assessments by signing the OASIS forms 1 Inappropriately altered the patient observation records when she marked out the initials of another nurse 1 Practiced without a valid license
11	<p>REMEDIAL EDUCATION</p> <ul style="list-style-type: none"> 1 Convicted of two counts of Driving While Intoxicated 1 Failed to document a Lipase critical laboratory value in a patient medical record; failed to administer a dose of Aspirin as ordered 1 Violated professional boundaries of the nurse/client relationship 1 Failed to verify and ensure the competencies, skills and training of nursing staff under her supervision 1 Administered Darvocet in excess of physician's order 1 Failed to report to Child Protective Services that she had been informed of verbal and physical abuse of a ten year old autistic student by a teacher 1 Failed to fully assess a mentally retarded patient 1 Failed to assess a Resident when it was reported that the Resident was found wedged between the side rail and mattress 1 Failed to transfer a patient to the right department. 1 Failed to accurately document that a portion of her nursing clinic notes were completed the day after she provided the care 1 Failed to promote a safe environment
4	<p>TPAPN BOARD ORDER</p> <ul style="list-style-type: none"> 1 Intemperate use of Propoxyphene 1 Withdrew medications in excess; misappropriated or failed to prevent the misappropriation of medication; intemperate use of Morphine and Vicodin 1 Convicted of Driving While Intoxicated 1 Falsely documents in patient records physician orders for pain medication

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VOLUNTARY SURRENDER

- 2 In lieu of starting previous Board Order issued, Respondent submitted a statement of Voluntary Surrender
- 4 Non compliance with previous Board Order, submitted a statement of Voluntary Surrender
- 1 Engaged in the intemperate use of Benzodiazepines and Propoxyphene, submitted a statement of Voluntary Surrender
- 1 Granted a deferred judgment for Misapp Fiduc/Fin Instit \$1500, a state jail felony offense, submitted a statement of Voluntary Surrender
- 1 Indicted for Injury to an Elderly Individual, a third degree felony offense, submitted a statement of Voluntary Surrender
- 1 Convicted of Aggravated Robbery, a state jail felony offense committed on October 19, 2009.
- 1 Dual diagnosis of Alcohol and Benzodiazepine Dependence and Bipolar Disorder NOS
- 1 Convicted of Driving While Intoxicated; submitted a statement of Voluntary Surrender
- 1 Granted a deferred judgment for Possession of a Controlled Substance - Methamphetamine in an amount more than one gram, but less than four grams, a third degree felony offense
- 1 Intemperate use of Cocaine; made suicidal comments and wanted to sleep while on duty
- 1 Intemperate use of Cannabis, Amphetamine, Methamphetamine and opiates
- 1 Convicted of the felony offenses of Credit Card Abuse, Theft of Property, and Aggravated Robbery
- 4 Non compliance with previous Board Order
- 1 Failure to disclose criminal history
- 1 Failed to disclose the offense of Theft, a state jail felony offense and Theft of Property, a misdemeanor
- 1 Hospitalized at three different psychiatric facilities during the summer of 2007, for major depression with acts of self-injury
- 1 Obtained 120 tablets of Norco with an unauthorized prescription, charged with Fraudulent Possession fo Controlled Substance/Prescription, Schedule III/IV and Fraudulent Use/Possession of Identifying Information, both state jail felony offenses.
- 1 Misappropriation and Intemperate use of Demerol and Phenergan
- 1 From April 2004 through January 2009, accepted two permanent nursing position while utilizing his nurse licensure compact privilege and not submitting application for licensure
- 1 Granted a deferred judgment for Possession of a Controlled Substance PG 2 >= 4g < 400g, a second degree felony offense and Possession of a Controlled Substance PG >=28g < 200g, a third degree felony offense, submitted a statement of Voluntary Surrender
- 1 Convicted of felony offense of Possession of a Controlled Substance - Methamphetamine, Prohibited Weapons, and Possession of a Controlled Substance, and the misdemeanor offenses of Criminal Mischief, Purchase/Furnish Alcohol to a Minor, Driving While Intoxicated, Theft of Property
- 1 Failed to reassess the blood pressure, repot lab values document I&O or changes of a patient, patient was transferred to Intensive Care Unit, submitted a statement of Voluntary Surrender
- 1 Charged with Criminal Sexual Conduct, a fourth degree felony offense, submitted a statement of Voluntary Surrender
- 1 Sexually abused a patient in that he caressed/sexually touched the patient's breast while along with her in the medication room; submitted a statement of Voluntary Surrender
- 1 Intemperate use of Opiates, Benzodiazepines, and Cannabinoids, submitted a statement of Voluntary Surrender
- 3 Submitted a statement of Voluntary Surrender

LVN ENDORSEMENT/PETITIONER DISCIPLINARY ORDERS

Time frame: September 1, 2010, through November 30, 2010

51	ENDORSEMENTS 2 Disciplinary action taken by another licensing authority 1 Charged with Domestic Battery, Check Deception, Possession of Cocaine, Dis/Del/Manf a Controlled Substance and Possession of Crack 2 Non disclosure of Criminal History or Disciplinary Action on Application for Licensure by Endorsement 46 No Grounds for Denial
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APPLICANTS/ PETITIONERS

- 3 Non-disclosure of Criminal History
- 1 Charged with Assault, Making Alcohol Available to a Minor, Driving While License Invalid, and two counts of Driving While Intoxicated
- 1 Entered treatment for alcohol abuse
- 1 Granted a deferred judgment for Deliver Cocaine, a felony offense
- 1 Convicted of Forgery of a Financial Instrument, a state jail felony offense
- 1 Convicted of Criminal Mischief
- 1 Granted a deferred judgment for Tampering with Government Record/License/Deal/Certificate/Permit
- 1 Convicted of Driving While Intoxicated, deferred judgment for Criminal Mischief and Theft
- 1 Pre-Trial Diversion for Theft and deferred judgment for Perjury
- 1 Granted a deferred judgment for Possession of a Controlled Substance - Cocaine, a state jail felony offense and Possession of Marijuana a misdemeanor offense
- 1 Convicted of Resisting Arrest, Search or Transport, and Driving While Intoxicated
- 1 Granted a deferred judgment for Assault
- 1 Charged with four counts of Theft of Property by Check
- 1 Granted a deferred judgment for Criminal Mischief and convicted of two counts of Resisting Arrest
- 2 Convicted of three counts of Theft of Property by Check
- 1 Granted a deferred judgment for Credit Card Abuse, a third degree felony offense and convicted of Theft of Property
- 1 Granted a deferred judgment for Possession of a Controlled Substance, convicted of Urinating in Public
- 1 Convicted of Fail to ID Fugitive from Justice and two counts of Theft by Check
- 1 Entered outpatient treatment for alcohol abuse
- 1 Convicted of Driving While Intoxicated and Driving Under the Influence granted a deferred judgment for Theft
- 1 Convicted of Unlawful Possession of a Controlled Substance - Marijuana, a state jail felony offense
- 1 Disciplinary action taken by another licensing authority
- 1 Charged with Driving While Intoxicated; under the care of a psychiatrist
- 1 Granted a deferred judgment for Possession of Marijuana and convicted of Driving While Intoxicated
- 1 Charged with Receive Known Stolen Property, and Forgery of a Financial Instrument both felony offenses
- 1 Granted a deferred judgment for Unauthorized use of a Vehicle, a state jail felony offense
- 1 Charged with six counts of Theft by Check
- 1 Granted a deferred judgment for Theft by Public Servant, a third degree felony offense
- 1 Granted a deferred judgment for Theft, a state jail felony offense
- 1 Convicted of Use of Marijuana and Controlled Substance Use - Marijuana, both misdemeanor offenses
- 1 Granted a deferred judgment for Robbery, a felony offense, convicted of Criminal Mischief a misdemeanor offense
- 1 Granted a deferred judgment for Deadly Conduct, a third degree felony offense
- 1 Convicted of Bank Larceny, a Class C felony offense
- 1 Granted a deferred judgment for Tampering with Government Records, a misdemeanor offense
- 1 Convicted of two counts of Driving While Intoxicated
- 1 Convicted of Credit Card Abuse, a felony offense and Theft, a misdemeanor offense
- 1 Denial of Licensure

530 No Grounds for Denial/Youthful Indiscretion

LVN CORRECTIVE ACTION

Time frame: September 1, 2010, through November 30, 2010

13	CORRECTIVE ACTION <ul style="list-style-type: none">1 Non disclosure of Public Intoxication and Disorderly Conduct conviction on May 12, 19901 Non disclosure of Driving While License Invalid/Suspended6 Non disclosure of Driving While Intoxicated1 Non disclosure of arrest for Assault Causing Bodily Injury - no charges filed2 Non disclosure of Assault Causing Bodily Injury2 Non disclosure of Theft
2	ENDORSEMENTS <ul style="list-style-type: none">1 Non disclosure of Operating Motor Vehicle Influence by Alcohol or Drugs1 Non disclosure of Driving While Impaired

RN DISCIPLINARY ORDERS

Time frame: September 1, 2010, through November 30, 2010

DISCIPLINARY	
27	<p>FINE WITH REMEDIAL EDUCATION</p> <ul style="list-style-type: none"> 16 Submitted an Application/Renewal Document in which false, deceptive, and/or misleading information was given by failing to disclose a criminal history 1 Completed comprehensive adult nursing assessment on patients but refused to document his assessments by signing the OASIS forms 1 Practiced outside scope of practice 1 Signed name with designation "RN, BSN" when only holding an Associate Degree in Nursing 1 Submitted an Online Renewal Document in which false, deceptive, and/or misleading information was given by failing to disclose disciplinary action taken by another licensing authority 1 Failed to ensure that the narcotic key was removed from the key ring to the medication cart which allowed an employee to have access to narcotics on a routine basis 1 Failed to ensure she and/or staff followed standards of care 1 Signed prescriptions using the ordering physician's initials, without counter signing with her own signature 1 Mistakenly documented a late entry showing supervisory visit instead of attendant orientation 1 Administered Dilaudid without a valid physician's order 2 Violated patient privacy through the use of unauthorized access to protected health information
17	<p>REMEDIAL EDUCATION</p> <ul style="list-style-type: none"> 1 Inserted an intravenous catheter into her nursing supervisor's arm and administered an infusion of Lactated Ringers Solutions, without a valid physician's order 3 Failed to maintain a safe environment 1 Failed to fully assess a mentally retarded patient 1 Received a deferred judgment for the misdemeanor offense of Deadly Conduct 1 Failed to assess or document an assessment of a patient's chest for Duragesic patch 1 Failed to properly and accurately document the times she was present and caring for two patient's, in that she falsely document being in both places simultaneously 1 Administered Darvocet without a valid physician's order 1 Failed to clarify a physician's order regarding the dosing parameters to be used when administered 16-20 Units of Lantus 1 Disciplinary action taken by another licensing authority 1 Failed to clarify physician's order for Direct Fluorescent Assay test; failed to document the administration of Albuterol; failed to document the patient's pulse and Aldrete Score before discharging patient 1 Failed to document that she attempted to notify the physician that the family of a patient was requesting that the patient's intravenous Vancomycin be administered earlier in the evening 1 Administered medication to a student without a physician's order 1 Failed to accurately document that a portion of her nursing clinic notes were completed the day after she provided the care 1 Failed to report to Child Protective Services that she had been informed of verbal and physical abuse of a ten year old autistic student by a teacher 1 Failed to verify and ensure the competencies, skills and training of nursing staff under her supervision

32	<p>VOLUNTARY SURRENDER</p> <ul style="list-style-type: none"> 1 Engaged in the intemperate use of Benzodiazepines and Propoxyphene, submitted a statement of Voluntary Surrender 4 Non compliance with previous Board Order, submitted a statement of Voluntary Surrender 1 Failure to disclose criminal history 1 Convicted of three counts of Assault Family Violence 1 Intemperate use of Alcohol; lacked fitness to practice while on duty smelled of alcohol 1 Convicted of Murder with Malice and Robbery 1 Engaged in sexual intercourse, including oral sex, with a patient; arrested pursuant to a warrant for Sexual Assault 1 Convicted of Injury to a Minor Child, a felony offense 1 Obtained Hydrocodone, Darvocet, Prempro, Acyclovir, and Doxycycline from pharmacies under her own name through fraudulent/unauthorized prescriptions 1 Lacked fitness to practice while on duty; intemperate use of Morphine, Lorazepam and Hydromorphone 1 Misappropriated Demerol; submitted a statement of Voluntary Surrender 1 Administered Cefotetan without a physician's order, submitted a statement of Voluntary Surrender 1 Pled Guilty to Conspiracy to Embezzle Health Care Funds and Theft or Embezzlement in Connection to Health Care 1 Made inappropriate sexual comments to two patient under his care 1 Exceeded scope of practice, submitted a statement of Voluntary Surrender 1 Disciplinary action taken by another licensing authority 1 Deferred judgment for Aggregate Theft by Government Contractor, a second degree felony offense 1 Granted a deferred judgment for Possession of Child Pornography, a third degree offense committed on March 4, 2010 1 Withdrew narcotics in excess of physician's order; failed to prevent the misappropriation of narcotics; submitted a statement of Voluntary Surrender 1 Intemperate use of Morphine, submitted a statement of Voluntary Surrender 4 Non compliance with previous Board Order 1 In lieu of starting previous Board Order issued, Respondent submitted a statement of Voluntary Surrender 4 Submitted a statement of Voluntary Surrender
13	<p>TPAPN BOARD ORDER</p> <ul style="list-style-type: none"> 1 Deemed not safe to practice nursing due to her condition 1 Enrolled in an intensive outpatient alcohol abuse treatment program, with random alcohol abuse in the last six months 1 Was found with a used syringe and butterfly needle in her hand and noticeable blood on one of her hands and pants; injected herself with a "lethal dose" of Versed while on duty in an attempt at suicide 1 Withdrew Fentanyl, Oxycodone, Dilaudid, and Demerol and failed to document the administration 1 Withdrew medications in excess; misappropriated or failed to prevent the misappropriation of medication; intemperate use of Morphine and Vicodin 1 Intemperate use of Propoxyphene 1 Intemperate use of Solu-Medrol, Versed, and an Opium & Belladonna Suppository; convicted of Driving While Intoxicated 1 Admitted to River Crest Hospital for chemical dependency/abuse 1 Reported to duty, then asked to be excused because she had been really depressed and was having trouble with drinking 1 Failed to comply with the requirements of a self-referred contract with the Texas Peer Assistance Program 1 Falsely documents in patient records physician orders for pain medication 1 Withdrew Morphine, but failed to document the administration or proper wastage 1 Entered the Texas Star Recovery Program for being chemically dependent on Hydrocodone and Soma

RN ENDORSEMENT/PETITIONER DISCIPLINARY ORDERS

Time frame: September 1, 2010, through November 30, 2010

125	ENDORSEMENTS 10 Disciplinary action taken by another licensing authority 1 Pre-Trial Diversion for Carrying a Concealed Weapon - Firearm, a felony offense 1 Failed to disclose a conviction for two counts of Issue or Pass Worthless Check 1 Entered treatment for addiction 112 No Grounds for Denial
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APPLICANTS/ PETITIONERS

- 3 Non disclosure of Criminal History or Disciplinary Action on Application for Licensure by Examination
- 4 Denial of Licensure
- 1 Convicted of Criminal Mischief and Theft of Property, both misdemeanor offenses
- 1 Convicted of two counts of Driving While Intoxicated; granted a deferred judgement for Driving While Intoxicated, all misdemeanor offense
- 1 Convicted of Bank Theft and Aiding and Abetting, a felony offense
- 1 Entered treatment with NEXUS Recovery
- 1 Convicted of Credit Card Abuse, a third degree felony offense, and two counts of Theft by Check
- 1 Convicted of Credit Card Abuse, a state jail felony offense and two counts of Theft both misdemeanor offenses
- 1 Pre-Trial Diversion for Injury to a Child, a third degree felony offense
- 1 Granted a deferred judgment for Delivery of a Controlled Substance - Amphetamine, a state jail felony
- 1 Charged with Driving While License Suspended and seven counts of Theft by Check
- 1 Convicted of Credit Card Abuse, a state jail felony; and two counts of Theft of Property by Check
- 1 Granted a deferred judgment for Forgery, a class A misdemeanor
- 1 Convicted of Driving Under the Influence and Possession of a Controlled Substance - Marijuana
- 7 Disciplinary action taken by another licensing authority
- 1 Convicted of Possession of Marijuana, Resisting Arrest/Search/Transport and two counts of Driving While Intoxicated
- 1 Granted a deferred judgment for Possession of Dangerous Drug
- 1 Convicted of three counts of Theft by Check
- 1 Granted a deferred judgment for Attempt False Statement to Obtain Credit, a class B misdemeanor
- 1 Convicted of Tamper with Government Record, a misdemeanor offense
- 1 Entered treatment for addiction; convicted of Theft of Property by Check
- 1 Granted deferred judgment for Theft Over \$1,500.00 Under \$20,000.00, a state jail felony
- 1 Convicted of Assault Causing Bodily Injury and Driving While Intoxicated
- 1 Granted a deferred judgment for Credit Card Abuse
- 2 Entered treatment for addiction
- 1 Convicted of Fail to Identify a Fugitive from Justice and two counts of Theft of Property
- 1 Convicted of Attempt to Evade or Defeat Tax, a felony offense
- 1 Pre-Trial Diversion for Credit Card Abuse, a state jail felony offense
- 1 Charged with Criminal Mischief, Terroristic Threat, Harassment, two counts of Assault and three counts of Theft by Check
- 1 Convicted of Criminal Sale of a Controlled substance, a fifth degree felony offense
- 1 Convicted of Assault Causing Bodily Injury - Family Member
- 1 Convicted of Failure to Appear, Assault Causes Bodily Injury and Driving Under the Influence
- 1 Convicted of Possession of a Weapon, granted a deferred judgment for Deadly Conduct
- 1 Granted deferred judgment for Fraud Use/Poss Identifying Information
- 1 Granted a deferred judgment for Delivery of Marijuana and Possession of Marijuana
- 1 Convicted of Fraud Use/Possession of Identifying Information and Credit Card Abuse, felony offenses
- 1 Convicted of Theft Aggregate, a state jail felony offense
- 1 Granted a deferred judgment for Assault, convicted of two counts of Driving While Intoxicated
- 1 Granted a deferred judgment for Sel Alcoholic Beverage to a Minor and Possess Marijuana; disciplinary action taken by another licensing authority

APPLICANTS/ PETITIONERS cont.

- 2 Convicted of two counts of Driving While Intoxicated
- 1 Granted a deferred judgment for Possession of a Controlled Substance and Fail to ID Fugitive, both misdemeanor offenses
- 1 Granted a deferred judgment for Forgery of a Financial Instrument, a state jail felony offense
- 1 Charged with Possession of a Controlled Substance, a second degree felony, and Driving While Intoxicated and Driving While License Invalid both misdemeanor offenses
- 1 Diagnosed with Schizoaffective Disorder
- 1 Convicted of Driving While Intoxicated; entered treatment for drug abuse
- 1 Charged with Possession of a Controlled Substance, a state jail felony; entered treatment for drug abuse
- 1 Charged with Attempt Possession of a Controlled Substance - Methamphetamine, Theft of Property, Criminal Trespass, and two counts of Possession of Drug Paraphernalia, all misdemeanor offenses
- 1 Granted a deferred judgment for Possession of Marijuana, a third degree felony and Theft Under \$50.00
- 1 Convicted of two counts of Possession of Marijuana
- 1 Convicted of Possession of Marijuana
- 1 Convicted of Making a False Statement on Application for Emergency Salary Payment, and two counts of Forging Endorsement on US Treasury Checks
- 1 Granted a deferred judgment for Possession of Marijuana
- 1 Convicted of Criminal Mischief; granted a deferred judgment for Possession of a Prohibited Weapon
- 591 No Grounds for Denial/Youthful Indiscretion

RN CORRECTIVE ACTION

Time frame: September 1, 2010, through November 30, 2010

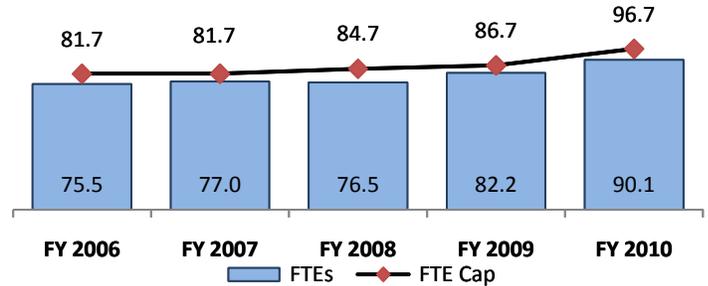
17	CORRECTIVE ACTION 8 Non disclosure of Driving While Intoxicated 3 Non disclosure of Theft 1 Non disclosure of Assault on a Public Servant 1 Non disclosure of Protective Order Violation 1 Non disclosure of Accident Involving Damage 1 Non disclosure of an investigation of alleged violations 2 Practiced nursing without a valid license
3	APPLICANTS/ PETITIONERS 1 Correction Action offered for non disclosure of Public Intoxication 1 Correction Action offered for non disclosure of Possession of Drug Paraphernalia 1 Correction Action offered for non disclosure of Burglary of Vehicle

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Workforce Summary Document prepared by the State Auditor's Office Classification Team.
Based on a review of statistics and related information, the following items are worth noting:

Full-Time Equivalent (FTE) Employees

The agency's full-time equivalent (FTE) employee cap increased by 11.5 percent in fiscal year 2010 compared to fiscal year 2009. Over the past 5 years, the agency has seen an increase of 14.6 FTEs (19.3 percent) in the total number of FTEs.

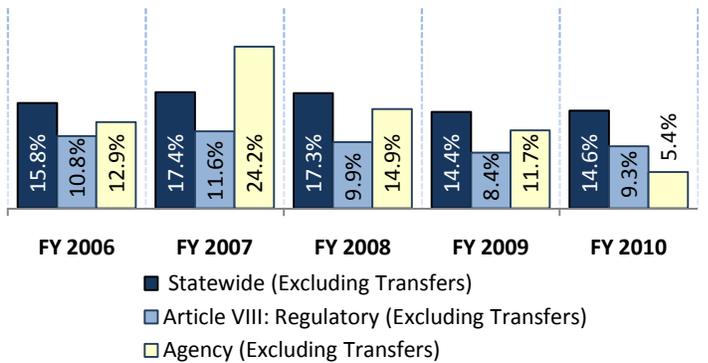
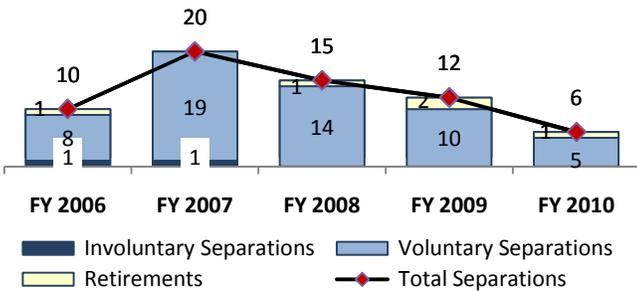


FTEs Below/Above FTE Cap

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Number of FTEs	-6.2	-4.7	-8.2	-4.5	-6.6
Percent	-7.6%	-5.7%	-9.7%	-5.2%	-6.8%

Employee Turnover

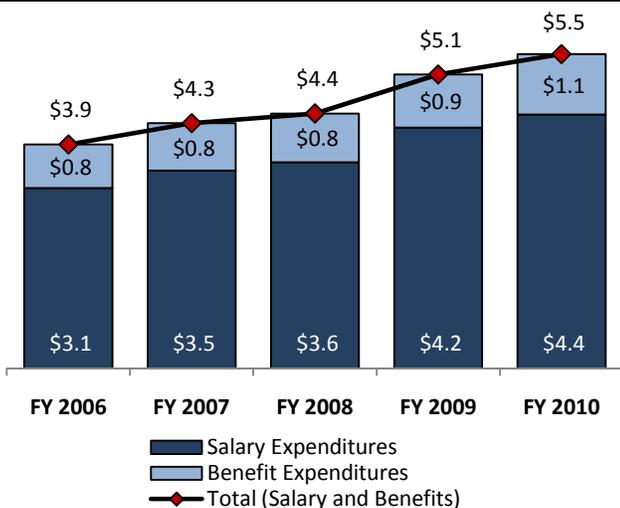
Excluding interagency transfers, turnover within the agency (5.4 percent) was lower than the state average (14.6 percent) and lower than the average of Article VIII agencies (9.3 percent) during fiscal year 2010. Fiscal year 2010 agency turnover including interagency transfers was 6.5 percent.



Compensation Information

Over the past five years, the average agency salary increased by 19.1 percent. In fiscal year 2010, 65.6 percent of employees were paid below their assigned salary range midpoint, and expenditures for salary and benefits were higher than in fiscal year 2006.

Salary and Benefit Expenditures (in Millions)



Average Salary Trends

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Executive Director	\$ 83,784	\$ 83,784	\$ 89,749	\$ 89,749	\$ 92,600
Agency Average	\$ 40,358	\$ 42,756	\$ 45,263	\$ 46,854	\$ 48,077
Article Average	\$ 43,476	\$ 45,242	\$ 46,829	\$ 48,295	\$ 49,835
Statewide Average	\$ 34,818	\$ 36,182	\$ 37,365	\$ 38,461	\$ 39,265

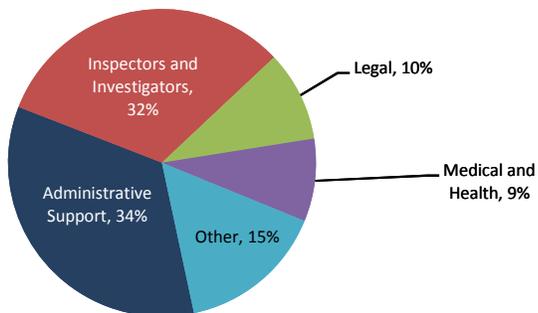
Note: Average salary is for full-time employees only.

Number and Total Dollars Spent on Salary Actions

	Fiscal Year 2009		Fiscal Year 2010	
	Actions	Total Dollars	Actions	Total Dollars
Promotions	4	\$ 10,240	9	\$ 34,479
Merits	0	\$ 0	130	\$ 127,467
One-Time Merits	65	\$ 199,840	1	\$ 2,601
Equity Adjustments	0	\$ 0	0	\$ 0
Reclassifications	5	\$ 8,358	22	\$ 36,939
Total	74	\$ 218,439	162	\$ 201,487

Job Classifications

Fiscal Year 2010 Major Occupational Categories



Agency Classifications

In fiscal year 2010, the majority (68.5 percent) of employees were classified as Investigators (32.1 percent), Administrative Assistants (18.5 percent), Customer Service Representatives (9.2 percent), or Nurses (8.7 percent).

Classification Compliance Audits

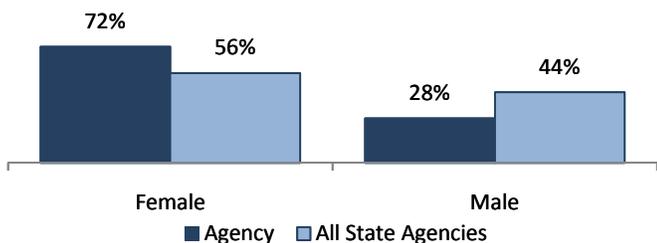
During the past two years, the agency participated in one statewide classification compliance audit:

-Program Specialists - Reviewed 10 positions; 30.0 percent were classified correctly (July 2009).

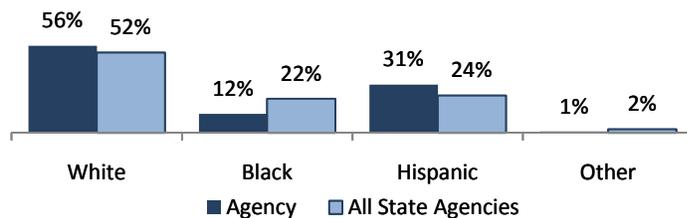
Fiscal Year 2010 Workforce Demographics^a

On average, employees are 44.5 years of age and have 5.2 years of agency tenure. Of the agency's employees, 59.5 percent are 40 years of age and older and 62.5 percent have fewer than 5 years of tenure with the agency. The Employees Retirement System estimates that between fiscal years 2010 and 2013, 12.9 percent of the agency's workforce will be eligible to retire (based on fiscal year 2010 data).

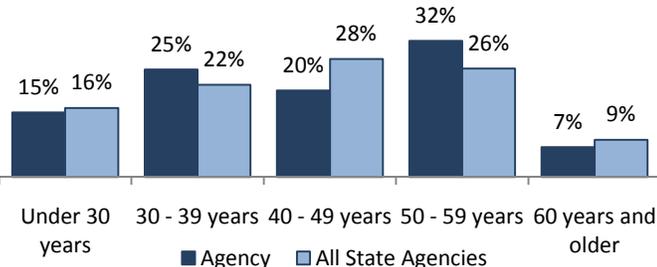
Gender



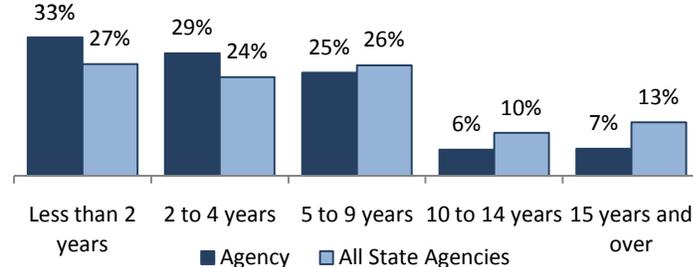
Ethnic Group



Age



Agency Tenure

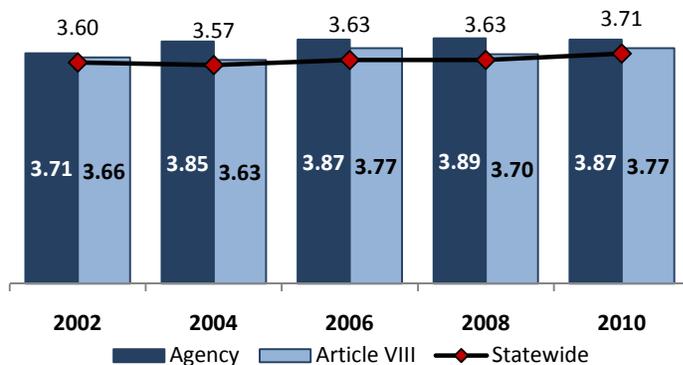


^a Percentages in graphs may not sum to 100 percent due to rounding. Workforce demographic and major job category information includes classified regular full-time and part-time employees. Demographic data may appear skewed for agencies with fewer than 50 employees.

Survey of Employee Engagement

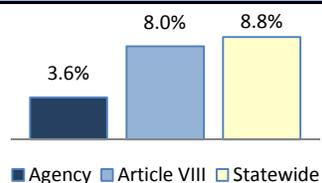
The Survey of Employee Engagement, administered by the University of Texas, is an instrument that measures employees' job satisfaction and employees' perceptions of the effectiveness of the agency. Scores range from 1 to 5, with 5 being the highest. Overall, the agency's score is higher than the State's average and has decreased since the last survey cycle.

Overall Employee Satisfaction



Percent of Employees Who Intend to Leave Within 1 Year

Overall results indicate that satisfaction with pay or benefits has little influence over an employee's intent to stay. However, overall job satisfaction, working conditions, and agency management and culture do influence these decisions.



TEXAS BOARD OF NURSING

	Expended 2009	Estimated 2010	Budgeted 2011	Requested 2012	Requested 2013	Recommended 2012	Recommended 2013
Method of Financing:							
General Revenue Fund	\$ 7,005,176	\$ 8,573,930	\$ 7,709,181	\$ 9,125,271	\$ 9,140,269	\$ 7,066,745	\$ 7,066,745
Federal Funds	50,000	0	0	0	0	0	0
Appropriated Receipts	1,475,914	1,512,896	823,100	823,100	823,100	1,167,998	1,167,998
Total, Method of Financing	\$ 8,531,090	\$ 10,086,826	\$ 8,532,281	\$ 9,948,371	\$ 9,963,369	\$ 8,234,743	\$ 8,234,743

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January 4, 2011

TEXAS BOARD OF NURSING
(Continued)

This bill pattern represents an estimated 100% of this agency's estimated total available funds for the biennium.

	Expended 2009	Estimated 2010	Budgeted 2011	Requested 2012	Requested 2013	Recommended 2012	Recommended 2013
Number of Full-Time-Equivalents (FTE):	82.2	90.1	96.7	111.7	111.7	89.7	89.7
Schedule of Exempt Positions: Executive Director, Group 3	\$89,749	\$92,600	\$92,600	\$122,781	\$122,781	\$92,600	\$92,600
Items of Appropriation: A. Goal: LICENSING							
Accredit, Examine, and License Nurse Education and Practice.							
A.1.1. Strategy: LICENSING	\$ 2,525,761	\$ 2,872,327	\$ 2,460,105	\$ 2,741,542	\$ 2,741,541	\$ 2,281,071	\$ 2,281,071
Operate Efficient System of Nursing Credential Verification.							
A.1.2. Strategy: TEXASONLINE	\$ 421,110	\$ 380,000	\$ 348,750	\$ 325,000	\$ 325,000	\$ 364,375	\$ 364,375
TexasOnline. Estimated and Nontransferable.							
A.2.1. Strategy: ACCREDITATION	\$ 417,474	\$ 524,386	\$ 524,386	\$ 524,387	\$ 524,387	\$ 484,650	\$ 484,650
Accredit Programs That Include Essential Competencies Curricula.							
Total, Goal A: LICENSING	\$ 3,364,345	\$ 3,776,713	\$ 3,333,241	\$ 3,590,929	\$ 3,590,928	\$ 3,130,096	\$ 3,130,096
B. Goal: PROTECT PUBLIC							
Protect Public and Enforce Nursing Practice Act.							
B.1.1. Strategy: ADJUDICATE VIOLATIONS	\$ 3,404,630	\$ 4,723,448	\$ 3,642,375	\$ 4,750,777	\$ 4,750,776	\$ 3,578,315	\$ 3,578,315
Administer System of Enforcement and Adjudication.							
B.1.2. Strategy: PEER ASSISTANCE	\$ 625,000	\$ 680,000	\$ 650,000	\$ 700,000	\$ 700,000	\$ 665,000	\$ 665,000
Identify, Refer and Assist Those Nurses Whose Practice Is Impaired.							
Total, Goal B: PROTECT PUBLIC	\$ 4,029,630	\$ 5,403,448	\$ 4,292,375	\$ 5,450,777	\$ 5,450,776	\$ 4,243,315	\$ 4,243,315

TEXAS BOARD OF NURSING
(Continued)

	Expended 2009	Estimated 2010	Budgeted 2011	Requested 2012	Requested 2013	Recommended 2012	Recommended 2013
C. Goal: INDIRECT ADMINISTRATION							
C.1.1. Strategy: INDIRECT ADMIN - LICENSING							
Indirect Administration for Licensing Programs.	\$ 600,460	\$ 550,060	\$ 550,060	\$ 550,060	\$ 550,060	\$ 522,557	\$ 522,557
C.1.2. Strategy: INDIRECT ADMIN - ENFORCEMENT							
Indirect Administration for Enforcement and Adjudication Programs.	\$ 403,805	\$ 356,605	\$ 356,605	\$ 356,605	\$ 356,605	\$ 338,775	\$ 338,775
Total, Goal C: INDIRECT ADMINISTRATION	\$ 1,004,265	\$ 906,665	\$ 906,665	\$ 906,665	\$ 906,665	\$ 861,332	\$ 861,332
D. Goal: CONTINGENCY REGULATORY RESPONSE							
D.1.1. Strategy: CONTINGENCY REGULATORY RESPONSE	\$ 132,850	\$ 0	\$ 0	\$ 0	\$ 15,000	\$ 0	\$ 0
Grand Total, TEXAS BOARD OF NURSING	\$ 8,531,090	\$ 10,086,826	\$ 8,532,281	\$ 9,948,371	\$ 9,963,369	\$ 8,234,743	\$ 8,234,743
Object-of-Expense Informational Listing:							
Salaries and Wages	\$ 3,987,108	\$ 4,765,587	\$ 4,564,155	\$ 5,294,124	\$ 5,294,122	\$ 3,979,181	\$ 3,979,181
Other Personnel Costs	288,707	94,200	93,500	94,500	94,500	94,500	94,500
Professional Fees and Services	112,351	101,800	84,000	209,750	224,750	81,500	81,500
Consumable Supplies	53,253	71,825	52,000	56,500	56,500	51,500	51,500
Utilities	6,829	4,775	4,500	4,425	4,425	4,425	4,425
Travel	74,926	73,000	66,010	74,000	74,000	69,000	69,000
Rent - Building	21,061	7,000	5,000	5,000	5,000	5,000	5,000
Rent - Machine and Other	21,266	17,100	16,000	16,000	16,000	16,000	16,000
Other Operating Expense	3,965,589	4,921,539	3,617,116	4,164,072	4,164,072	3,933,637	3,933,637
Capital Expenditures	0	30,000	30,000	30,000	30,000	0	0
Total, Object-of-Expense Informational Listing	\$ 8,531,090	\$ 10,086,826	\$ 8,532,281	\$ 9,948,371	\$ 9,963,369	\$ 8,234,743	\$ 8,234,743
Estimated Allocations for Employee Benefits and Debt Service Appropriations Made Elsewhere in this Act:							
Employee Benefits	\$ 258,557	\$ 285,499	\$ 293,976	\$	\$	\$ 255,062	\$ 256,338
Retirement	498,292	545,395	587,117			571,234	576,281
Group Insurance							

TEXAS BOARD OF NURSING
(Continued)

	Expended		Estimated		Budgeted		Requested		Recommended	
	2009	2010	2010	2011	2011	2012	2013	2012	2013	
Social Security Benefits Replacement	323,522	328,805	328,805	330,449	330,449			332,101	333,762	
	18,815	17,309	17,309	16,444	16,444			15,375	14,376	
Subtotal, Employee Benefits	\$ 1,099,186	\$ 1,177,008	\$ 1,177,008	\$ 1,227,986	\$ 1,227,986	\$	\$	\$ 1,173,772	\$ 1,180,252	
Debt Service Lease Payments	\$ 199,367	\$ 67,660	\$ 67,660	\$ 42,794	\$ 42,794	\$	\$	\$ 32,066	\$ 16,285	
Total, Estimated Allocations for Employee Benefits and Debt Service Appropriations Made Elsewhere in this Act	\$ 1,298,553	\$ 1,244,668	\$ 1,244,668	\$ 1,270,780	\$ 1,270,780	\$	\$	\$ 1,205,838	\$ 1,197,042	

Performance Measure Targets

A. Goal: LICENSING

Outcome (Results/Impact):

Percent of Licensees with No Recent Violations (RN) 98.72% 98.83% 98.5% 98% 98% 98%
 Percent of Licensees Who Renew Online (RN) 92.2% 92.6% 92% 92% 93% 93%
 Percent of New Individual Licenses Issued Online (RN) 70.94% 70% 60% 65% 65% 65%
 Percent of Licensees with No Recent Violations (LVN) 97.97% 98.12% 97.5% 97% 97% 97%
 Percent of Licensees Who Renew Online (LVN) 87.45% 88.58% 82% 83% 83% 87%
 Percent of New Individual Licenses Issued Online (LVN) 52.93% 57.56% 40% 50% 50% 55%

A.1.1. Strategy: LICENSING

Output (Volume):
 Number of New Licenses Issued to Individuals (RN) 14,294 16,407 12,500 12,400 12,400 16,400
 Number of Individual Licenses Renewed (RN) 102,666 105,711 97,000 100,750 100,750 105,000
 Number of New Licenses Issued to Individuals (LVN) 6,059 6,263 6,000 5,950 5,950 6,200
 Number of Individual Licenses Renewed (LVN) 41,287 41,644 38,500 39,375 39,375 41,500

B. Goal: PROTECT PUBLIC

Outcome (Results/Impact):

Percent of Complaints Resulting in Disciplinary Action (RN) 19.12% 18.07% 24% 25% 25% 18%
 Percent of Complaints Resulting in Disciplinary Action (LVN) 22.07% 20.27% 28% 25% 25% 21%

B.1.1. Strategy: ADJUDICATE VIOLATIONS

Output (Volume):
 Number of Complaints Resolved (RN) 7,091 8,273 5,000 6,350 6,350 4,000
 Number of Complaints Resolved (LVN) 5,763 6,156 4,000 4,635 4,635 3,500

TEXAS BOARD OF NURSING
(Continued)

	Expended 2009	Estimated 2010	Budgeted 2011	Requested 2012	Requested 2013	Recommended 2012	Recommended 2013
Efficiencies:							
Average Time for Complaint Resolution (Days) (RN)	187.73	172.25	223	150	150	170	170
Explanatory:							
Number of Jurisdictional Complaints Received (RN)	7,307	9,469	5,300	7,000	7,000	7,000	7,000
Number of Jurisdictional Complaints Received (LVN)	6,058	7,421	3,300	6,000	6,000	6,000	6,000
B.1.2. Strategy: PEER ASSISTANCE							
Output (Volume):							
Number of Licensed Individuals Participating in a Peer Assistance Program (RN)	592	473	600	595	595	525	525
Number of Licensed Individuals Participating in a Peer Assistance Program (LVN)	187	119	250	205	205	175	175

INCREASE ACCESS TO PRIMARY CARE SERVICES BY ALLOWING ADVANCED PRACTICE REGISTERED NURSES TO PRESCRIBE

Both nationally and in Texas, advanced practice registered nurses have helped mitigate the effects of a general practice physician shortage. An advanced practice registered nurse is a registered nurse with an advanced degree, certification and license to practice as a nurse practitioner, clinical nurse specialist, nurse-midwife, or nurse anesthetist, in some cases with a focus on a defined population.

Although advanced practice registered nurses practice as autonomous or nearly autonomous primary care providers in 20 states and the District of Columbia, Texas limits their ability to establish a medical diagnosis and prescribe medications. The state's site-based, delegated model of prescriptive authority limits patient access to affordable, quality healthcare providers, particularly in rural and health professional shortage areas. Developing a tiered model for prescriptive authority, in which an advanced practice registered nurse could apply for an autonomous prescriptive authority license after working within a delegated prescriptive authority arrangement for two years, would increase the availability of lower-cost primary healthcare providers.

FACTS AND FINDINGS

- ◆ While advanced practice registered nurses work as healthcare providers for patient populations they have been educated to treat in accordance with scope of practice models defined by national certification agencies, they are licensed and regulated by state boards of nursing.
- ◆ Advanced practice registered nurses serve as primary care providers in a variety of acute and outpatient settings, including pediatrics, internal medicine, anesthetics, geriatrics and obstetrics.
- ◆ Regulations defining scope of practice for advanced practice registered nurses vary widely by state. Texas is among the most restrictive. Twenty states and the District of Columbia allow advanced practice registered nurses to practice either autonomously or nearly autonomously.
- ◆ No studies comparing the care provided by physicians and advanced practice registered nurses have shown better health outcomes for patients in states with more restrictive regulatory environments.

CONCERNS

- ◆ As of October 2010, Texas had 180 areas or counties designated as primary care health professional shortage areas, which means they have an exceptionally low physician to population ratio.
- ◆ Even though they are educated and trained to perform many routine aspects of primary care, advanced practice registered nurses lack the statutory authority to diagnose illnesses and prescribe medicines in Texas and therefore are underutilized in the provision of primary care.
- ◆ Texas' statutes regulate advanced practice registered nurses differently depending on the location of the practice site. This inconsistency limits patient access to qualified primary care providers and is especially onerous for physicians and advanced practice registered nurses in rural areas.

RECOMMENDATIONS

- ◆ **Recommendation 1:** Amend the Texas Occupations Code, Chapter 301, to include "advanced assessment, diagnosing, prescribing, and ordering" in the scope of practice for advanced practice registered nurses.
- ◆ **Recommendation 2:** Amend the Texas Occupations Code, Chapter 301, to require the Board of Nursing to adopt rules for assigning prescriptive authorization to a qualified advanced practice registered nurse who has completed 3,600 hours of practice within a delegated prescriptive authority arrangement with a physician or fully authorized advanced practice registered nurse and to establish a surcharge to cover the administration of the tiered prescriptive authority.
- ◆ **Recommendation 3:** Include a contingency rider in the 2012–13 General Appropriations Bill to appropriate surcharge revenue to the Texas Board of Nursing to administer the tiered prescriptive authority.

DISCUSSION

In 2007, the American Medical Association reported that medical students are less likely to choose primary care and

more likely to pursue careers as specialists. The result is that each year there are fewer primary care physicians entering the workforce. This decline combined with population growth and aging contributes to a nationwide deficit of primary care practitioners that could be between 35,000 and 44,000 by 2025.

Both nationally and in Texas, advanced practice registered nurses (APRNs) have helped mitigate the effects of this shortage. An advanced practice registered nurse is a registered nurse with either a masters or doctoral degree who has passed a national board certification exam and is licensed to practice in one of four roles (nurse practitioner, clinical nurse specialist, nurse-midwife, or nurse anesthetist), in some cases with a focus on a given population.

Certified nurse practitioners (NPs) are educated and trained to provide a range of primary and acute care, including taking medical histories; providing physical examinations; ordering and interpreting diagnostic tests; and diagnosing, treating and managing acute and chronic illnesses and diseases. They are certified and licensed to provide care to a defined population-focus area. The Texas Board of Nursing (BON) recognizes nine population-focus areas for nurse practitioners:

- Acute Care – Adult;
- Acute Care – Pediatrics;
- Adult;
- Family;
- Gerontological;
- Neonatal;
- Pediatric;
- Psychiatric-Mental Health; and
- Women’s Health.

Clinical nurse specialists (CNS) are also educated to diagnose, treat and prescribe for patients within their population-focus, but most of them work in specialty clinics, hospitals and nursing education programs to analyze healthcare systems and improve patient outcomes. BON recognizes six types of clinical nurse specialists:

- Adult Health/Medical Surgical;
- Community Health;
- Critical Care;

- Gerontological;
- Pediatric Nursing; and
- Psychiatric-Mental Health.

Certified nurse-midwives (CNM) provide a full range of primary and obstetrical healthcare services to women. This range includes prenatal and postpartum care, childbirth, newborn care, and gynecological and family planning services. Nurse-midwives are not certified with a population-focus, as their education and certification already defines the population with whom they work.

Certified registered nurse anesthetists (CRNA) provide anesthesia care for individuals whose health status range from healthy to any level of acuity, including those with immediate, severe or life-threatening injuries. Like CNMs, nurse anesthetists do not further narrow their focus, since they already have the educational preparation to work with all client populations.

APRN EDUCATION, CERTIFICATION AND LICENSING

All APRN education programs are accredited, and housed within nationally accredited graduate programs. They also provide a broad-based curriculum, including graduate-level courses in pathophysiology, health assessment, pharmacology, and courses in their population-focus area.

The educational program must also include a 500-hour practicum. APRN applicants seeking recognition in more than one role or population-focus area (for instance, a nurse practitioner who focuses on neonatal and pediatric care) must have 500 hours in each role or area.

Following completion of an education program, but preceding state licensure, an APRN must pass a national certification exam in their particular APRN role. These exams assess the APRN candidate’s core, role and (if applicable) population focus competencies. Certification programs accredited by a national certification accreditation body administer the exams. In Texas, BON designates the certification exams acceptable for a state license.

In addition to completing a recognized graduate education program and passing a designated certification exam, applicants to practice in Texas must:

- hold a current, unrestricted license as a registered nurse in Texas;
- have practiced for 400 hours or have completed schooling in the previous two years; and

- participate in 20 hours of continuing education in each advanced practice role and population-focus in which BON authorizes the candidate to practice.

Sanctions for failing to meet BON's standards for using a particular title, or using an APRN title without being recognized by the agency, include termination of rights to practice as an APRN.

APRNs renew their licenses to practice in Texas every two years. To maintain their licensure, APRNs must have 20 hours of continuing education every two years. APRNs with prescriptive authority must have an additional five hours of continuing education in pharmacotherapeutics. The APRN must also practice a minimum of 400 hours each biennium.

Though APRNs are educated and certified according to national standards, states regulate scope of practice differently, sometimes widely.

Twenty states and the District of Columbia allow APRNs to practice as autonomous, or very nearly autonomous, healthcare providers, up to the limits of their education and training. In these states, the boundaries of their scope of practice are defined by the APRN's education and certification and enforced by the state's regulatory agency. When confronted with a patient whose diagnosis or treatment may be outside their scope of practice, APRNs in these states refer to the appropriate general practice or specialist physician. The states that do not allow autonomy have a range of regulations on APRNs' practice. They require a collaborative practice agreement between an APRN and a physician, but in most cases APRNs retain their ability to diagnose and prescribe.

LIMITATIONS ON AN APRN'S PRESCRIPTIVE AUTHORITY IN TEXAS

Texas has some of the most restrictive scope of practice guidelines in the U.S. for APRNs. Only physicians have statutory authority to establish a diagnosis or write prescriptions for drugs, devices or other therapeutic treatments. An APRN's ability to establish a diagnosis and prescribe medication is delegated by a physician. In Texas, an APRN's delegated ability to diagnose does not carry any supervisory requirements for the delegating physician.

The delegated prescriptive authority, however, does put limitations on APRNs, physicians, and patients. Physicians may only delegate to APRNs in one of four types of practice sites: a primary site, an alternate site, site serving a medically underserved population, or a facility-based practice.

PRIMARY PRACTICE SITES

A physician may delegate prescriptive authority to a total of four APRNs (or four full-time-equivalents) at their primary practice site. At a primary site, there are no specific supervisory requirements, but the physician must maintain protocols for delegation and quality assurance and be available by phone for consulting with the APRN.

ALTERNATE PRACTICE SITES

A physician may also delegate at an alternate practice site provided they are there at least 10 percent of the time each APRN is onsite. Physicians are limited to delegating prescriptive authority to no more than four APRNs between the primary and alternate practice sites. Alternate practice sites must be within 75 miles of the physician's primary practice site or residence, and must offer the same type of healthcare services as the primary site. The physician must also review 10 percent of each APRN's patient charts and be available as needed by phone.

MEDICALLY UNDERSERVED SITES

At site serving a medically underserved population, there is no limitation on the number of APRNs a physician may delegate prescriptive authority. However, the physician is limited to delegating prescriptive authority at no more than three medically underserved sites that have a combined 150 operating hours per week. The physician is required to be onsite once every 10 business days that the APRN is onsite, audit 10 percent of the APRN's patient charts, keep a log of their other supervisory activities, and receive daily telephone calls regarding complications or problems not covered by the physician's protocols.

FACILITY-BASED SITES

Certain physicians may also delegate at hospitals and long-term care facilities, collectively referred to as facility-based sites. Physicians delegating at hospitals may delegate to as many APRNs as they like, but the physician is limited to delegating at just one hospital. A physician who is a medical director at a long-term care facility may delegate authority to up to four APRNs between a maximum of two long-term care facilities.

LIMITATIONS ON CONTROLLED SUBSTANCES

Eight states, including Texas, restrict an APRN's ability to prescribe controlled substances. Controlled substances are drugs with a potential for addiction. They are classified in terms of Schedules I-V, with Schedule I being either illegal

narcotics or drugs with no medical use. When prescribing controlled substances, Schedules III–V, an APRN in Texas may not write a prescription that is for more than 90 days, authorize a refill beyond the initial 90 days without consulting the delegating physician, or write a prescription for a child under age two without consulting with the delegating physician.

Texas APRNs are prohibited from prescribing Schedule II controlled substances to any patient, even if it is the standard of care. For example, attention deficit hyperactivity disorder (ADHD) is generally managed by prescription of a Schedule II controlled substance, such as Adderall. Managing ADHD is within the scope of practice of pediatric, adult and family nurse practitioners, although in Texas they are legally prohibited from prescribing medication to treat the disorder.

In addition to these statutory regulations, a delegating physician may place additional limitations on an APRN's prescriptive authority. This lack of uniformity limits patient access to qualified primary care providers and is especially onerous for physicians and APRNs in rural areas.

PRIMARY CARE PROVIDER SHORTAGES

The Texas Department of State Health Services' (DSHS) Primary Care Office maintains and updates the state's shortage designations. The U.S. Department of Health and Human Services recommends a provider-to-patient ratio of one primary care physician to every 2,000 individuals (1:2,000). The threshold for health professional shortage area (HPSA) designation is a physician to population ratio of 1:3,500. In areas with exceptionally high rates of poverty or infant mortality, the threshold is 1:3,000. Counties can be designated HPSAs in whole or in part.

As of October 2010, there were 132 counties in Texas designated as whole county primary care HPSAs. Forty-eight additional counties were partially designated as primary care HPSAs. Approximately 26 percent of the state's population lives in these areas.

Texas is below the U.S. average in its primary care physicians-to-population ratio. According to the DSHS Center for Health Statistics, the rate of growth of primary care physicians in the state is also slowing. From 1981 to 1988, the ratio of primary care physicians to 100,000 population increased from 53.5 to 59.3. From 1988 to 1998, the physician to 100,000 population ratio increased from 59.3 to 65.0. But from 1998 to 2009, the ratio only increased from 65.0 to 67.7.

Overall, the numbers of APRNs in Texas have steadily increased since 1990, especially nurse practitioners. Estimates by the DSHS Center for Health Statistics shows that their rates per 100,000 population increased from 5.6 to 12.4 between 1991 and 2000. From 2000 to 2009 the rates of nurse practitioners per 100,000 population increased from 12.4 to 23.1, an increase of 86.3 percent.

The supply of NPs in Texas is still lower than the US average. It is also lower than states with less restrictive regulatory environments. A study published in the *New England Journal of Medicine* found that states with favorable practice environments had a greater supply of NPs.

Using data from the US Census Bureau and state boards of nursing, Legislative Budget Board staff estimated the rates per 100,000 population of NPs in each state whose scope of practice laws allow autonomous, or near-autonomous, practice. This data counted more NP licenses than did the DSHS Center for Health Statistics, which counted only active NP licenses. The results in **Figure 1** still show the Texas ratio to be below the ratio in states that allowed more autonomy.

In addition to limiting the supply of and access to APRNs, restrictive scope of practice laws may also limit the expansion of retail clinics, which generally employ APRNs to provide a limited range primary healthcare. A 2008 report in a San Antonio newspaper quoted a pharmacy-based retail clinic chain executive as stating Texas' scope of practice regulations were a factor in that company's decision not to expand as quickly in Texas as they do in other states.

SAFETY OF APRNS

A number of healthcare and policy researchers have compared physician and APRN patient outcomes and found them comparable. These findings are consistent across studies; no findings have shown better health outcomes for patients in states with more restrictive regulatory environments.

An Institute of Medicine (IOM) report published in October 2010 recommends that states amend their scope of practice laws to allow APRNs to practice to the full extent of their education and training in order to meet the demand for primary and preventative care resulting from the federal healthcare reform legislation of 2010. That report cites positive outcomes resulting from Pennsylvania's expanded APRN scope of practice in 2007 and concludes that regarding quality of care it is difficult to distinguish states with restrictive and more expansive scopes of practice.

FIGURE 1
NURSE PRACTITIONERS IN TEXAS AND AUTONOMOUS PRACTICE STATES, OCTOBER 2010

STATE	NURSE PRACTITIONER LICENSES	POPULATION (IN MILLIONS)	NURSE PRACTITIONERS PER 100,000 POPULATION
Texas	8,142	24.8	32.9
New Mexico	753	2.0	37.5
Idaho	584	1.5	37.8
Iowa	1,265	3.0	42.1
Utah	1,259	2.8	45.2
Arizona	2,989	6.6	45.3
Washington	3,407	6.7	51.1
New Jersey	4,560	8.7	52.3
Kentucky	2,339	4.3	54.2
Maryland	3,172	5.7	55.7
Colorado	3,008	5.0	59.9
Oregon	2,317	3.8	60.6
Rhode Island	700	1.1	66.5
Hawaii	930	1.3	72.2
Montana	722	1.0	74.1
Maine	980	1.3	74.3
New York	14,578	20.0	74.6
Connecticut	2,900	3.5	82.4
Wyoming	462	0.5	84.9
Alaska	650	0.7	93.1
New Hampshire	1,435	1.3	108.3
District of Columbia	1,640	0.6	273.5

SOURCE: Legislative Budget Board.

A 2009 RAND Corporation study of Massachusetts' universal health insurance law recommends the state change its scope of practice regulations to allow nurse practitioners to practice autonomously to the limits of their education and training as primary care providers. In making this recommendation, RAND cited the state's critical shortage of primary care physicians, the comparability of patient outcomes under NP-provided care, and the need to contain overall healthcare costs.

A number of factors, including the aging of World War II veterans and the wars in Afghanistan and Iraq, have increased demand on the federal Department of Veterans Affairs (VA). To meet this demand, the VA has transformed from a hospital-based system into one that focuses on primary care and chronic disease management. To do so, it expanded its use of nurse practitioners to provide primary care in inpatient

and outpatient settings. Multiple studies of the VA's model have shown that in terms of quality of care, patient outcomes, and spending per enrollee, the VA compares favorably to or exceeds the results of Medicare's fee-for-service program.

A number of other studies and articles, including a 1998 editorial in the *Journal of the American Medical Association* have also concluded that within their particular scope of practice, nurse practitioners offer a quality of care equivalent to that of physicians.

EXPANDING PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

Amending statute to authorize APRNs to diagnose and prescribe up to the limits of their education and professional scope would allow NPs, CNMs, and certain CNSs to provide care for patients within their professional scopes without

physician oversight or supervision. It would not completely sever the relationship between an APRN and physician, as identifying problems whose complexity is beyond their scope is an integral component of ARN education and training. In such cases, the APRN’s professional responsibility is to refer the patient to the appropriate healthcare provider (such a general practice or specialist physician).

Third-party payers can reimburse most NPs, CNMs and CNSs. All APRNs who bill the Texas Medicaid Program directly are reimbursed at 92 percent of the physician’s rate. If an NP or CNS bills Medicare, they are paid 85 percent of the fee paid to physicians.

Recommendation 1 would amend the Texas Occupations Code to allow APRNs to establish a diagnosis and prescribe medication.

Recommendation 2 would amend the Texas Occupations Code to require BON to adopt rules for assigning a prescriptive authorization to an advanced practice registered nurse who has completed 3,600 hours of practice within a delegated prescriptive authority arrangement and allow the agency to establish a surcharge on advanced practice registered nurse license renewals to generate revenue to fund the cost of licensing APRNs and overseeing the tiered prescriptive authority.

In 2009, Colorado adopted a similar tiered system. As of July 2010, APRNs in Colorado earn a provisional prescriptive authority license through a post-graduate mentorship lasting 1,800 hours. During this period, the APRN does not have prescriptive authority and a fully authorized prescriber must sign all their prescriptions. Following the mentorship phase, the APRN must practice for 1,800 hours with a provisional prescriptive authority under the guidance of a physician or fully authorized APRN. Upon completion of their provisional prescriptive authority hours, the APRN can submit an articulated plan for safe prescribing to the state’s board of nursing and be granted full prescriptive authority. Because Texas’s delegated model of prescriptive authority is a combination of both of Colorado’s tiers, dividing the 3,600 hours into two tiers of 1,800 hours is unnecessary.

Recommendation 3 would include a contingency rider in the 2012–13 General Appropriations Bill to appropriate surcharge revenue to the Texas Board of Nursing to administer the tiered prescriptive authority.

FISCAL IMPACT OF THE RECOMMENDATIONS

Recommendation 1 has no fiscal impact.

As shown in **Figure 2**, Recommendation 2 would generate \$128,348 in General Revenue Funds during the 2012–13 biennium. This revenue would be used by BON for the licensing and regulatory requirements related to establishing a tiered model of prescriptive authority. This estimate is

**FIGURE 2
FIVE-YEAR FISCAL IMPACT
FISCAL YEARS 2010 TO 2016**

FISCAL YEAR	PROBABLE GAIN GENERAL REVENUE FUND	PROBABLE (COST) IN GENERAL REVENUE FUND	CHANGE TO FULL-TIME-EQUIVALENTS COMPARED TO 2010–11 BIENNIUM
2012	\$67,657	(\$67,657)	1
2013	\$60,692	(\$60,692)	1
2014	\$60,692	(\$60,692)	1
2015	\$60,692	(\$60,692)	1
2016	\$60,692	(\$60,692)	1

based on a surcharge of about \$12 on 5,500 APRN license renewals (the average number of annual license renewals between 2006 and 2010). The costs associated with implementing Recommendation 2 include staffing and technology costs. BON has staff dedicated to processing initial and renewal RN and APRN licenses, but would require one additional full-time-equivalent position to implement the two tiers of licensing and regulatory requirements of Recommendation 2.

The introduced 2012–13 General Appropriations Bill does not include any adjustments as a result of these recommendations.



STATE OFFICE OF RISK MANAGEMENT

WILLIAM P. CLEMENTS, JR. BUILDING, 6TH FLOOR
P.O. BOX 13777, AUSTIN, TEXAS 78711
(512) 475-1440

December 20, 2010

Ms. Katherine A. Thomas, MN, RN
Executive Director
Texas Board of Nursing
333 Guadalupe Street, Ste. 3-460
Austin, TX 78767

Agency # 507

RE: Risk Management Program Review

Dear Ms. Thomas:

A Risk Management Program Review (RMPR) at the Texas Board of Nursing (BON) was conducted on December 10, 2010. The visit was conducted under the authority of Texas Labor Code, Title V, Subtitle A., Chapter 412, and is designed to assist state agencies to develop and implement comprehensive risk management programs that meet Risk Management for Texas State Agencies (RMTSA) guidelines.

Noteworthy observations made during this consultation include the following:

- The overall safety culture at the BON is very strong as evidenced by the low injury frequency rate and cost. There were 3 accepted workers' compensation claims at the BON resulting in \$1,455.38 paid out during FY06-FY10. There are no active workers' compensation claims at BON at this time.
- Security is highly visible and obviously a priority at the BON. For example, security upgrades to the office entrance require all visitors to electronically sign-in before being escorted through doors controlled by card readers. Additionally, the BON instituted a security policy prohibiting purses, briefcases, backpacks, etc. into the conference room during informal hearings.
- The Strategic Plan (2011-2015), Human Resource Manual (Revised, September 2010), Risk Management Program (Revised, September 2010), Emergency Action Plan (Revised, September 2010), Indoor Air Quality Management Plan (Revised, September 2010), Annual Financial Report (August 31, 2009) and Safety and Health Manual (Revised November 2008), are well-written, thorough and updated when necessary.
- There are no open property or casualty claims at BON at this time.
- Annual audits of inventory provide protection of the agency's physical assets. Lost, damaged, and destroyed property is promptly reported in accordance with procedures found in V.T.C.A., Government Code, 403.276. No lost, damaged, or destroyed property occurred in during FY08-FY10 at BON.
- BON conducts fire drills in conjunction with TFC. BON documents, critiques and maintains agency-specific records for all building fire evacuation drills.

Ms. Katherine Thomas

December 20, 2010

Page 2 of 2

- The BON's Risk Manager, Mark Majek, always demonstrates exceptional leadership and dedication to the State. In addition to performing his primary duties as Director of Operations, Mr. Majek also serves as the Chair for the Small State Agency Task Force (SSATF).
- BON conducts informal and formal office inspections and expeditiously reports any issues to the TFC Property Manager.
- A comprehensive first aid kit and AED are present, inspected, and maintained for use at the BON. Select staff have been trained in first aid and AED use.
- A walk-through of the facility revealed a clean, organized, and aesthetically renovated establishment.
- SORM 200 data was reviewed for accuracy and completeness. No errors or omissions were found.
- The Risk Evaluation Planning System (REPS) questionnaire was discussed. All sections of REPS, including frequency/severity and mitigating strategies, were completed and certified by the BON.

During our visit, we discussed the recommendations generated as a result of the Risk Management Program Review conducted on June 6, 2008. The following recommendations are now closed: #08-06-01 (Safety Inspections) and #08-06-02 (Indoor Air Quality Management Plan).

There are no new recommendations as a result of this visit. As was discussed, a copy of the BON's Business Continuity/Disaster Recovery Plan (Revised December 2009) will be provided to Rick Torres who has offered to review the BCP plan and provide comments or recommendations for improvement.

Please convey my sincerest appreciation to Mr. Mark Majek and the other members of your staff for their assistance and cooperation and assistance during the visit. As always, please feel free to contact me at (512) 936-1570 or lisa.bell@sorm.state.tx.us if you have any questions or if I can be of any assistance in any matter pertaining to your agency's risk management program.

Best Regards,



Lisa Bell
Risk Management Specialist
Risk Assessment and Loss Prevention
State Office of Risk Management

cc: Mr. Mark Majek, Director, Operations, BON
Mr. Rick Torres, Risk Management Specialist, SORM



OFFICE OF THE GOVERNOR

RICK PERRY
GOVERNOR

January 13, 2011

Katherine Thomas, MN, RN
Executive Director
Texas Board of Nursing
333 Guadalupe Street, Suite 3-460
Austin, TX 78701

Dear Ms. Thomas:

Pursuant to Article IX, Section 6.10 (b) of the 2010-2011 General Appropriations Act, your request, dated February 2, 2010, for the Texas Board of Nursing to increase its full-time equivalent employee (FTE) cap from 96.7 to 100.7 for the 2010-2011 biennium is approved.

This approval is subject to the concurrent approval of the Legislative Budget Board.

Please feel free to contact Becky Dean at (512) 463-1778 if you have questions regarding this matter.

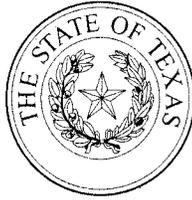
Sincerely,

A handwritten signature in black ink that reads "Brandy D. Marty". The signature is written in a cursive style.

Brandy Marty
Director of Budget, Planning & Policy

BM:BD:av

cc: John O'Brien, Director, Legislative Budget Board



LEGISLATIVE BUDGET BOARD

Robert E. Johnson Bldg.
1501 N. Congress Ave. - 5th Floor
Austin, TX 78701

512/463-1200
Fax: 512/475-2902
<http://www.lbb.state.tx.us>

December 16, 2010

Katherine Thomas
Executive Director
Board of Nursing
333 Guadalupe Street, Ste. 3-460
Austin, Texas 78701

Dear Ms. Thomas:

Pursuant to Article IX, Section 6.10, of the General Appropriations Act for the 2010-11 biennium, the Legislative Budget Board (LBB) and the Governor may approve agency requests to exceed the full-time equivalent (FTE) employee levels in 2010-11.

In a letter dated February 2, 2010, the Board of Nursing requested approval to exceed the FTE cap for fiscal years 2010-11 by 4.0 each year in order to address an increased volume in applications for Advanced Practice Registered Nurses and caseload growth from criminal history background checks. The request associated two (2) FTEs for each purpose and reported that these positions would be funded with available appropriated receipts.

The LBB has reviewed and approved the Board of Nursing's request. This brings the total number of FTEs to 100.7 for each fiscal year in the 2010-11 biennium. This approval takes effect upon the concurrent approval of the request by the Governor.

If you need additional information regarding this matter, please contact Clifford Sparks, the budget analyst assigned to your agency at 512-463-6125.

Sincerely,

John O'Brien
Director

Board of Nursing Statistical Report FY 2011

Measure	Totals FY'08	Totals FY'09	Totals FY'10	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Running FY 2011 Total
Nursing Jurisprudence Exam	n/a	18,886	27,177	6,149	0	0	0	6,149
Exam Not Completed		825	1,845	307	0	0	0	307
Percentage Not Completed		4.37%	6.79%	4.99%	??	??	??	4.99%
Did Not Passed		485	1,602	566	0	0	0	566
Percentage Did Not Pass		2.57%	5.89%	9.20%	??	??	??	9.20%
Exam Passed		17,576	23,730	5,276	0	0	0	5,276
Percentage Exam Passed		93.06%	87.32%	85.80%	??	??	??	85.80%
NJE - Breakdown by Applicant Group								
LVN-Candidate		4,627	7,266	1,646	0	0	0	1,646
Exam Not Completed		282	835	105				105
Did Not Passed		177	723	209				209
Exam Passed		4,168	5,708	1,332				1,332
LVN-Endorsement		938	1,384	433	0	0	0	433
Exam Not Completed		57	94	25				25
Did Not Passed		90	193	96				96
Exam Passed		791	1,097	312				312
RN-Candidate		8,104	10,929	2,137	0	0	0	2,137
Exam Not Completed		265	569	80				80
Did Not Passed		35	250	85				85
Exam Passed		7,804	10,110	1,972				1,972
RN-Endorsement		5,217	7,598	1,933	0	0	0	1,933
Exam Not Completed		221	347	97				97
Did Not Passed		183	436	176				176
Exam Passed		4,813	6,815	1,660				1,660