



Email Addresses are Now Subject to Public Disclosure

The Texas Nurse Portal, which was launched by the Texas Board of Nursing (Board) on June 15, 2020, is a confidential and secure cloud-based system that allows applicants to apply for licensure by examination/endorsement and licensees to renew a Texas nursing license. The system is paperless and completely online. The system requires individuals to register and create an account. Every applicant and licensee is required to submit an email address in order to create an account. Once created, applicants and licensees will manage the transmission of required documents and information via the portal.

Any email address submitted by an applicant or licensee via the portal will become public information and is subject to public disclosure pursuant to an open records request. Texas Government Code §552.137(c)(5) makes public any email address that is provided to the Board for the purpose of providing public comment on or receiving notices related to an application for a license or receiving orders or decisions from a governmental body.

The Board, therefore, encourages individuals to review the email addresses they either submit via the portal or have on file with the Board to ensure the addresses are accurate and suitable for public disclosure.

Texas Nurse Portal Provides Updated Platform for Licensure Regulation

On June 15, 2020, the Texas Board of Nursing (BON) launched the new Texas Nurse Portal, ushering in a new era of licensure regulation in Texas. The project aimed to bring an updated platform of application submission and licensure maintenance to BON staff and the Texas nursing community.

On June 5th the BON legacy licensure system went offline to begin the migration process of all licensee and active application records. During the transition, the Customer Service team continued assisting callers while Licensing Staff continued processing non-application items that were received.

In the two and one-half months of operation, the Texas Nurse Portal registered 86,261 new portal users. Further, 74,517 applicants initiated an application, 65,899 applicants submitted a completed application, and 68,295 licensees auto-renewed seamlessly.

The Nurse Portal is a major shift in how BON Staff communicates with licensees and applicants. The Nurse Portal allows for faster submission of applications and grants direct access to manage demographic information such as name, address, and education. This eliminates any mailing time or the potential for submissions to be misrouted. Name changes, as well as address changes that include a change in primary state of residence, still

require a review by BON Staff. If approved, the change will be reflected in your Nurse Portal within 10 business days of submission.

We want to thank the nurses, students, deans and directors, all nurse applicants, and the public for your patience and understanding as we launched our new system. Delays were inevitable and expected, but BON Staff are working diligently and moving forward steadily to improve the nursing experience for all Texas' new and current licensed nurses.

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IMPOSTER WARNING

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

Nora Nely Avila (Ibarra)

a.k.a Nora N. Avila; a.k.a. Nora Ibarra Avila; a.k.a. Nora Avila; a.k.a. Nora Ibarra; a.k.a. Nora I Avila

On or about September 9, 2019, through October 16, 2019, Nora Nely Avila (Ibarra) secured employment and practiced as a registered nurse (RN) with a home health agency in Laredo, Texas, by using the license number belonging to another nurse with the same first and last name, but with a different middle name. During this time, Nora Nely Avila represented herself as a registered nurse to staff, patients, and the public while using the credentials of "RN" on the facility's business and medical records. The Board's investigation revealed that the date of birth, social security number, and address information provided by Nora Nely Avila to the facility did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. The case has been referred to the Office of the Webb County District Attorney for prosecution.



Jessica Ayala Lopez

a.k.a Jessica Lopez; Jessica A Lopez;

Between January 9, 2017, and February 12, 2020, Jessica Ayala Lopez secured employment and practiced as a registered nurse (RN) with two (2) staffing agencies, three (3) surgical centers, and one (1) hospital in Harris County, Texas, by using a license number belonging to another nurse with a different first and last name. Additionally, Jessica Ayala Lopez provided a fraudulent paper license to employers with a fake license number indicating she was a registered nurse. During this time, Jessica Ayala Lopez represented herself as an RN to staff, patients, physicians, and the general public while using the credentials of "RN" on facility's business and medical records. The Board's investigation revealed that the date of birth, social security number, and address information provided by Jessica Ayala Lopez to the facilities did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. The case has been referred to the Office of the Harris County District Attorney for prosecution.



NORMA ALICIA SOLIS

a.k.a Norma A. Solis; a.k.a. Norma Solis; a.k.a. Norma Solis Solomon; a.k.a. Norma Solomon

On or about May 6, 2018, through April 28, 2019, Norma Alicia Solis secured employment as a medical assistant (MA) with an urgent care pediatric facility in Dallas, Texas. During her employment, she misrepresented herself as a nurse to staff and patients as well as practiced beyond the scope of nursing by diagnosing, writing prognoses, and advising patients on plans of care. Further, on or about March 11, 2019, through April 10, 2019, Norma Alicia Solis was promoted to Practice Director of a wound care clinic in Dallas, Texas, a position which required licensure as a registered nurse. Norma Alicia Solis represented herself as an actual licensee with the same first and last name, but with a middle name spelled differently. The Board's investigation revealed that the date of birth and social security number provided by Norma Alicia Solis to employers did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. The case has been referred to the Office of the Dallas County District Attorney for prosecution.



The Texas Board of Nursing

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Summary of Actions



A regular meeting of the Board of Nursing was held July 23, 2020, in Austin. The following is a summary of Board actions taken during this meeting.

In the July 17, 2020, edition of the *Texas Register*:

The Texas Board of Nursing (Board) adopted emergency amendments to §217.24, relating to *Telemedicine Medical Service Prescriptions*, pursuant to a finding of imminent peril to the public health, safety, and welfare, which requires adoption in fewer than thirty (30) days' notice, as authorized by Tex. Gov't. Code §2001.034.

On March 13, 2020, the Governor of the State of Texas certified COVID-19 as posing an imminent threat of disaster to the public health and safety and declared a state of disaster in all counties of Texas. On March 23, 2020, the Office of the Governor granted a waiver of 22 Texas Administrative Code §217.24(e)(1), which prohibits an advanced practice registered nurse (APRN) from treating chronic pain with scheduled drugs through the use of telemedicine medical services, unless otherwise permitted under federal and state law.

The Board held an emergency meeting on June 8, 2020, to consider the adoption of an emergency rule to permit APRNs to treat chronic pain with scheduled drugs through the use of telemedicine medical services under certain conditions during the COVID-19 pandemic. The Board voted to adopt emergency amendments to §217.24(e)(1), which took effect June 8, 2020. The adopted emergency amendments were published in the *Texas Register* on June 19, 2020 (45 *TexReg* 4130). The emergency amendments expired on July 7, 2020. However, the continuation of the effects of the COVID-19 pandemic necessitate the continuation of the emer-

gency rule beyond the July 7, 2020 expiration date. Following the emergency board meeting held on July 6, 2020, emergency amendments to §217.24 were effective until September 4, 2020. Another emergency board meeting was held September 4, 2020 where emergency amendments to §217.24 were re-adopted to be effective September 5, 2020 for a period of sixty days or for the duration that the Governor's disaster declaration in response to the COVID-19 pandemic is in effect, whichever is shorter.

In the August 21, 2020, edition of the *Texas Register*:

The Board adopted amendments to §217.4, relating to *Requirements for Initial Licensure by Examination for Nurses Who Graduate from Nursing Education Programs Outside of United States' Jurisdiction*, without changes to the proposed text as published in the March 20, 2020, issue of the *Texas Register* (45 *TexReg* 1941).

Rule 217.4 addresses applicants who graduated from nursing education programs outside the United States' jurisdiction and are seeking initial nurse licensure by examination in Texas. Under the current rule, these applicants must provide a credential evaluation service full education course-by-course report from the Commission on Graduates of Foreign Nursing Schools, the Educational Records Evaluation Service, or the International Education Research Foundation. The adopted amendments, however, eliminate the requirement that an applicant must choose from these three specific credential evaluation services traditionally recognized by the Board, and, instead, allow applicants to utilize any credential evaluation service meeting the stan-

dards adopted by the Board. This change is intended to provide additional options for applicants and additional opportunity for credential evaluation services seeking to do business in Texas.

The BON also adopted amendments to §217.5, relating to *Temporary License and Endorsement*, without changes to the proposed text as published in the March 20, 2020, issue of the *Texas Register* (45 *TexReg* 1944).

Rule 217.5 addresses applicants who have been licensed in another state or Canadian province and are seeking nurse licensure by endorsement in Texas. Under the current rule, these applicants must provide a credential evaluation service full education course-by-course report from the Commission on Graduates of Foreign Nursing Schools, the Educational Records Evaluation Service, or the International Education Research Foundation. The adopted amendments, however, eliminate the requirement that an applicant must choose from these three specific credential evaluation services traditionally recognized by the Board, and, instead, allow applicants to utilize any credential evaluation service meeting the standards adopted by the Board. This change is intended to provide additional options for applicants and additional opportunity for credential evaluation services seeking to do business in Texas.

The effective date for changes to Rules 217.4 and 217.5 was August 24, 2020.

Nursing Education Actions - July 2020 Board Meeting

Reviewed Reports:

Status Report on New Nursing Education Programs and Currently Active and Potential Proposals

Status Report on Programs with Sanctions

Report on Communication Activities with Nursing Education Programs

Report of 2019 NCLEX-PN® Examination Pass Rates

Report of a Partnership Between Education and Practice

Rural Education Nursing Consortium – Frank Phillips College, Amarillo College, and Five Rural Hospitals in the Texas Panhandle

Notification of National Nursing Accreditation

Texas A&M University Master's Degree in Nursing Family Nurse Practitioner Program in Commerce

Approved Findings from Survey Visit and Change in Approval Status from Full Approval to Full with Warning:

Bell Tech Career Institute – Vocational Nursing (VN) Education Program in Houston

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

Vista College – VN Education Program in El Paso

Wharton County Junior College – VN Education Program in Wharton

Reviewed Proposal for New Baccalaureate Degree Nursing Education in Public Community Colleges

Galveston College in Galveston

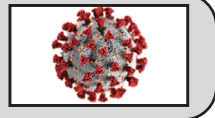
San Antonio College in San Antonio

Approved Proposal for New Nursing Education Program

Collin College – VN Education Program in McKinney

Aspen University – Baccalaureate Degree Nursing Education Program in Austin

How Nursing Education Programs Have Responded to the Pandemic



On Friday, March 13, 2020, most nursing programs closed their doors with instructions to their faculty and students to prepare for virtual education for an indefinite length of time. Faculty were instructed to reform their teaching strategies for online didactic content and virtual clinical learning experiences. Nursing faculty, students, and directors rose to the task and rather than responding with “We can’t,” nervously asked “How shall we begin?”

Texas Board of Nursing (Board) Staff have engaged in many conversations with program representatives about their concerns, and the Governor responded to a Board request for a waiver to allow an expanded limit to the use of simulation for nursing students in their last year of school.

All pre-licensure nursing programs were surveyed in May 2020 by Board Staff about the impact of COVID-19 on nursing education. Over 90% of responses indicated that the faculty were provided assistance as they transitioned to remote teaching with virtual simulations to replace hands-on practice. The following measures proved to be very helpful to promote a feeling of togetherness and direction for students and faculty:

- Providing ongoing information about COVID-19 on the school website

- Planning Town Hall meetings with students via an online platform
- Securing products for online testing
- Holding regular team meetings with faculty
- Engaging students in learning through case studies, followed by post-conferences
- Increasing one-on-one faculty-to-student interactions

About 16% of programs were able to continue with hands-on practice experiences for students and with open nursing labs on campus during COVID-19. But most students and faculty also met challenges every day due to demands for home schooling their children, competition among their family members for computers and technology, and demands to spend more time communicating with their nursing students. One director commented, “My faculty have proven that they are the world’s best innovators!”

Board Staff continue to provide support and guidance to nursing programs through webinars, information on the website, and through emails and conference calls. A second Board survey was distributed in July 2020

with a 46% response rate from all program levels. Most respondents acknowledged that COVID-19 has been a major disruption to nursing education, though few students withdrew or failed as a result of the pandemic. Additionally, faculty have not left education because of COVID-19; those who resigned or retired had previously planned to do so.

The most serious problem for the Fall 2020 semester is securing enough hands-on clinical experiences to prepare students to complete their education to enter the workforce. Uncertainties lie in the effect of COVID-19 on enrollments, the availability of clinicals, the number of students who can be accommodated in all kinds of clinical learning experiences, and the availability of preceptors. Board Staff are expecting the majority of programs will be reevaluating their curricula and putting more emphasis on the essentials of preparing safe, competent nurses. Relationships and partnerships with clinical settings will be more important than ever.

The good news is that faculty have shown that they are resilient and have a commitment to nursing education, and there are many students who want to be nurses. It is the YEAR OF THE NURSE!



Texas Peer Assistance Program for Nurses (TPAPN): Peer Support Partner Workshop

The Texas Peer Assistance Program for Nurses (TPAPN) provides support, monitoring, accountability, and earned advocacy to Texas nurses who have an identified substance use and/or mental health condition or related incident. Peer Support Partners are a vital part of TPAPN.

The Peer Support Partner is a nurse volunteer who provides peer sup-

port to nurses participating in TPAPN. Peer Support Partners meet or speak with their assigned participants on a regular basis and communicate regularly with their assigned participants’ case managers.

Peer Support Partner training workshops are held regularly. The next Peer Support Partner workshop will be virtual and is scheduled for Friday,

November 13, 2020 from 9:30a – 12:30p. The registration information will be accessible on the TPAPN website prior to the event.

For more information about TPAPN, Peer Support Partners, and the upcoming training, please visit the TPAPN website: www.tpapn.org.



Standards of Nursing Practice Remain the Same, Even During a Pandemic

by Linda Laws BSN MSN RN

Introduction

The World Health Organization declared 2020 as the Year of the Nurse and Midwife. Throughout this year, the COVID-19 pandemic has defined the critical role nurses play in global health. Just as nurses responded in full force during the Spanish influenza pandemic in 1918, today's nurses are indispensable in caring for patients and families during the current pandemic.

To assist in increasing the number of nurses available to the people of Texas, on March 14, 2020, **Governor Abbott directed the Texas Board of Nursing (BON)** to fast-track the temporary licensing of out-of-state nurses, and other license types to assist in Texas' response to COVID-19. In accordance with **Section 418.171 of Texas Government Code**, any out-of-state nurse may practice in Texas for the purpose of rendering aid, provided the nurse holds a current license in good standing in their home state. Therefore, any out-of-state nurse with a license in good standing is not required to hold a Texas license in order to practice nursing in a disaster relief effort operation setting. Additionally, Texas is a member state of the **Nurse Licensure Compact** and, as such, any licensed vocational nurses (LVNs) or registered nurses (RNs) holding an active license with multistate (compact) privileges holds a privilege to practice in Texas.

During this declared disaster (Abbott, 2020), Governor Abbott has authorized multiple waivers to increase the supply of nurses available to care for the thousands of Texans who became ill and to those who are still suffering from COVID-19 in Texas. The waivers authorized by Governor Abbott aimed to increase available nurses to practice in Texas, include waivers of Texas Occupations Code 301.301(c), (c-1), and (f), **22 Tex. Admin. Code 223.1(a)(5)**, **22 Tex. Admin. Code 217.6(a)**, and **22 Tex. Admin. Code 216.8(d)(1)**. As a result of these waived regulations, beginning on March 23, 2020, LVNs, RNs, and advanced practice registered nurses (APRNs) were granted a grace period until September 30,

2020, to renew their license(s) without any late fees incurred or need to submit evidence of continuing education to meet continuing competency requirements for renewal. This waiver also applied to renewals of prescriptive authority.

A complete list of waivers (**announcements**) affecting nursing practice may be viewed on the BON website. Although some licensure regulations change during a pandemic, other foundational regulations remain the same.

Historical Perspective



From a historical perspective, much has been written about the Spanish influenza pandemic; however, the role of nursing was not fully explored until years later. This flu was new. At the time there was little understanding of it, and there were no known effective treatments. It was unstoppable, just as COVID-19 seems to be now. Although there were very few records by nurses during this time, it is undisputed that the nursing profession responded to this deadly pandemic and made a difference in the lives of many.

Statistics and records from the Spanish flu pandemic were not as detailed as they are in public health crises today. Nevertheless, the Centers for Disease Control & Prevention (CDC) estimated that approximately 500 million people were infected causing at least 50 million deaths worldwide with about 675,000 U.S. deaths (CDC, 2006). With the current pandemic, to date, the world has seen a staggering number of COVID-19 cases, but the final estimates remain unknown.

Some similarities among the public health challenges of and responses to both pandemics is demonstrated in the table in the next column.

Similarities Among Public Health Challenges & Responses to Pandemics Then & Now	
Spanish Influenza 1918 (M. Cur, 2020)	COVID-19
Inadequate nursing staff	Inadequate nursing staff
Masks required in public	Masks required in public
Handwashing emphasized	Handwashing emphasized
Mass gatherings prohibited	Size of gatherings limited
Tents erected to care for the sick	Alternative care sites such as convention centers and hospital ships to care for hospital overflow
Volunteers needed	Volunteers needed
Schools closed	Schools closed
Morgues could not keep up with the deaths	Use of Refrigerator trucks implemented
Strict quarantine & isolation	Stay at home orders & self-isolation
Lack of effective treatment options	Lack of effective treatment options

Standards of Nursing Practice During a Pandemic

Nursing practice has certainly evolved since 1918. The standards of nursing practice that existed at that time were not as clearly defined as they are now. In fact, the Texas statutes and rules which provide the legal structure for regulating both nursing education and practice, were only recognized in 1909.

In Texas, on March 13, 1909, Governor Thomas Mitchell Campbell signed Senate Bill 111, establishing the Board of Nurse Examiners. (NOTE: The Board of Nurse Examiners became the Texas Board of Nursing following passage of House Bill 2426 in 2007. The Texas Board of Nurse Examiners will hereafter be referred to as the BON or Board). The first meeting of the Board took place on July 20, 1909, at the Driskill Hotel in Austin. The new Board drew up by-laws and rules to govern its proceedings and both the Nursing Practice Act (NPA) and Board Rules, both of which have evolved over time. The purpose of the first NPA was to provide that the privilege

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and responsibility of practicing nursing be entrusted only to those persons duly licensed and practicing under the provisions of the Act.

NURSING—DEFINING AND REGULATING PRACTICE OF.

S. B. No. 111.

CHAPTER 117.

An Act to define and regulate the practice of professional nursing; create a Board of Nurse Examiners for the examination and licensing of nurses, and to prescribe their qualifications, to provide for their proper registration and for the revocation of certificates and to fix suitable penalties for the violation of this Act and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That a board to be known as the Board of Nurse Examiners for the State of Texas is hereby established. Said board shall be composed of five members who shall be trained nurses of at least twenty-three (23) years of age, of good moral character, and graduates of a training school connected with a general hospital or sanitarium of good standing, presided over by a graduate nurse where a two years training with a systematic course of instruction is given in the wards. Said board shall be appointed by the Governor of this State, within sixty days after this Act shall go into effect and biennially thereafter, within sixty days after his inauguration, and the term of office shall be two years or until their successors shall be appointed and qualified. Vacancies occurring in the board shall be filled by the Governor.

SEC. 2. That the members of the said board shall as soon as organized, annually in the month of April, elect from their members a president and secretary who shall also be the treasurer. Three members of this board shall constitute a quorum and special meetings of said board shall be called by the secretary upon the written request of any two members. The board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings, and to carry into effect the purpose of this Act. Provided, that said board shall adopt Roberts Rules of Order to guide it in the transaction of its business. The secretary shall be required to keep a record of all the meetings of said board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and said board shall cause the prosecution of all persons violating any of the provisions

(Excerpt from Senate Bill 111, enacted in 1909, which established the Board of Nursing and regulation of nursing in Texas)

Today's NPA sets the authority for the Board to promulgate rules and to regulate nursing education and the practice of nursing in the state **even during a pandemic**. Without regulation of nursing practice, the public has no assurance that the nurses who provide nursing care are qualified to do so safely.

Recognizing the oncoming demand for increasing nursing services during the daunting COVID-19 pandemic, the Governor proactively granted various waivers including ones that impacted various sections of Board Rule 217. However, the heart of nursing practice, **Board Rule 217.11, Standards of Nursing Practice**, was not waived. These standards of practice establish the minimum acceptable level of nursing practice in any setting for each level of nursing licensure. While it is well known that nurses face significant challenges during a pandemic, it is each nurse's responsibility to make reasonable efforts to uphold those standards. Failure to meet these minimum standards that are founded in safety may result in action against the nurse's license, even in the absence of patient harm.

Board Rule 217.11(1)(A) requires all nurses to know and conform to the Texas Nursing Practice Act and the

Board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice.

Thus, it is each nurse's responsibility to know how the waivers from the Governor affect their area of practice and understand that the fundamental standards of nursing practice are not waived. Moreover, **Board Rule 217.11(1)(B)** requires all nurses to implement measures to promote a safe environment for clients and others. The pandemic has not diminished the relevance of this standard. On the contrary, the measures nurses have taken to adapt to the ever-evolving safety guidelines demonstrate how critical this standard is during a pandemic.

Additionally, **Board Rule 217.11(1)(D)** addresses documentation. The long term clinical complications of the COVID-19 virus are unknown. Ongoing studies of patients with COVID-19 appear to reveal new, and many long term complications (Humer, Brown, Parodi, 2020). When nurses fail to document their nursing care, valuable information regarding the acute phases of the virus and the impacts of the nursing care provided to these patients may be lost. Much of the information we have from the 1918 Spanish flu pandemic is from medical professionals' notes and diaries, as well as journal entries of nurses, and records made by the public (Hile, 2018). Nursing notes that contain detailed insights into patient conditions and evaluation of nursing care provided may offer valuable guidance for future care.

Specifically, **Board Rule 217.12(1)(D)** states that nurses must accurately and completely report and document the client's status including signs and symptoms; nursing care rendered; physician, dentist or podiatrist orders; administration of medications and treatments; client responses; and contacts with other health care team members concerning significant events regarding client's status. Furthermore, nurse researchers are using this information to enhance nursing practice far into the future. During today's pandemic, Choi and Dermenchyan eloquently describe the contributions of nurse scientists:

"Nurse scientists are responding in full force to the coronavirus pandemic along with epidemiologists, virologists, experts in infectious diseases and critical care and others. They are studying the impact of COVID-19 on caregivers and family members; the stress and emotional well-being related to social distancing; and how COVID-19 affects pregnant women, children, people who are homeless, and those with cancer; to name just a few projects. They are also studying how to support, protect, and sustain our limited health care resources in the pandemic, especially nursing resources. An ICU bed for a COVID-19 patient is nothing but a bed unless it comes with a highly skilled critical care nurse to provide intensive care." (Choi & Dermenchyan, 2020, p. 4).

Without going through all of **Board Rule 217.11** in its entirety, suffice it to say, Board Rules 217.11(1),(2),(3), and(4) have **not** changed.

Another rule important to highlight is the unprofessional conduct rule, **Board Rule 217.12**. The unprofessional conduct rule is intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of Board Rule 217.12 is to identify behaviors in the practice of nursing that are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established, **even during a pandemic**.

Finally, the scope of practice for LVNs, RNs, and APRNs is the same as pre-pandemic. During the pandemic, Board Staff continue to recommend the Board's **Scope of Practice Decision-Making Model (DMM)** as a step-by-step tool to be used by all nurses practicing in Texas to determine if any given task/procedure is within their individual scope of practice. The DMM is designed to be used in sequence, beginning at the top with question number one. In the model, nurses are asked reflective questions, and depending on how they answer, they are directed to continue through the model or stop. At any point, if a nurse reaches a stop sign, he/she should consider the activity or intervention in question beyond (or outside) his/her scope of practice. This holds true even during a pandemic. The use of evidence-based practice is helpful in using the DMM with the latest standards that are coming out

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of credible sources as this is an every changing event.

Conclusion

Appreciating the lessons of the past, can help us move forward into the future. Just as the nursing profession assumed new respect and growth following the 1918 pandemic, the contributions of nurses during the current pandemic will no doubt motivate many to go into the field of nursing, as well as demonstrate the abilities of nurses and how nurses contribute to global health. Through the similarities of the two pandemics, such as the lack of treatment options and the demands on nursing, we see that the following quotes from the 1918 pandemic are just as applicable today.

"Everything depends on good nursing" (Yarkony, 2013, p. 21)

"There was only so much the nurses could do in the face of an epidemic that stumped physicians, overwhelmed governments, and was like no other before it" (Yarkony, 2013, p. 23)

"Nurses put themselves on the line knowing they themselves could contract the same illness. The nurses remained professionals." (Clark, Stroh, & D 'Antonio, 2018, p. 3)

The standards of nursing practice, as defined in Board Rule 217.11, allows nurses to protect their practice and safely care for Texans. "Hopefully, the lessons of the current pandemic will not rapidly fade away from collective memory and that governments and policymakers will take them seriously far into the future" (M. Cur, 2020, p. 11).

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Did You Know?

Did you know that over the past 5 years, the percentage of growth in the total number of nurses in Texas increased by 13%? The largest growth has been in the number of advanced practice registered nurses (APRNs), which has increased by 61%. Currently, there are approximately 452,787 nurses in Texas: 345,505 registered nurses, 107,282 licensed vocational nurses, and 38,797 APRNs (who are also RNs).

Mark Majek Re-elected as Area III Director-at-Large for National Council of State Boards of Nursing

Mark Majek, MA, PHR, SHRM-CP, Director of Operations for the Texas Board of Nursing (BON), was re-elected to serve as a Director-at-Large for the National Council of State Boards of Nursing (NCSBN) at the 2020 Annual Meeting, held as a one-day online event on August 12, 2020. Responsibilities for the Director-at-Large include serving as a representative of all member boards and transacting the business and affairs on behalf of the NCSBN. Mr. Majek's previous experience on behalf of the NCSBN includes: Special Services Division Group, 1994; Delegate Assembly Page, 1995-2000; Licensure Verification Task Force, 1995-1997; Licensure Verification Task Force, Chair, 1996-1997; Information System Users Group, 1998-1999; Phase II User Group Nursys, 1999-2000; Nursys Advisory Panel, 2000-2001; NCSBN Board of Directors, Area III Director, 2001-2005; Member Board Leadership Development Advisory Panel, 2006-2007; Finance Committee, 2008-2011; Leadership Succession Committee, 2012-2015; Bylaws Committee, Chair, 2015-2017; and Area III Director-at-Large, 2018-2020.



Mr. Majek has served as the Director of Operations for the Texas BON for the past 33 years. His duties include oversight of finance, information technology, licensing, customer support, and publications. He currently serves as the Director of Operations for the BON and is certified as a Professional in Human Resources by the Society for Human Resource Management.

Dialogue Continues Among Nursing Practice and Academia Stakeholders

On July 27, 2020, the Board of Nursing (BON), the Texas Organization for Nursing Leadership (TONL), and the Texas Tech University Health Sciences School of Nursing jointly co-hosted a virtual meeting entitled, *The Future of Nursing in Texas Summit Follow-up Meeting: Back to the Future for Action*, which aimed to continue the rich dialogue among nursing practice and academia partners that began at the invitational Nursing Summit held in February entitled, *The Future of Nursing in Texas: Stakeholders Moving Towards Alignment*. The significant impact of the pandemic on nursing education and practice since the Summit presented the need for additional dialogue and creative problem solving. The July virtual meeting aimed to engage participants to develop recommended actions to address current and anticipated future challenges to transitioning new vocational, registered, and advanced practice registered nursing program graduates to practice.

Prior to engaging in small discussion groups, Patricia S. Yoder Wise, EdD, RN, NEA-BC, FAONL, FAAN, ANEF, welcomed participants and presentations were offered by several Summit planning team members including BON Staff, Paula J. Webb, DNP, RN, FAONL, Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN, Brandy Wells, APRN, DNP,

NNP-BC, and Leslie Norman, DNP, RN, NEA-BC, FACHE. Following the brief presentations, the participants formed 10 breakout groups in private meet-

NEA-BC, FAAN, shared next steps and a closing.

Among the next steps shared is this

Summary of Key Discussion Points and Recommended Actions for Current Challenges	
Question 1: What can education and practice do now to address current challenges to transitioning new graduates (LVN, RN, APRN) to practice?	
Key Discussion Points	Recommended Actions
<ul style="list-style-type: none"> Challenges of restricted clinical experiences Many APRNs have been furloughed making finding preceptors is challenging. Students have had faculty as a resource person to go to while in school. Fear of the backlog of clinical hour needs by current and future students when allowed back in clinical sites Virtual costs to the organizations/universities for increased services (i.e., library resources) Students/universities needing to provide their own PPE...cost and supply issue Solidifies the importance of a nurse residency program Building resilience in nursing students Teaching advocacy Difficulty finding jobs Discussed several issues including the need for practice to be made aware of the Differentiate Essential Competencies (DECs) of Graduates of Texas Nursing Programs as a way to better manage employer expectations of new graduates and nursing students in clinical, especially now that COVID-19 has impacted direct care clinical experiences of recent and coming graduates. Major learning experience from 2020 during COVID-19 is to value and support one another. Communication among Academia and Practice needs consistent dialogue. 	<ul style="list-style-type: none"> Focus on competencies rather than number of hours. Have a webinar to demonstrate the sophisticated simulations students are doing. May need to extend the residency—important to assess each student who is hired. Discuss the idea of having a mentor(s) the students can be assigned so they have ongoing support as they transition into their nursing role. Use students in areas that limit need for PPE and not on COVID units. Frontload courses with clinical instead of waiting until the last portion of program to start clinicals to increase confidence of students; as well as, spacing out organization need. Focus on need for Communication for students. Need to elevate the importance of speaking up and sharing goals for the day, how they best learn (watch or hands-on), and advocating for what they need for their clinical experience. Preceptor/educator/student daily de-brief to combine a summary of the experience at the end of the shift. Nursing programs should evaluate students' resilience as an attribute for successful nurses. Nursing students should be taught how to assume the patient advocate role. Nursing students can learn many nursing skills such as advocacy and communication in settings other than hospitals. Start the conversation between academia/practice to understand issues/ find solutions- be open to new ideas, how to optimize our "new normal" Actualize the NCSBN Policy Brief Practice-Education Partnership with students obtaining clinical experience in paid positions Education programs should partner with practice regionally to offer preceptor development to create consistent expectations. Mobilize faculty to speak with health department to assist in low income areas at clinics. Deliberately engage practice partners to update the DECs and market them to increase awareness. Develop a method of clearly communicating clinical experiences and gaps in direct care of current and future graduates to employers so they can adjust transition to practice programs accordingly. Develop mentoring programs, especially with VN and RN graduates, in partnership with schools/facilities. For APRN grads, offer mentorship in the role/population setting. May need longer mentoring programs than currently utilized. Academic institutions and practice sites should meet at least once per semester to identify gaps and how to address them. Promote APRN transition to practice programs with employers.

ing rooms to discuss what education and practice can do now to address current and anticipated future challenges to transitioning new vocational, registered and advanced practice registered nursing program graduates to practice. Each group was moderated by a summit planning team member who recorded the group discussion and recommended actions. Following discussion, the entire group reconvened and Joyce Batcheller, DNP, RN,

summary article of the discussion and recommended actions from the small group discussions. A high level overview of the main ideas and specific actions relating to current challenges are presented in the table above. A full report of the discussion points and recommended actions will be published on the Board's website. A full report of the Summit is in the process of being completed and will be disseminated widely.

Nursing and Electronic Communication

by

Timothy Sherman, MSN, APRN, FNP-C



Technology has changed how we communicate and exchange information both personally and professionally. Popular applications for messaging such as Facebook Messenger, Zoom, Skype, and others differ in their levels of security and user control. Platforms that may be appropriate for informal communication may not be suitable for the communication of protected health information (PHI) or provider orders. Data breaches that occur through unauthorized access, hacking, or theft affect tens of thousands of individuals every month¹. Nurses can help protect patients through awareness of applicable laws and regulations when using any such platform.

Board Rule 217.11 **Standards of Nursing Practice** establishes the minimum acceptable standards of nursing practice and is an important foundation for any practice related decision². Nurses have a responsibility as stated in Board Rule 217.11(1)(E) to “respect the client’s right to privacy by protecting confidential information unless required or allowed by law to disclose the information”². This standard, like the rest of the standards, is written broadly and establishes a foundation for nursing practice, but does not provide explicit detail on what a nurse must do to ensure compliance. Applicable laws and rules detailing appropriate methods and safeguards for electronic communication exist outside the purview of the Texas Board of Nursing (BON). As stated in another standard, Board Rule 217.11(1)(A) all nurses are “required to comply with any federal, state, or local laws applicable to their area of practice”². In reference to this standard, nurses may seek detailed guidance on acceptable practice put forth by employers, professional associations, accreditation organizations, and state and federal agencies. This may seem like a daunting task, but by being aware of available resources nurses can learn about applicable laws and steps each nurse can take to ensure their practice is compliant.

It would be helpful to review relevant workplace policies and procedures which are often created to ensure compliance with pertinent laws and prevailing standards. Applicable policies may directly address appropriate methods for electronic communication, or address a related topic. For example, a policy

may exist explicitly directing staff to only communicate PHI through the use of identified secure methods. Alternatively, a policy on documentation may indirectly prohibit use of some communication platforms that do not have necessary features or controls to comply with the policy requirements. Policies may also address appropriate physical, administrative, and technical safeguards that must be in place to address information security concerns that exist outside the use of any particular platform. For additional information about the laws and regulations that may have influenced the creation of a policy, nurses may consider contacting the regulatory agency that licenses the practice setting.

Appropriate state agencies for most practice settings in Texas include the Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS), which together comprise Texas Health and Human Services (HHS). A critical function of these agencies is to license, monitor, inspect, and regulate many practice settings for compliance with state and federal laws. Within the purview of HHS is the Texas **Health and Safety Code** which contains laws of direct relevance to electronic communication by healthcare professionals. For example, **The Texas Medical Records Privacy Act** is one chapter of the Texas Health and Safety Code that provides additional protections for Texans by addressing gaps in related federal laws. Additionally, within HHS is the Texas **Office for Civil Rights** (OCR) which has created relevant guidelines and rules on privacy and information security. The OCR is the appropriate office within HHS to direct specific questions related to compliance with privacy and security statute or related subjects. The OCR has several resources available on their website including **frequently asked questions** covering such topics as liability, disclosures, communication of PHI, disposal of PHI, and many others. Likewise, within the **U.S. Department of Health and Human Services (USHHS)** there is an associated **Office for Civil Rights (USOCR)** that can provide further clarification on federal laws and regulations.

Mention of privacy and security law often invokes reference to federal laws including the Health Insurance Portability and Ac-

countability Act of 1996 (**HIPAA**) and the Health Information Technology for Economic and Clinical Health Act (**HITECH**). Such laws, and related regulations, establish ground rules for health care providers, health plans, and health care clearinghouses to follow. They create a framework of protection that can be strengthened by both the federal government and by states as health information systems change in response to new technology. Applicable federal laws and regulations are within the purview of the USHHS. Although these laws and regulations may not directly prohibit or approve of specific platforms they do detail the necessary considerations to ensure various platforms are used appropriately³. Some specific considerations are discussed below as identified in applicable laws and regulations, but for the most complete information nurses should contact the appropriate regulatory agency(ies) for their practice setting. Additionally, during the pandemic applicable **waivers** to regulations may exist which should be reviewed for additional information relative to their application and expiration^{3,4}.

Guidance provided by the USOCR details that a key consideration for nurses when evaluating an electronic communication platform is whether or not the platform is non-public facing or public facing. A non-public facing communication platform is one that, as a default, allows only the intended parties to participate in the communication⁵. Typically, these platforms employ end-to-end encryption, which allows only an individual and the person with whom the individual is communicating to see what is transmitted. Additional security measures often include individual user accounts, logins, and passcodes to help limit access and verify participants. Alternatively, public-facing platforms are designed to be open to the public and/or be easily accessible⁵. Such platforms are not appropriate for the communication of PHI or orders because they allow for wide or indiscriminate access to the communication^{4,5}. Applying these definitions to available communication options will help identify those platforms that should not be used because of limited protections.

continued on next page

Nursing and Electronic Communication - cont. from prev. page

A common term used to describe electronic communication utilizing information security protections is secure messaging. In general, this term refers to messaging that prevents unauthorized access of the information communicated⁶. Protections commonly associated with secured messaging include but are not limited to: measures to prevent communications from being intercepted over unsecure Wi-Fi networks, the ability to remotely delete data from a user's mobile device if it is lost or stolen, message lifespans so that messages are removed from a user's device once they have been read, and forced automatic logoffs following a period of inactivity to further prevent unauthorized access to PHI⁷. In collaboration with the Centers for Medicare & Medicaid Services (CMS), **The Joint Commission** developed the following recommendations relative to unsecure messaging: all health care organizations should have policies prohibiting the use of unsecured text messaging for communicating PHI and incorporate limitations on the use of unsecured text messaging in their policies protecting the privacy of health information⁸. However, even with protections the use of secure messaging is not universally recognized as appropriate in all instances because its impact on patients remains unclear⁸.

A distinction is made by CMS and the Joint Commission in relation to the permissibility of secure messaging of PHI and provider orders. Messaging PHI among members of the health care team is potentially permissible if accomplished through a secure platform⁹. Secure messaging of orders is prohibited regardless of the platform utilized because doing so is not compliant with CMS conditions of participation or conditions for coverage⁹. Computerized provider order entry (CPOE) is jointly recognized by CMS and the Joint Commission as the preferred method for submitting orders as it allows providers to directly enter orders into the electronic health record. If an order cannot be directly entered by a provider and a written order cannot be submitted, clarification provided indicates that a verbal order is acceptable^{8,9}. Nevertheless, verbal orders should be written by the nurse receiving the order and read back to the prescriber¹¹. Verbal orders should be used infrequently, and their use should be closely monitored to ensure it is limited to when it is impossible or impractical to use CPOE or written orders⁸.

The use of information technology to communicate is an essential skill for nurses¹². Given the rapid and dynamic nature of technologies in clinical practice nurses should remain mindful of available resources for guidance on the use of electronic communication. The BON does not advise nurses in the use of particular platforms for electronic communication. Nurses have a responsibility to ensure patient confidentiality, and should critically evaluate available methods of communication to understand their potential impact on nursing practice and patient safety.

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NOTICE OF DISCIPLINARY ACTION

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

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Accomazzo, Emma Marie	RN 891245	Enforced Suspension	5/13/20	Coker, Trudy Aberewah	RN 459697	Probated Suspension	7/23/20
Adamo, Aubrie Ann	RN 882830	Warning with Stipulations	7/23/20	Colbert, Mariah Beeson	LVN 209702	Reprimand with Stipulations	7/23/20
Adikaibe, Victor Chikezie	RN 749195 & LVN 193027	Remedial Education	6/15/20	Cornett, Velma Lee	LVN 179373	Warning with Stipulations	6/9/20
Agolue, Ijeoma Chinyere	RN 860413	Remedial Education with Fine	7/14/20	Cozadd, Angela Nicole	RN 709735	Reprimand with Stipulations	7/23/20
Agwata, Geoffrey Nyanaro	RN 808206	Remedial Education with Fine	5/7/20	Cunningham, Alyssa Marie	RN 951287	Warning with Stipulations	6/9/20
Allen, Kristy Ruth	LVN 193962	Warning with Fine	7/23/20	Daniels, Kristina Michele	LVN 315663	Warning with Stipulations	6/9/20
Anderson, Laurynne Martinez	RN 777767	Reprimand with Stipulations	6/9/20	Davis, Carlos Rhashaun	LVN 308776	Warning with Stipulations	7/23/20
Anderson, Mandy	RN 642332	Revoked	6/9/20	Davis, Melanie Louise	RN 979735	Remedial Education	7/20/20
Andrade, Maria Isabel	LVN 198423	Revoked	6/9/20	Dearmon, Cheronda Denise	LVN 222553	Voluntary Surrender	5/12/20
Andrus, Janet Tetlow	RN 760474	Warning with Stipulations	6/9/20	Diaz, Jose Orlando	LVN 330947	Probated Suspension	7/23/20
Anumbor, Justina Uzonwanne	LVN 206775	Reprimand with Stipulations and Fine	7/23/20	Diaz, Sergio	RN 833154	Warning with Stipulations and Fine	6/9/20
Aponte, Khaing Zarchi Nwe	RN 937709	Voluntary Surrender	5/11/20	Dickson, Jami Mayorga	AP119548 & RN 642611	Remedial Education with Fine	7/23/20
Arika, Caleb Nyaanga	RN 941419	Warning with Stipulations and Fine	5/12/20	Dooley, Patricia Marie	LVN 160132	Warning with Stipulations and Fine	5/12/20
Austin, Eletha Lashone	LVN 198828	Reprimand with Stipulations and Fine	5/12/20	Doucet, Paul Christopher	RN 970793	Reprimand with Stipulations	6/9/20
Authement, Lisa Michelle	RN 837774	Probated Suspension	6/9/20	Durugo, Cynthia O.	RN 921580	Warning with Stipulations	7/23/20
Avalos, Juan Angel	RN 734370	Warning with Stipulations	6/9/20	Ejiogu, Benice Chinenyenwa	RN 809016	Remedial Education, Deferred	6/22/20
Barnes, Kia Walker	RN 979227	Warning with Stipulations	5/12/20	Ekanem, Unyime Aseyen	LVN 209334	Warning with Stipulations	7/23/20
Barnett, Twyla Danielle	LVN 221513	Voluntary Surrender	7/9/20	Escue, Carolyn Beth	RN 739633	Remedial Education with Fine	6/16/20
Bartlett, Doug	LVN 204322	Probated Suspension	5/12/20	Falar, Michelle Renee	RN 825906 & LVN 234186	Remedial Education with Fine	5/29/20
Bartolo, Michelle	LVN 304887	Revoked	4/25/19	Fast, Deborah Eileen	RN 520429	Remedial Education	7/14/20
Basa, Erlinda Masiglat	RN 551577	Warning with Stipulations	7/23/20	Fawaz, Khadija Mohammad	RN 728838	Reprimand with Stipulations	7/23/20
Bent, Sybil Marcea	RN 575243	Reprimand with Stipulations	5/12/20	Feldschau, Justin Ryan	AP131554, RX 20973 & RN 730605	Reprimand with Stipulations	6/9/20
Berg, Tamara Lauren	LVN 331302	Remedial Education	6/4/20	Ferguson, Jordan Amanda	RN 944277	Warning with Stipulations and Fine	7/23/20
Berglund, Christi	RN 631302	Remedial Education	7/6/20	Ferguson, Susan Dawn	RN 789084	Revoked	6/9/20
Bignell, Janean Ann	RN 940861	Warning with Stipulations	7/23/20	Flaming, Christine Angela	LVN 217196	Revoked	5/12/20
Bior, Ajang Deng	RN 943443	Voluntary Surrender	6/23/20	Fleeks, Deundre Omarcia	RN 927891	Revoked	10/14/19
Boren, Nancy Ione	LVN 69009	Warning with Stipulations	7/23/20	Folsom, Kathy Ann	LVN 145642	Warning with Stipulations and Fine	5/12/20
Briseno, Jennifer Jo	RN 678834	Remedial Education	5/7/20	Franklin, Kelly Suzanne	RN 769718 & LVN 148500	Remedial Education	5/29/20
Brooks, Charlotte Faye	LVN 179672	Voluntary Surrender	5/5/20	Franks, Amy Rachelle	RN 832775	Voluntary Surrender	7/29/20
Brooks, Colleen Rae	LVN 346936	Warning with Stipulations	7/23/20	Freeman, Ifeoma Justina	LVN 341994	Warning with Stipulations	7/23/20
Brooks, Mariah Crystal	RN 913575	Warning with Stipulations	6/9/20	Garcia Bernal, Zulema	LVN 213897	Reprimand with Stipulations	5/12/20
Brown, Shanda Nicole	LVN 322695	Warning with Stipulations and Fine	7/23/20	Geimer, Jeannine Marie	RN 905272	Reprimand with Stipulations	5/12/20
Buentello, Alexandra Renee	LVN 334515	Revoked	5/12/20	Grisson, Charlie	LVN 183118	Probated Suspension	7/23/20
Burkart, Amy Leann	RN 764448	Remedial Education with Fine	5/21/20	Gruetzner, Rachel Leigh	RN 958804	Remedial Education	6/9/20
Busby, Shambriah Rachelle	LVN 333278	Reprimand with Stipulations	5/12/20	Gurecki, Mallory Justine	AP130464, RX 19989 & RN 820164	Enforced Suspension	5/13/20
Cameron, Sheena Denelle	LVN 178973	Probated Suspension	7/23/20	Gutierrez, Christina	LVN 213571	Revoked	6/9/20
Carter, Anlissa	PTP MS PN 335553	Warning with Stipulations and Fine	6/9/20	Hamilton, Christine Marie	RN 854719 & LVN 300567	Enforced Suspension	5/13/20
Carter, Jennifer Ann	LVN 215570	Reprimand with Stipulations and Fine	7/23/20	Hammons, Melynda Pearl	LVN 336615	Remedial Education, Deferred	6/24/20
Carutis, Susan Jennifer	LVN 175978	Warning with Stipulations and Fine	7/23/20	Hanlon, II, James William	RN 717716	Revoked	5/12/20
Castillo, Katia D.	AP125148, RX 15358 & RN 783798	Reprimand with Stipulations	6/9/20	Hardy, Shelly Denise	LVN 206125	Warning with Stipulations	7/23/20
Celestino, Dianna	LVN 170436	Warning with Stipulations and Fine	7/23/20	Harger, John Edward	RN 744733	Voluntary Surrender	6/8/20
Clark, Reba Joyce	RN 701261	Reprimand with Stipulations	6/9/20	Harley, Lisa Ladonna	RN 655403 & LVN 126936	Voluntary Surrender	6/2/20
Claybourn, Tera Nicole	RN 696826	Enforced Suspension	7/30/20	Harrison-Riley, Consuela Leonell	RN 787313	Warning with Stipulations and Fine	7/23/20
Cleveland, Adolphis	RN 818451	Warning	5/12/20	Harshbarger, Lisa Marie	LVN 184844	Remedial Education	7/9/20

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DISCIPLINARY ACTION

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Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Hart-Shields, Cynthia Ann	LVN 203988	Revoked	5/12/20	Mendonces, Maridol Cruz	RN 689859	Revoked	6/9/20
Hayley, Jamie	LVN 226925	Revoked	6/9/20	Merritt, Marissa Leigh	RN 813002	Enforced Suspension	5/12/20
Hernandez, Leslie Anne	LVN 337398	Revoked	7/23/20	Meunier, Matthew A.	RN 723361	Warning with Stipulations	7/23/20
Hoffman, Christine Marie	RN 797144	Warning with Stipulations	6/9/20	Miller, Russell Allen	RN 659585	Warning with Stipulations	7/23/20
Hogans, Shanika Necole	RN 822115	Revoked	6/9/20	Mitchell, Alison Joy	AP111215, RX 4494 & RN 568201	Reprimand with Stipulations	7/23/20
Hughes, Adrienne Sims	RX 26309	Limited: No Controlled Substances	7/23/20	Money, Kim Maria	RN 760140 & LVN 158917	Warning with Stipulations	5/12/20
Hughes, Adrienne Sims	AP137422 & RN 829915	Probated Suspension	7/23/20	Montalvo, Sandra Luz	LVN 303913	Reprimand with Stipulations	5/12/20
Ingram, Dion	AP122721 & RN 826307	Reprimand with Stipulations	6/9/20	Moran, Lori Jo	LVN 211324	Warning with Stipulations and Fine	7/23/20
Jefferson, Julianne Venise	LVN 140192	Revoked	5/12/20	Morataya, Rut Jennifer	LVN 316518	Warning with Stipulations	5/12/20
Jeffrey, Donna	LVN 220163	Voluntary Surrender	5/1/20	Morgan, Linda Mc Clendon	RN 575937	Reprimand with Stipulations and Fine	7/23/20
Johnson, Allison Lyn	RN 540922	Reprimand with Stipulations and Fine	5/12/20	Motherway, Joseph Clifford	RN 708859	Warning with Stipulations	7/23/20
Johnson, Jennifer Kay	LVN 207621	Revoked	7/23/20	Moyer, Rubye Ramona	RN 609658 & LVN 97712	Reprimand with Stipulations	5/12/20
Johnson, Toni Celestine	RN 888530	Warning with Stipulations	7/23/20	Mwaura, Grace	LVN 313054	Probated Suspension	5/12/20
Jones, Stephanie Ann	RN 789436	Revoked	5/12/20	Nienaber, Pamela Lynn	RN 696481 & LVN 172358	Warning with Stipulations	5/12/20
Jones, Suzanne L.	RN 976524 & PTP MO RN 2010035962	Remedial Education	5/18/20	Nnani, Kenneth Chinyere	LVN 232870	Warning with Stipulations	6/9/20
Joseph, Manju	RN 875358	Warning with Stipulations and Fine	6/9/20	Nunezgonzalez, Pedro	LVN 329786	Revoked	6/9/20
Kadavil, Tessa Thomas	AP112620, RX 5143 & RN 614956	Remedial Education, Deferred	5/8/20	Nwankwo, Gloria Udokaku	RN 752664	Warning with Stipulations	7/23/20
Karpowicz, Waldemar	RN 921621	Voluntary Surrender	6/1/20	Nwaro, Victor Okezie	LVN 316103	Warning with Stipulations	5/12/20
KC, Bipin	RN 781662 & LVN 206673	Reprimand with Fine	7/23/20	Obare, Anna Patricia	LVN 232974	Voluntary Surrender	6/15/20
Kee, Suzanne Porth	RN 541261	Warning with Stipulations	7/23/20	Obioma, Chinyere Adaeze	RN 823563	Warning with Stipulations	6/9/20
Kelley, Arlene V.	LVN 175891	Warning with Stipulations	5/12/20	O'Brien, Jennifer	AP110838, RX 3907 & RN 606375	Probated Suspension	5/12/20
Kelly, Sarah Wallace	RN 644454 & LVN 150953	Revoked	4/19/17	Ogbeide, Peter Omoiyoibe	LVN 323498	Warning with Stipulations	6/9/20
Kennedy, Stephanie Dawn	RN 901557	Remedial Education	6/23/20	Onsarigo, Jackline Nyarangi	LVN 220755	Warning with Stipulations	7/23/20
Kerr, Marcia Madeline	RN 833205 & LVN 214186	Warning with Stipulations	6/9/20	Openshaw, Matthew Scott	RN 660480	Voluntary Surrender	6/1/20
Kimani, Charity Mwhiki	LVN 225687	Reprimand with Stipulations	7/23/20	Owusu-Ansah, Andrew	AP143948, RX 32413 & RN 856655	Remedial Education with Fine	7/17/20
Kimball, Meleah Elizabeth	RN 979754	Warning with Stipulations and Fine	7/23/20	Padron, Idalia	RN 554473	Reprimand with Stipulations	6/9/20
Kimbrel, Lindsey Nicole	RN 822529	Warning with Stipulations	7/23/20	Parish, Randall Keith	RN 717509	Revoked	6/9/20
Kirschbaum, Sherri Ann	RN 775881 & LVN 202243	Warning with Stipulations and Fine	7/23/20	Passaro, Diana Nicole	RN 905617	Warning with Stipulations	5/12/20
LaChance, Dana Patrice	RN 518601	Remedial Education with Fine	7/9/20	Patel, Jinali	RN 893953	Warning with Stipulations	5/12/20
Lambert, Jennifer Lynette	RN 716137	Reprimand with Stipulations and Fine	5/12/20	Perez, Alfred Christopher	RN 667399	Warning with Fine	6/9/20
Leal, Raymundo	RN 789292	Warning with Stipulations	6/9/20	Pinkerton, Melanie Erika	RN 912095	Reprimand with Stipulations	7/23/20
Leatherman, Shanna Lea	LVN 300648	Voluntary Surrender	5/19/20	Polk, Katie Lynn	RN 791908	Reprimand with Stipulations	6/9/20
Lembvem, Bongtin Agnes	RN 822703	Warning with Stipulations	5/12/20	Pollock, Leighann Rene	RN 907725	Warning with Stipulations	5/12/20
Lezu, Patricia Elizabeth	RN 863719	Remedial Education	7/16/20	Post, Elizabeth Susan	LVN 199092	Voluntary Surrender	5/1/20
Lombardo, Whitney	RN 770194	Warning with Stipulations and Fine	5/12/20	Pruett, Kathy Jean	RN 598699	Revoked	5/12/20
Lopez, Courtne Heather	RN 787733	Revoked	5/12/20	Purcell, Kimberly Dawn	LVN 165558	Voluntary Surrender	7/16/20
Lopez, Zella Melinda	LVN 189883	Remedial Education	7/16/20	Rayman, Miranda Sue	LVN 303886	Revoked	5/12/20
Lozano, Laura Lynn	LVN 180191	Reprimand with Stipulations	7/23/20	Reddic, Toyetta Howard	RN 960598	Warning with Stipulations	7/23/20
Lundegreen, Kathy Ann	RN 572684	Remedial Education	5/19/20	Reeves, Tracy Lynn	RN 565351	Voluntary Surrender	6/2/20
Mangano, Jordan Daniel	RN 767646	Probated Suspension	5/12/20	Repique, Richard Camacho	RN 623003	Probated Suspension	5/12/20
Manley, Matthew Benjamin	LVN 303240	Voluntary Surrender	7/17/20	Robinson, Jr., Franklin Delano	RN 717858	Remedial Education	7/22/20
Marasigan, Kerwin	RN 866719	Remedial Education, Deferred	6/11/20	Rockman, Bryce Leon	AP109135 & RN 656292	Revoked	5/12/20
Marceaux, Darian Ann	RN 936219	Warning with Stipulations	5/12/20	Romero, Natalie Nicole	RN 906614	Warning with Stipulations	6/9/20
Marquez, Rhonda Joann	RN 908373	Voluntary Surrender	5/14/20	Rubio, Miriam Ivone	RN 755039	Remedial Education	7/30/20
Martenev, Sarah Abigail	RN 746111 & LVN 191745	Probated Suspension	5/12/20	Salinas, Cecil	RN 830477	Revoked	6/9/20
Martinez, Lillie Gail	RN 781726 & LVN 215217	Remedial Education with Fine	6/25/20	Salinas, Jennifer Delia	RN 904097	Warning with Stipulations and Fine	5/12/20
McDade, Latisha Nicole	RN 884154	Warning with Stipulations	6/9/20	Salvador, Happyjane V.	RN 922043 & LVN 329356	Warning with Stipulations and Fine	7/23/20
McGrady, Lillian Frances	LVN 227809	Revoked	5/12/20	Sanborn, David	RN 872123	Warning with Stipulations and Fine	7/23/20
Medina, Daniel E.	RN 763002	Revoked	5/12/20				
Mejia, Mario Alberto	RN 729339	Voluntary Surrender	6/2/20				

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DISCIPLINARY ACTION

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Name	License Numbers	Discipline	Action Date
Sanchez, Ireneo	LVN 198582	Reprimand with Stipulations and Fine	7/23/20
Sandoval, Katie Marie	LVN 326525	Probated Suspension	5/12/20
Sauke, Kimberly A.	RN 522639	Warning with Stipulations, Deferred	7/23/20
Scaffa, Justin Matthew	AP128328, RX 18124 & RN 831625	Remedial Education, Deferred	5/22/20
Seekins, Geraldine Helen	RN 872058 & LVN 184406	Revoked	6/9/20
Sellers, Andrea Dawn	PTP AR PN L052761	Revoked	6/9/20
Shaw, Amy Lynn	RN 900274	Warning with Stipulations	5/12/20
Shearer, Kristye	LVN 306316	Warning with Stipulations	5/12/20
Sims, Rhonda S.	LVN 141656	Voluntary Surrender	5/22/20
Smith, Christina Yvette	AP137286, RX 26181 & RN 765894	Warning with Stipulations and Fine	7/23/20
Smith, Ezekiel Ty	RN 924728	Enforced Suspension	7/29/20
Sona, Esoka Edwin	RN 843685	Revoked	7/23/20
Sowder, Brandy Michelle	RN 769760	Reprimand with Stipulations	7/23/20
Steptore, Shajuandra Ketrice	LVN 341577	Remedial Education with Fine	6/18/20
StJulien, Trennessa	RN 814373	Reprimand with Stipulations and Fine	5/12/20
Suarez, Melissa A.	RN 618614	Voluntary Surrender	6/22/20
Sullivan, Wade Allan	RN 956359	Reprimand with Stipulations	6/9/20
Tezeno, Benjamin Oval	LVN 203661	Revoked	6/9/20
Thomas, Patrick Norman	RN 721055 & LVN 102251	Warning with Stipulations and Fine	7/23/20
Throckmorton, Deborah	RN 755572 & LVN 168670	Reprimand with Stipulations	7/23/20
Tomlin, Andrea Elaine	RN 717908	Enforced Suspension	7/23/20
Tripp, Booker T.	LVN 321351	Warning with Stipulations	7/23/20
Turner, Charlene Michelle	RN 576436	Probated Suspension	6/9/20
Turner, Robin Michelle	RN 568096	Warning with Stipulations	5/12/20
Ugar, Dominic Igbaaji	RN 934576	Warning with Stipulations and Fine	6/9/20
Uzquiano, Matthew Alexander	RN 806940 & PTP NM RN RN-83867	Enforced Suspension	7/15/20
Vandusen, Cristina	AP138195, RX 27014 & RN 717555	Remedial Education	5/26/20
Vossah, Kimberly Rachel	RN 911570	Remedial Education with Fine	7/22/20
Walker, Jenna C.	RN 939715	Revoked	5/12/20
Wallace, Ava Goodner	RN 734408	Limited License	7/23/20
Wallace, Dawna	PTP UT RN 360636-3102 & PTP UT VN 360636-3101	Voluntary Surrender	5/21/20
Washington, Karen Denise	LVN 213413	Probated Suspension	5/12/20
Wells, Selena Mae	LVN 199039	Reprimand with Stipulations	7/23/20
Welsh, Debra Lynn	RN 929804	Remedial Education with Fine	6/25/20
White, Eric Alan	RN 559566	Probated Suspension	6/9/20
Whitfield, Tyisha Nicole	RN 886206	Remedial Education with Fine	7/16/20
Whyte, Melanie	RN 830000	Reprimand with Stipulations	6/9/20
Williams, Roshanda Sheire	RN 673663	Warning with Stipulations	6/9/20
Winbush, Tawayna Diane	RN 907136	Remedial Education with Fine	7/24/20
Window, Dayna Lynn	RN 781770	Limited License	6/9/20
Wood, Kari Dawn	LVN 300289	Warning with Stipulations	5/12/20
Yockey, Alexandra Kate	AP120951 & RX 11836	Voluntary Surrender	6/9/20
Yockey, Alexandra Kate	RN 737242	Warning with Stipulations	6/9/20
Young, Hong Shu	RN 851343	Warning with Stipulations	6/9/20
Young, Lillie Mae	RN 961908	Warning with Stipulations	6/9/20
Younger, Ryan Mark	LVN 195167	Revoked	12/2/16
Zinski, Hayley Kolb	RN 776565	Warning with Stipulations and Fine	7/23/20

Abbreviations in the Notice of Disciplinary Action Section

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

RX Prescription Authorization

Statistical Information

The 231 disciplinary actions reported in this *Bulletin* represent only 0.054% of all nurses who are currently licensed to practice in the State of Texas.

As of June 2020, 99.61% of currently licensed Registered Nurses and 99.28% of currently Licensed Vocational Nurses were without discipline according to Board records.

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Did you know...

The Board of Nursing provides instructional videos to guide new users on how to use the new Texas Nurse Licensure Portal. The videos may be viewed at: <https://www.bon.texas.gov/texas-nurseportal/>

Mental Health and Substance Use in Nursing: Nurses Caring for Themselves and Each Other

By Dawn Webb, MSN, RN-BC

Program Director, Texas Peer Assistance Program for Nurses

Nurses often fail to recognize how workplace stress and world events affect their well-being. Provision 5.2 from the American Nurses Association's Code of Ethics for Nurses, "Promotion of Personal Health, Safety and Well-Being," emphasizes an ethical obligation for nurses to take care of themselves. Nurses must realize that self-care and early intervention is critical to their well-being, especially for those experiencing substance use issues, mental health concerns or both. As a profession, nurses must be empowered and willing to identify when they or a fellow nurse need support and take steps to get the care needed.

The novel coronavirus (COVID-19) pandemic has had a significant impact on the nursing profession. Nurses are challenged with the unknowns of the virus, limited access to needed supplies, the possibility of job loss, and isolation from friends and family. It is during times of increased stress when nurses are the most vulnerable and must be proactive in protecting their mental health and avoiding the misuse of drugs and alcohol. For nurses to protect themselves and support one another they must be aware of statistics, early warning signs and risk factors for mental health conditions and substance use disorders.

Risks and Warning Signs

According to the National Alliance on Mental Illness, one in five U.S. adults experience mental illness each year. Identifying symptoms of declining mental health and getting support early is ideal but may seem impossible when being pulled in multiple directions, working long hours, and pouring excessive amounts of energy into caring for others. Nurses must keep in mind symptoms of a mental health condition can vary greatly. Warning signs nurses may experience or see in a peer include extreme mood changes, confused thinking or problems concentrating, avoiding friends and social activities, and thoughts of suicide—all reasons to seek help.

It is estimated that 10 to 15 percent of all nurses may be actively impaired or in recovery from drug or alcohol addiction (Thomas & Siela, 2011). This statistic is not surprising, nor is it meant to be negative toward nurses; it is a consequence of being human and the profession itself. Increased

risk factors for nurses include access to substances, work overload, role strain, burnout, attitude toward drugs, enabling by peers and manager, isolation, and more. The most common signs recognized by peers and employers include absenteeism, isolation, changes in personal hygiene, or erratic behavior in the workplace.

Early warning signs for nurses at risk of a practice violation include changes in physical, emotional, and social behavior. Peers and employers who recognize early warning signs should encourage the nurse in question to seek help prior to a practice violation, rather than overlooking signs that may lead to patient neglect or harm. Practice violations are serious and may result in the loss of a nurse's license, employment, or insurance benefits as well as financial loss.

Support and Compassion

Provision 3.6 in the Code of Ethics for Nurses discusses extending compassion and caring to colleagues throughout the process of identification, remediation, and recovery. This provision discusses supporting the return to practice of people who have sought assistance and, after recovery, are ready to resume professional duties. However, stigmatizing language and behavior from peers, whether unconscious or conscious, can make it difficult for nurses to return to practice. "Stigma" represents the complexity of attitudes, beliefs, behaviors, and structures that interact at different levels of society and manifest in prejudicial attitudes about and discriminatory practices against people with substance use disorders and mental health conditions.

Employers and leaders should develop a culture of transparency and support. When a nurse needs support, the leader's role is to provide encouragement while avoiding stigmatizing language or treatment that may come across as judgmental. It is also critical to create cultures of safety where health care workers can candidly approach each other about their concerns (Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005). Leaders must build an environment that encourages reporting, which reduces stigma, maintains transparency, supports the nurse, and protects the public. In addition, nurses need to check in with one another and exam-

ine their complicit code of silence (the "don't talk" rule) that infiltrates their nursing units (Dunn, 2005).

A supportive culture includes committing to and embracing self-care activities. It is important for nurses to learn that self-care is an act of self-preservation, not selfishness. Nurses must feel empowered to participate in self-care activities. Employers and leaders must find ways to support self-care in the workplace. Self-care activities may include a five-minute meditation break, going for a short walk, staying hydrated, taking a restroom break, or simply sitting down for a meal. All are reasonable steps that can be taken to care for and support nurses.

Self-care is also a personal responsibility. By taking steps to care for oneself, the nurse shows commitment to personal overall well-being and the well-being of the patient. Self-care is a preventive action and necessary, especially for those in recovery from a substance use disorder, mental health condition, or both. The health of nurses must be safeguarded; nurses advocate and support patients to live a healthy and happy life, and they deserve the same. Nurses, nurse leaders, and health care organizations must commit to caring for themselves, one another, and the profession.

References

- American Nurses Association. (2018). Guide to the code of ethics for nurses with interpretive statements: Development, interpretation, and application, 2nd Edition.
- Dunn, D. (2005). Substance abuse among nurses: Defining the issue. *AORN Journal*, 82(4), 573-596.
- Maxfield, D., Grenny, J., McMillan, R., Patterson, K., & Switzler, A. (2005). Silence kills: The seven crucial conversations for health care. Retrieved from <http://silencekills.com/Download.aspx>
- National Alliance on Mental Illness (NAMI). (n.d.). Mental health by the numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>
- Thomas, C. & Siela, D. (2011). The impaired nurse: Would you know what to do if you suspected substance abuse? *American Nurse Today*. 6.

Caring does not always mean Sharing

During this Digital Age, where the sharing of information is instantaneous and readily discoverable, nurses with social media accounts may have the desire to inform their friends, families, and coworkers of changes or updates in their personal lives, but what about their professional lives? The sharing of professional experiences on social media, especially during the emotionally charged COVID-19 pandemic, is amongst the many ways nurses are finding an outlet for the dissemination of information. Regardless of subject matter, it is important that nurses continue to safeguard their patient's protected health information and maintain professional boundaries.

In the interest of public protection, Board of Nursing (BON) Staff wish to remind nurses of their duty to uphold the *Standards of Nursing Practice*, outlined in **Board Rule 217.11**. A couple of the standards that specifically apply include the duty to respect the client's right to privacy by protecting confidential information unless

required or allowed by law to disclose the information [Board Rule 217.11(1) (E)] and to know, recognize, and maintain professional boundaries of the nurse-client relationship [Board Rule 217.11(1)(J)]. Further, Board Position Statement 15.29 *Professional Boundaries including Use of Social Media by Nurses* discusses that although social media can be a tremendous benefit for nurses and patients alike, such as for the dissemination of public safety announcements, nurses must stay aware of potential consequences of disclosing patient-related information via social media. Publications that can further guide nurses in the use of social media and patient privacy include the following:

- American Nurses Association's Principles for Social Networking and the Nurse (2011). <https://www.nursingworld.org/~4af4f2/>

globalassets/docs/ana/ethics/social-networking.pdf

- National Council of State Boards of Nursing: Use of Social Media (2018). https://www.ncsbn.org/NCSBN_SocialMedia.pdf
- Social networking, although a way to connect with friends, family, and colleagues during this challenging time, continues to impose special considerations for patient privacy. Whether nurses are involved with direct patient care or gathering evidence to help influence the best practice decisions, it is important to recognize when *caring does not always mean sharing* and to be mindful on the dissemination of private patient information to the general public.

Texas Board of Nursing Meeting Schedule

2020 Board Meeting Dates

October 22-23*

2020 Eligibility and Disciplinary Committee Meeting Dates

November 10

December 8

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

* - Due to the COVID-19 Virus, the Board meeting scheduled for October 22-23rd, 2020 may be held virtually. Meeting access information will be posted at www.bon.texas.gov

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Office Hours and Location

The office of the Texas Board of Nursing is located in the William P. Hobby Building, located at the corner of 4th and Guadalupe in downtown Austin. The mailing address is: 333 Guadalupe, Suite 3-460, Austin, Texas 78701-3944. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays. However, during the COVID-19 crisis, no visitors are permitted in the Board's office.

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