

VOLUME LV - No. 3
July 2024

TEXAS BOARD OF NURSING BULLETIN



Governor Abbott Appoints Three To Board Of Nursing

On May 30, 2024, Governor Greg Abbott has appointed Manny Cavazos, Mary Grace Landrum, and Nancy Lewis to the Texas Board of Nursing for terms set to expire on January 31, 2025, January 31, 2027, and January 31, 2029, respectively. The Board oversees the practice of professional nursing, examination of students, and standards of professional conduct for license holders. The Board also prescribes and publishes the minimum requirements and standards for course studies in various nursing degree programs.

Manny Cavazos of Manor is an attorney specializing in oil and natural gas and a certified public accountant. He is treasurer of the Tejano Genealogical Society of Austin and a member of the State Bar of California, American Bar Association, and the National Association of State Board of Accountancy. Cavazos received a Bachelor of Arts in Economics and Accounting from The University of Texas at Austin (UT) and a Juris Doctor from Taft Law School. Mr. Cavazos will represent Consumers on the Board in a new position created by passage of Senate Bill 1343 during the 88th Regular Texas Legislative Session.



Mary Grace Landrum of Houston has worked as a self-employed leadership consultant since 1998. She is a member of the Salute to Veterans Committee of the Houston West Chamber of Commerce, advisory board member for the Catholic Charities of Galveston-Houston, and business advisory board member for the Houston Community College. She is the volunteer chair of the Corporate Telelink Network, former president of the Association for Talent Development in Houston, former trustee of Spring Branch Independent School District, and former community outreach chair of the Memorial Spring Branch Rotary Club. Landrum received

a Bachelor of Arts in Psychology and Education from Franciscan University and a Master of Education from UT Austin. Ms. Landrum will represent Consumers on the Board and replaces David Saucedo, who resigned in April 2023.

Nancy Lewis of Buchanan Dam is the rural health specialist compliance for Ascension Seton Burnet Health Center. She is the community events coordinator for Ascension Seton, member of the National Association of Rural Health Clinics, and has volunteered in several community events for the City of Burnet. Lewis is a licensed vocational nurse through the Llano Memorial Hospital Nursing program. Ms. Lewis will represent Licensed Vocational Nurse Practice on the Board and replaces Kimberly Wright, whose term expired on January 31, 2023.



For further information, visit <https://gov.texas.gov/news/post/governor-abbott-appoints-three-to-texas-board-of-nursing---->



The Texas Board of Nursing

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The *Texas Board of Nursing Bulletin* is the official publication of the Texas Board of Nursing and is published four times a year: January, April, July, and October.

Published by:
TEXAS BOARD OF NURSING
VOLUME LV - No. 3

Publication Office:
1801 Congress Avenue, Suite 10-200
Austin, Texas 78701-3944
Phone: (512) 305-7400
Fax: (512) 305-7401
Publication Date: 7/1/2024



Summary of Actions

A regular meeting of the Board of Nursing was held April 18-19, 2024, in Austin. The following is a summary of Board actions taken during this meeting.



In the May 31, 2024, edition of the *Texas Register*, the Texas Board of Nursing (BON or Board) filed a notice of intention to review and consider for re-adoption, re-adoption with amendments, or repeal, the following chapter contained in Title 22, Part 11, of the Texas Administrative Code, pursuant to the 2022 rule review plan adopted by the Board at its April 2022 meeting, in the March 29, 2024, issue of the *Texas Register* (49 TexReg 2096).

Chapter 220. Nurse Licensure Compact §220.1

Chapter 223. Fees §223.1, §223.2

Chapter 224. Delegation of Nursing Tasks by Registered Professional Nurs-

es to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments §§224.1 - 224.11

Chapter 226. Patient Safety Pilot Programs on Nurse Reporting Systems §§226.1 - 226.7

The BON did not receive comment on the above rules. The Board has completed its review and has determined that the reasons for originally adopting the above rules continue to exist. The rules were also reviewed to determine whether they were obsolete, whether they reflected current legal and policy considerations and current procedures and practices of the BON, and whether they were in compliance with Texas Government Code Chapter 2001 (Texas Administrative Procedure

Act). The Board finds that the rules are not obsolete, reflect current legal and policy considerations, current procedures and practices of the BON, and that the rules are in compliance with the Texas Administrative Procedure Act.

The Board readopts the rules in Chapters 220, 223, 224, and 226 without changes, pursuant to the Texas Government Code §2001.039 and Texas Occupations Code §301.151, which authorizes the BON to adopt, enforce, and repeal rules consistent with its legislative authority under the Nursing Practice Act. This concludes the rule review of Chapter 220, 223, 224, and 226 under the 2022 rule review plan adopted by the BON.



Nursing Education Actions - April 2024 Board Meeting

Reviewed Reports:

Five-Year Report on New Nursing Programs and Currently Active Proposals

Changes in Approval Status of Programs

Report on Communication Activities with Nursing Education Programs

Analysis of 26 Self Study Reports

Report of 2023 NCLEX-PN® Examination Pass Rates – VN Programs

Report of 2023 NCLEX-RN® Examination Pass Rates – RN Programs

Approved Reports of Survey Findings:

- * Galveston College in Galveston – VN Program
- * Midland College in Midland – ADN Program
- * South Plains College in Plainview and Reese Center – VN Programs

Approved Notification of Closure of Programs:

- * Coastal Bend College in Beeville – ADN Program

- * College of Nursing and Advanced Health Professions in Richardson – ADN and VN Programs

- * Lone Star College-CyFair in Cypress – VN Program

Approved Change in Approval from Initial to Full Approval:

- * Chamberlain College of Nursing in San Antonio – BSN Program
- * ECPI University in San Antonio – ADN Program
- * Texas Lutheran University in Seguin – Direct Entry MSN Program

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

- * Concorde Career College in Grand Prairie – VN Program
- * Dallas College at El Centro in Dallas – VN Program
- * Ranger College in Early – ADN Program
- * Southwest University in El Paso – ADN Program
- * Texas A&M University in Corpus Christi – BSN Program

- * Weatherford College in Weatherford – VN Program

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

- * Howard Payne University in Brownwood – BSN Program

Approved Change in Approval from Conditional to Full Approval:

- * Kilgore College in Kilgore – VN Program

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

- * Bell Tech Career Institute in Houston – VN Program
- * Chamberlain College of Nursing in Pearland – BSN Program
- * Concorde University in Austin – BSN Program
- * East Texas Baptist University in Marshall – BSN Program
- * Galveston College in Galveston – ADN Program
- * South University in Round Rock – BSN Program

continued on page 18

Katherine A. Thomas, MN, RN, FAAN Recognized with Leaders and Legends Award

In May 2024, Kathy Thomas, former Executive Director for the Texas Board of Nursing, was a recipient of the *Leaders and Legends Award* presented by the Texas Nurses Association (TNA) given to nurses whose volunteer service to the association significantly contributed to TNA and health transformation locally, state-wide and nationally. Ms. Thomas's illustrious 40-year nursing career as a registered nurse, pediatric nurse practitioner, nursing educator and regulator with the Texas Board of Nursing (BON), has demonstrated outstanding leadership, advocacy, and commitment to the advancement of nursing in Texas.

She played a pivotal role in creating the first-in-the-nation articulation model for nurses seeking higher degrees and actively contributed to program development through her involvement.

During her tenure with the BON, Ms. Thomas brought multiple nursing education and practice representatives together to develop competencies for vocational, associate degree and baccalaureate degree graduates. The first competency document, Essential Competencies of Texas Graduates of Education Programs in Nursing, was adopted by the Board in 1993. In 2002, revisions resulted in adoption of the Differentiated Entry Level Competencies (DELCs) of Graduates of Texas Nursing Programs, Vocational (VN), Diploma/Associate Degree (DIP/AND), Baccalaureate Degree (BSN). In 2010 significant expansion of the competencies resulted in adoption of the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors. The DECs were revised in 2021 and continue to provide a strong foundation for nursing education and practice today.

Ms. Thomas's contributions include:

- Development of a disciplinary matrix which informs nurses and the public of the Board's disciplinary process and recommended actions for violations of the Nursing Practice Act in 2009.
- Creation of an online educational module to educate nurses about the laws and regulations affecting their practice, familiarizing them with the Board's website to encourage visiting the site for updated information.

- Launching a psychometrically sound jurisprudence examination for applicants for initial licensure to ensure knowledge of the Board of Nursing laws and regulations in 2008.

- Shaping new rules and policies which permit and encourage innovation in nursing education to increase educational capacity through pilot programs in 2008 to present.

- Piloting patient safety initiatives including the Healthcare Alliance Safety Partnership (HASP) with three hospital systems in developing a voluntary, non-punitive system for reporting, investigating, and analyzing nursing errors.

- Implementing use of the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) tool to analyze complaints received by the Board and identify individual and systems factors contributing to error.

- Merging the Board of Nurse Examiners with the Board of Vocational Nurse Examiners to form the Texas Board of Nursing, 2004. This included reorganization of the agency, expanding Board membership, developing a new scope of practice for vocational nursing, and involving stakeholders in streamlining rules and guidelines.

- Implementing the Nurse Licensure Compact and later, of the enhanced Nurse Licensure Compact providing seamless nursing practice across party state lines, thus increasing access to care.

Ms. Thomas participated on the Team Texas, a group assembled by the Governor of Texas in response to a call to action by the Center to Champion Nursing in America – a joint initiative of AARP, the Robert Wood Johnson Foundation, U.S. Health Resources and Services Administration (HRSA), and the U.S. Department of Labor. The Team consisted of representatives of state agencies, nursing organizations, the hospital association, State Representative Donna Howard and a representative of the Governor's Office. The Team established school of nursing enrollment targets and developed and revised a strategic plan for expanding nursing education capacity.

Ms. Thomas served on the Center for Nursing Workforce Studies (CNWS)

Advisory Committee

This is a 21-member committee with representation from nursing and health-care organizations, employers of nurses, state agencies, nurse researchers, nurse educators and a consumer member. The CNWS serves as a resource for data and research on the nursing workforce in Texas.

Thomas served on several Advanced Practice Registered Nurse (APRN) committees of the National Council of State Boards of Nursing (NCSBN), chairing the APRN Advisory Committee from 1995-2007. She was a member of the Joint Dialogue Group that developed the APRN Consensus Model: Licensure, Accreditation, Certification and Education. She served on the NCSBN Board of Directors as Director at Large, Area III Director, President Elect and President.

Ms. Thomas navigated challenges such as Hurricane Harvey and the COVID-19 pandemic with focus and creativity, ensuring standards for nursing professionals and education programs were upheld while enhancing licensing efficiencies during this time of increased demand for nursing care.

Other nurses recognized with the Leaders and Legends Award for 2024 were Myrna Armstrong, EdD, RN, FAAN, ANEF; Jennifer D. Cook, PhD., MBA, RN; Dr. Kathleen Stevens Hamilton, RN, MS, EdD, ANEF, FAAN; and Eloisa G. Tamez, RN, PhD, MSCJ, FAAN.

Currently, Ms. Thomas is serving as an inaugural member of the Texas Higher Education Coordinating Board (THECB) **Healthcare Workforce Task Force**.

The task force will address healthcare workforce shortages in Texas to meet the demands of this growing state and provide students with the skills they need to succeed.





2024 Nursing Summit Focuses on Improving Quality Education in a Changing Nursing Environment

The Texas Board of Nursing (BON or Board) has several advisory committees, workgroups, and task forces to aide in the work of the Board. These committees, workgroups, and task forces have the responsibility and authority to inform the Board on specific issues. From time-to-time, the Board may delegate a charge to one of these committees.



Dr. Kristin Benton, DNP, RN delivers the opening remarks for the 2024 Nursing Summit

One such Task Force is the *Task Force to Study Implications of Growth in Texas Nursing Education Programs (Task Force)*. The purpose of this Task Force Texas is to create a forum for dialogue among stakeholders on how to ensure that the State of Texas will continue to provide quality nursing education and produce safe, competent graduates in a challenging environment. The Task Force is made up of various representatives from nursing education organizations, Board Liaisons, Board staff, and other Board approved stakeholders with an interest in nursing education.

In January of 2023 the Board charged the Task Force to begin planning for a 2024 statewide nursing summit in collaboration with the Texas Organization for Nursing

Leadership and the Texas Nurses Association. After several meetings of the Task Force, it was de



Dr. Mari Tietze led a panel discussion on innovative healthcare delivery.

termined that the purpose of this event would be to provide an environment for nurses in academia and practice to engage in conversations that help to create innovative opportunities to increase quality education, that produces competent graduates that transition into safe practice, while embracing a changing nursing environment.



Polly Anna Blake-Boyd shares her ideas in one of the World Café sessions at the Summit.

The Summit was held on April 22nd and April 23rd, 2024. The two-day event was broken up into three parts, each of which contained presenters, panel discussions, and World Café sessions. Experts in nursing education, nursing practice, and the workplace environment provided insight into the

challenges and solutions occurring in these three areas during the presentations and panel discussions.

After each part of the Summit, attendees would break out into World Café discussions to discuss solutions, and action items, to improve nursing education, nursing practice, and the workplace environment in Texas.

The Summit started with an Introduction to the 2024 Nursing Summit by the Executive Director of the Texas Board of Nursing, Dr. Kristin Benton, DNP, RN, followed by a presentation from the Chair of the Task Force Jeremy Burciaga, and an overview of the structure of the two-day Summit by Elise McDermott, MSN, RN.



Dr. Tim Bristol, PhD, RN, CNE, ANEF, FAAN

To begin the nursing education portion of the Summit Dr. Tim Bristol, PhD, RN, CNE, ANEF, FAAN presented *Outcomes in Healthcare: Are Your Students Ready* followed by a Panel Discussion: *Practice-Academic Partnerships and Their Effect on Student Readiness*. Following this, attendees engaged in World Café discussions focused on solutions to issues in nursing

continued on next page

Nursing Summit - cont. from prev. pg.

education and the gap between nursing education and practice.



Dr. Richard Booth, PhD, RN

During the nursing practice section of the Summit Dr. Richard Booth, PhD, RN presented *Navigating the Future of Nursing: The Increasing "Social" Nature of Artificial Intelligence and its Intersection with*



Dr. Serena Bumpus, DNP, RN, NEA-BC

Healthcare and a Panel of experts discussed *Innovative Healthcare Delivery*. After the second World Café discussions surrounding the future of nursing practice and in-

novative healthcare delivery solutions, the first day was concluded by Dr. Serena Bumpus, DNP, RN, NEA-BC, the Chief Executive Officer of the Texas Nurses Association.



Representative Donna Howard

Day two of the Summit began with a Welcome from Representative Donna Howard. After her inspirational start to the day, presentations included *State of the State of Nursing* by Pam Lauer, MPH,



Pam Lauer, MPH

Healthy Work Environments: The Foundation for Practice Excellence



Dr. Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN

by Dr. Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN, and a panel discussion on the *Workplace Environment*. Discussions during the World Café surrounded solutions to nurse burnout, retention and support of the nursing workforce, and improvement of the workplace environment. The entire Summit was concluded with a presenta-



Dr. AJ Stephens, DNP, MBA/HCA, RN, NEA-BC

tion from Dr. AJ Stephens, DNP, MBA/HCA, RN, NEA-BC President of Texas Organization for Nursing Leadership.

The Summit was a success with thoughtful solution-focused discussions among leaders in nursing in Texas. A team of individuals will be working on a publication that will be disseminated, sharing the great work that came from the Summit. This publication will include the themes that came to light during the Summit related to nursing education, nursing practice, and the workplace. The intent of the publication will be to share the solutions that were discovered during productive World Café discussions.



The 2024 Nursing Summit was held at the J. J. Pickle Research Campus.



Tubing Misconnections: A Continuing Patient Safety Hazard

by Debora Simmons, Ph.D., RN, FAAN, Assistant Professor, UTHealth Houston | McWilliams School of Biomedical Informatics



"My 24-year-old daughter was 35 weeks pregnant when she was hospitalized for vomiting and dehydration. A bag of ready-to-hang enteral feeding was brought to the floor, and the nurse, assuming it was total parenteral nutrition, pulled regular intravenous tubing from floor stock, spiked the bag, and started the infusion of tube feeding through the patient's peripherally inserted central catheter line. My daughter's fetus died—and then my daughter, after several hours of excruciating pain.

Multiple mistakes were made by multiple persons, but I believe if the enteral feeding bag had not been accessible to regular IV tubing, this tragedy would never have happened. I am writing you in hopes you can give me some direction on who I can contact in order to encourage the industries to standardize design changes in their enteral feedings bags so that they are inaccessible to regular IV tubing."

(Personal communication, Glenda Davis RN)

In April 2006, the Board *Bulletin* highlighted tubing misconnections as a persistent hazard to patient safety¹. Tubing misconnections, also known as wrong-route errors, occur when one type of tubing is mistakenly connected to another, leading to immediate patient death or life-threatening conditions such as sepsis or embolism². For over 20 years, there have been reports of failures to correctly connect tubing to intravenous, epidural, intracranial, intrathecal, gas, and automatic blood pressure cuffs and others, resulting in patient deaths². How can this known hazard to patient safety persist?

How Tubing Misconnections Happen

Tubing misconnections can occur whenever connectors easily connect, and a healthcare professional accidentally connects one system to another. Universal connectors are known as Luer locks or Luer connectors. These connectors are present in the majority of medical devices, including respiratory, intravenous, epidural, and gas lines and syringes. While this common connector initially seems convenient, it also increases the risk of errors. For example, connecting an enteral feeding tube to an IV line or delivering epidural medication intravenously can result in patient death. Luer locks are present in most healthcare settings, including acute, ambulatory, and home health settings. In these errors, the user has no signal that they are connecting the wrong tubes.

We understand the importance of designing safeguards against human error in high-risk situations in our everyday lives. Safer designs come from applying human factors science, which is the study of how humans perform and how to design systems to support human tasks best. We have spent time in healthcare to incorporate this science into our practice. We create safety features on syringes, implement processes like double checks on insulin, and use surgical checklists and instrument counts. These are reasonable safety measures to prevent disasters. We understand we cannot remain vigilant 100 percent of the time, and no amount of education or reprimand can eliminate the potential for such errors³. Given the widespread use of Luer connectors and the frequency of connections

and reconnections, the potential for misconnections is ever-present.

What has been done?

Tubing misconnections cases are present across the globe, and an enormous amount of work and publications have drawn attention to the problem. The World Health Organization issued an alert over ten years ago warning, "design of these devices is such that it is possible to inadvertently connect the wrong syringes and tubing and then deliver medication or fluids through an unintended and therefore wrong route"⁴. The International Standards Organization (ISO) has convened experts to redesign connectors for each system to prevent misconnections, and this work has been completed^{5,6}. The Joint Commission has issued two Sentinel Event Alerts, and the FDA has sent a letter to manufacturers, healthcare professionals, and hospital purchasers warning of this danger, along with alerts and educational materials^{7,8}. In 2013, the Centers for Medicare and Medicaid Services (CMS) issued a surveyor's letter, asking surveyors to determine whether facilities have taken actions to ensure systems are in place to prevent the recurrence of this type of adverse event⁹.

There is overwhelming global consensus and widespread support from experts and scientists for changing safer connectors. An extensive list of these supporters can be found at <https://stayconnected.org/members/enfit-members/> and <https://stayconnected.org/supporting-organizations-2/>.

continued on next page

Tubing Misconnections - cont. from prev. page

Organizational supporters in the United States include:

- The Association for Health Care Resource & Materials Management (AHRMM)
- The Association of Healthcare Value Analysis Professionals (AH-VAP)
- American Society of Health-System Pharmacists (ASHP)
- American Society for Health Care Risk Management (ASHRM)
- American Society for Parenteral and Enteral Nutrition (ASPEN)
- Emergency Care Research Institute (ECRI)
- Academy of Nutrition and Dietetics (AND/DNS)
- The Institute for Safe Medication Practices (ISMP)
- Medical Nutrition International Industry
- Healthtrust
- Feeding Tube Awareness Foundation
- Medication Safety Collaborative
- The Joint Commission
- Premier Healthcare
- Medication Safety Officers Society (MSOS)
- The Oley Foundation
- Vizient
- National Patient Safety Foundation (NPSF)

What you can do - today

Every major regulatory and safety organization in the United States agrees that a design change is necessary to prevent accidental misconnections. The work has been done to redesign the connectors. Enteral (commonly named ENFit) and neuraxial connectors (commonly named NREnt) are available today. However, much work remains to increase awareness and understanding and change these in clinical settings. We can stop this tragic error.

As patient advocates and safety champions, nurses play a crucial role in assisting organizations in understanding and implementing safety interventions, including the change to new, non-compatible connectors. With practical frontline experience, direct patient interaction, and roles in management and administration, nurses are uniquely positioned to identify potential risks and advocate for safer practices. Nurses can lead the way by actively participating in the following ways:

1. Requesting the change to new connectors.
2. Explaining the risks of misconnections and the practicality and effectiveness of new connectors to others.
3. Advocating for the organization's adoption of all new connectors as they are introduced to the market.

Nurses can ensure a smoother transition to the new connectors. Our commitment to patient safety drives us to support these critical changes, ultimately reducing the risk of tubing misconnections—a preventable tragedy that should no longer occur.

For more information

Educational Materials for new connectors from Stay Connected, an initiative created by the Global Enteral Device Supplier Association (GEDSA) to coordinate the Global implementation of safer small-bore (Luer lock) medical tubing connectors:

Education about the new Enteral Connectors ENFit <https://stayconnected.org/enfit/enfit-education/>

Education about the new Neuraxial Connectors NREnt <https://stayconnected.org/nreft/nreft-education/>

Tools for conversion to new connectors:

<https://stayconnected.org/enfit/enfit-conversion-information-tools/>
<https://stayconnected.org/nreft/nreft-conversion-information-tools/>

Information from Joint Commission: **Sentinel Event Alert, Issue 53, "Managing risk during transition to new ISO tubing connector standards."**

Information from ECRI on implementation:

ECRI Institute. Implementing the ENFit initiative for preventing enteral tubing misconnections. *Health Devices* 2017 March 29. <https://www.ecri.org/components/HDJournal/Pages/ENFit-for-Preventing-Enteral-Tubing-Misconnections.aspx?P-F=1%253Fsource=print>

Mayo Clinic Using Your ENFit® Feeding Tube

<https://youtu.be/1qMbxF-8nEys?si=OzBEfyGGU80TPKiw>

ASPEN Enteral Nutrition Connectors and Misconnections Guidelines and Clinical Resources

https://www.nutritioncare.org/guidelines_and_clinical_resources/toolkits/enteral_nutrition_toolkit/enteral_nutrition_connectors_and_misconnections/

References:

1. Simmons, D. (2006). "Safe Systems, Safe Patients: Common Connectors Pose a Threat to Safe Practice." ("Tubing Misconnections—A Persistent and Potentially Deadly Occurrence ...") Texas Board of Nursing Bulletin, 37(2):6-7, April 2006
2. Simmons, D., Symes, L., Guenter, P, & Graves, K. (2011). Tubing misconnections: Normalization

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Connecticut Enacts Nurse Licensure Compact (NLC)



Gov. Ned Lamont signed the NLC into law on May 30, 2024, making Connecticut the 42nd jurisdiction to enact the NLC. The compact allows Registered Nurses (RNs) and Licensed Vocational nurses (LVNs) to have one multistate license, with the ability to practice in person or via telehealth, in both their home state and other NLC states.

Licensure requirements are aligned in NLC states for those nurses applying for a multistate license. Requirements include submitting to a federal and state fingerprint-based criminal background check, passing the NCLEX Examination and holding an active and unencumbered license.

Although the NLC has been enacted in Connecticut, the legislation goes into effect on Oct. 1, 2025, and an implementation process must be completed before its residents will be able to apply for a multistate license, and before nurses in other NLC states who hold a multistate license will be able to practice there. The implementation date has not been set.

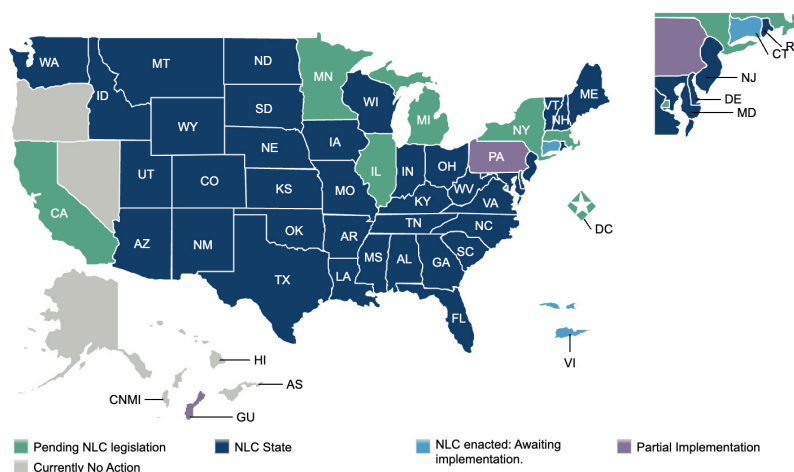
With the multistate license, nurses are able to provide telehealth nursing services to patients located in NLC states without having to obtain additional licenses. A multistate license facilitates cross-border practice for many types of nurses who routinely practice with patients in other states, including primary care nurses, case managers,

transport nurses, school and hospice nurses and many others. Further, military spouses who experience moves every few years also benefit greatly from the multistate license.

For more information, contact nursecompact@ncsbn.org or visit nursecompact.com.

Participating Jurisdictions

42 jurisdictions are currently part of the NLC. Hover over each state for additional status details. Click a state to access each board's contact information.



Tubing Misconnections - cont. from prev. page

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5. ISO 80369-1:2010, Small-bore connectors for liquids and gases in healthcare applications — Part 1: General requirements. <https://www.iso.org/obp/ui/#iso:std:iso:80369:-3:ed-1:v1:en>
6. ISO 80369-3:2016(en) Small-bore connectors for liquids and gases in healthcare applications — Part 3: Connectors for enteral applications. <https://www.iso.org/obp/ui/#iso:std:iso:80369:-3:ed-1:v1:en>
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8. U.S. Food and Drug Administration (FDA): Letter to enteral device manufacturers, July 2010, <http://www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM218631.pdf> (accessed June 12, 2024)
9. Centers for Medicare & Medicaid Services. Survey and Certification Letter 13-14: Safe Injection Practices in the Ambulatory Care Setting. <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-13-14.pdf> November 20, 2023.



Clinical Education Opportunities in the Care of People with Disabilities to Transform Attitudes, Knowledge and Skills

By Allison P Edwards, DrPH, MS, RN, CNE, CDDN, FAAN,
Assistant Professor, University of Texas Health Science Center at Houston
Cizik School of Nursing



In the April *Bulletin*, The Texas Board of Nursing (TXBON) offered guidelines urging educators to incorporate Long Term Care facilities (LTC) into clinical experiences for pre-licensure nursing students outlining the value of these experiences. What educators may not realize is LTC facilities comprise more than nursing homes, but also include Skilled Nursing facilities, Assisted Living facilities, Intermediate Care Facilities (ICF) and State Supported Living Centers (SSLC).¹ ICF and SSLC's are dedicated to the residential care of people with intellectual/developmental disabilities (IDD). (Table 1) Intellectual and/or developmental disabilities, also known as neurodevelopmental disabilities or neurodiversity, are defined as conditions characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22.²

As of 2019, the U.S. Census Bureau reported 3.8 million people reside in Texas age 65 and over which com-

Facility Counts by Program Type		
Program	Count	% of all Facilities
Assisted Living	2,025	50%
ICF/IID	787	20%
Nursing	1,199	30%
Total	4,011	

Source: HHSC October 2022

prises 13% of our state's population; of the population aged 65 and over, 37% have one or more disabilities.³ This is important because disabilities are prevalent in the aforementioned types of facilities and unfortunately surveys of medical, nursing allied health and social work students have shown that nursing students have significantly more negative attitudes toward people with disabilities (PWD) than student from other disciplines.^{4,5}

Sadly, a literature review of 'nontraditional' clinical placements acknowledged faculty members actively discouraged students from working with PWD, possessed limited expertise, utilized deficient curriculum and had outdated stereotypical views.⁶ Consequently, this occurrence could be grounded in the concept that PWD experiences are not part of nursing curriculum and limited student experiences are influenced by faculty bias or lack of expertise. In a study of Commission on Collegiate Nursing Education (CCNE) accredited schools of nursing programs representative of 11 participant states, it was reported that 50% of faculty possessed no knowledge of the models (societal perspectives) of disability despite 60% of them retaining responsibility for teaching care of PWD.⁷ Furthermore, there is a preponderance of evidence that disability education and curriculum is grossly deficient in nursing schools. Evaluation of nursing education curricula and textbook inclusion of disability content has received increasing attention and has validated a need for incorporating disability education in undergraduate students curriculum yet has failed to offer little more than an illumination of deficiencies in education and competencies.^{8, 9, 10, 11, 12, 13, 14} In a review of 33 nursing textbooks, abuse of PWD was minimally addressed, disability content was largely absent, and disabling conditions were only addressed in context of the elderly.¹⁴ Also, when curricula content was examined among 31 nursing schools, 52% (n=16) reported no inclusion of intellectual disability content, 48% (n=15) incorporated intellectual disability content but only 16% (n=5) covered preventative health and human rights content.¹⁵

Deficiencies in educational curricula pertaining to care of PWD are frequently mentioned as an unaddressed need and contributory to inadequate care.^{16, 17} PWD historically have experienced inequities including social, economic and environmental disadvantages coupled with documented differences in health outcomes.¹⁷ PWD experience two times more diabetes, four times more heart disease and higher rates of obesity than individuals without disabilities.¹⁸ Multiple calls for action with specific recommendations from various factions have been published attempting to address unmet needs and health inequities of PWD in the realm of social determinants of health, chronic diseases, mental health care, and education for health care providers; these factions include: The 2002 Office of the Surgeon General report, 2005 Surgeon General's call to action, 2007 Institute of Medicine, 2009 National Council on Disability and in the targeted objectives for Healthy People 2020.^{19, 20, 21, 22, 23}

Inadequate care and unmet needs of PWD are exacerbated by nursing student's negative attitudes, and deficient knowledge and skills. PWD are 12.7 times more likely to describe their overall health status as poor compared to people without disabilities.²⁴ Demonstrative of this description, in an integrative review of health inequities experienced by PWD that included PWD perspectives and implications for nursing education, three categorical opportunities for improvement were identified: knowledge deficits, communication challenges and poor quality of care.²⁵ These deficiencies

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Clinical Education Opportunities - cont. from prev. page

cies or inequities intensify frustration, errors, unmet needs and amplify poor quality of care defined as decreased availability and access to services, limited health promotion participation, and higher rates of hospitalization accompanied by complications for adults with developmental disabilities.²⁵

A literature review appraisal of nursing student attitudes and curricula outlined the impact of inadequate education and preparation and reported the positive impact of PWD experiences with specific interventions on attitudes, skills and knowledge required to improve confidence, and comfort working with PWD.²⁶ Positive attitudes have proven to be influenced by previous exposure to or care of PWD, as well as education and clinical experiences specific to care of this vulnerable population.^{4,15, 27, 28} Also, multiple international studies validate the impact of disability education and clinical exposure on healthcare professional's attitudes, confidence, competence, and comfort in the care of PWD and PWID.^{29, 30, 31, 32, 33} Integrating immersive clinical experiences with PWD into nursing education could enhance student nurses' expertise, reduce negative stereotypes and ultimately transform the health of this underserved population. Clinically immersive experiences caring for PWD have proven to not only reverse negative attitudes and shift their perspectives, but also improve knowledge and skills and motivate students to consider a career in this field.³⁴

This is the time for educators to be innovative change agents to facilitate the reversal of not just negative attitudes, but deficient knowledge and skills of nursing students pertaining to disabilities. In the Future of Nursing 2020-2030 (2019), a report published by the National Academies of Press for the purpose of objectively advising and informing public policy decisions, the report asserts,

"Nursing schools will need to ensure that nurses are prepared to understand and identify the social determinants of health, have expanded learning experiences in the community so they can work with different people with varied life experiences and cultural values, have the competencies to care for an aging and more diverse population, can engage in new professional roles..."³⁵

Education can help eliminate the existing disparities of this population exposing students to a population that is *not* traditionally incorporated in core curriculum. Nursing students need increased clinical time with PWD to instill confidence and improve attitudes. Frequent and repeated clinical exposure for care of PWD builds confidence and improves attitudes of health care providers.^{36, 37} Kolb's (2014) Cycle of Experiential Learning provides the theoretical foundation for impactful clinical experiences asserting that "learning is a process whereby knowledge is created through the transformation of the experience. (p.38)³⁸ This includes having authentic experiences, enhanced by reflective observation about those experiences, forming abstract conceptual frameworks about those perceptions and utilizing critical application practiced in those new situations and settings.

Undergraduate faculty can provide transformative clinical experiences for students by expanding clinical affiliations to include facilities caring for developmental and intellectual disabilities such as SSLC's, ICF's or other Long Term Care Facilities. Students should be familiar with prevalent developmental disabilities such as: autism, epilepsy, Fragile X Syndrome, fetal alcohol syndrome, Down Syndrome, cerebral palsy and

spina bifida. Texas has 13 SSLC's in the following cities: Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo, and San Antonio. They serve people with intellectual and developmental disabilities who are medically fragile or who may have behavioral issues which provides a rich source of student learning and psychomotor skill application. All long-term care settings offer an opportunity for nursing students to obtain experiential interprofessional experiences that can reverse the pervasive negative attitudes and deficient knowledge and skills of this discipline in the care of PWD.

In addition to expanding clinical affiliations to include LTC's or SSLC's that care for PWD, faculty should consider expanding affiliations to incorporate rehabilitation settings that may care for acquired disabilities such as spinal cord injuries, traumatic brain injuries and/or orthopedic clinics caring for amputations and prosthesis fittings. Equally important is incorporating settings or clinics that serve progressive disabilities such as amyotrophic lateral sclerosis, multiple sclerosis, dementia and Parkinson's. Additionally, variability in the health of all PWD within similar disabilities poses unique challenges in educating and exposing nursing students in various settings but also provides for a rich foundation for application of critical thinking, assessment and communication skill enhancement.

For nurses that are not academic faculty, clinical educators have an opportunity to provide improved care for PWD by planning regular staff education to include: the 10 Commandments of Communicating with PWD, Center for Disease Control's Part 1 (physical and sensory disabilities) and Part 2 (developmental disabilities) Disability Healthcare training online at no charge, and "The Advanced Fatal

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Five," an online subscription based continuing education (7.75 CEU's) that outlines preventable causes of death for PWD such as aspiration, bowel obstruction, dehydration, gastro-esophageal reflux disease, sepsis and seizures.^{39, 40, 41} All clinical education should be guided by the interprofessional based Core Competencies on Disability for Health Care Education established by the Alliance for Disability in Health Care Education and the Institute for Exceptional Care's National Roadmap for Disability-Inclusive Healthcare.^{42,43} Another excellent educational resource in the care of people with intellectual and developmental disabilities for providers in primary care settings is the IDD Toolkit, which provides specific "health watch tables" on selected developmental disabilities.⁴⁴ Also, educators can facilitate PWD advocacy and care by having employees complete a variety of free disability specific training for no cost, online at Texas Health Steps. com. Courses are available on autism spectrum disorder, fetal alcohol spectrum disorders, developmental surveillance and screening, behavioral health screening and intervention, pediatric extended care, transition to adult care for PWD and Medicaid Waiver.⁴⁵ Regardless of the setting a nurse is employed in, nurses will encounter someone with a disability during their career. Moreover, educational and clinical preparation utilizing the aforementioned resources for employees or nursing students by clinical educators and faculty can help reduce health disparities in this marginalized population while simultaneously improving attitudes, knowledge and skills. This is also an opportunity for faculty and educators to role model holistic care and include students or employees in care planning of comprehensive medical and therapy services while practicing communication skills with PWD and their families.

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Clinical Education Opportunities - cont. from prev. page

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continued on page 20

Understanding APRN Scope of Practice



The Texas Board of Nursing recognizes that advanced nursing practice is dynamic. The scope of advanced practice evolves through experience, acquisition of knowledge, evidence-based practice, technology development and changes in the health care delivery system. Therefore, advanced practice registered nurses (APRNs) may need to practice in new settings, perform new procedures, and develop new skills during their professional careers. It is common for the Board of Nursing to receive questions such as, “Can an APRN treat a patient with that condition?”, or “Is it within the scope of practice of an APRN to perform that procedure?”

Scope of practice is defined as the activities that an individual health care provider performs in the delivery of patient care. Scope of practice reflects the types of patients for whom the advanced practice registered nurse can care; what procedures/activities the advanced practice registered nurse can perform; and influences the ability of the APRN to seek reimbursement for services provided.

Determining scope of practice includes:

- Advanced practice education and licensure in a role and population focus
- Legal implications (e.g. compliance with the Nursing Practice Act and Board Rules)
- Scope of practice statements as published by national professional specialty and advanced practice nursing organizations

Both professional and individual scopes of practice exist. Professional scopes of practice are derived from professional specialty and advanced practice registered nursing organiza-

tions. An individual APRN may or may not practice the full scope of the professional role and population focus. Decisions regarding individual scope of practice are complex and related to an APRN’s knowledge, skills and competencies. Each APRN must practice within their individual scope.

Professional Scope

National professional specialty and advanced practice registered nursing organizations broadly define scope of practice for each role and population focus. These organizations produce documents addressing role, function, population served, and practice setting. They offer APRNs the broadest parameters for scope of practice. Therefore, professional scopes of practice are recommended as the initial resource in defining an individual’s scope of practice.

Individual Scope

Formal advanced practice registered nursing education is the foundation for the individual’s scope of practice and evolves over the professional lifetime of the individual. Clinical experience in various settings, continuing nursing education, formal course work and developments in healthcare all impact individual scope of practice. However, there are finite limits to expansion of scope of practice without completing additional formal education. APRNs cannot change their legally recognized titles or designations through experience or continuing nursing education; these changes may only be achieved through additional formal educational preparation and meeting all legal requirements to use that title and practice in that role and/or population focus set forth by the BON.

Making a Scope of Practice Determination

It is incumbent upon every APRN to seek appropriate information, support, and resources to inform their practice decisions. APRNs have a fundamental duty to ensure safe patient care, and one of the most important actions an APRN can take toward fulfilling that responsibility is by making sound scope of practice determinations. The Board’s APRN Scope of Practice Decision- Making Model (APRN DMM) can help APRNs make scope of practice determinations. The following questions comprise the APRN DMM and help clarify whether an act is within an APRN’s scope of practice:

1. Is the performance of the act prohibited by the Texas Nursing Practice Act, Board’s rules or regulations, or any federal, state, or local laws, rules or regulations affecting the area of practice?
2. Is the performance of the act consistent with APRN education in your role and population focus of Texas APRN licensure?
3. Is performing the act consistent with interpretations on scope of practice from advanced practice nursing organizations or national professional specialty organizations representing your role and population focus of licensure?
4. Is the performance of the act consistent with Board position statements, guidelines, and institution policies and procedures?
5. Is the performance of the act supported by evidence-based practice and consistent with the current standard of care?

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APRN Scope - cont. from prev. page

6. Have you received appropriate education and training to perform the act, and do you currently possess the depth and breadth of knowledge necessary to perform it safely and competently?
7. Do you have the knowledge and appropriate resources to perform the act under the current circumstances, and address potential complications that may result?
8. Are you fit to perform the act safely and competently?
9. Do you have a written delegation mechanism, with an appropriate physician, providing authority for the performance of relevant medical aspects of care?
10. Would a reasonable and prudent APRN licensed in the same role and population focus perform the act in a similar circumstance?
11. Are you prepared to accept accountability for the provision of safe care and the outcome of the care rendered?

Adding New Procedures and/or Patient Care Activities

APRNs are not licensed with a generic “APRN” title; rather, they are licensed in a specific advanced practice role and population focus. The scope of practice for APRNs of different specialties overlap but no one APRN role or population focus can encompass the full scope of practice of another. An APRN’s scope of practice has licensure-related limitations, meaning that an APRN cannot practice within the full scope of another APRN role and population focus without completing an appropriate APRN program and obtaining the additional licensure to practice from the Board of Nursing.

When incorporating new patient care activities or procedures into their existing APRN role and population focus,

the APRN should reflect on the factors identified in **Board Rule 221.12**. In determining whether a particular action falls within an APRN’s authorized professional and/or individual scope of practice, the following factors will be considered:

- Whether the APRN received training for the performance of act in their advanced educational program;
- Whether the act falls within generally acceptable standards of care for the APRN’s role and population focus area, as determined by a professional specialty organization;
- Whether the APRN has demonstrated competence in performing the act through supervision and/or training by a qualified practitioner;
- Whether the APRN has been credentialed and/or holds a privilege to perform the act at a health care facility;
- Whether the APRN has completed additional training post-APRN licensure in their role and population focus to perform the act. Considerations for appropriate additional training include:
 - o Type of instruction (e.g., on-line instruction; in-person instruction; didactic instruction; or clinical instruction);
 - o The learning objectives, content, materials, and methods for evaluating participation;
 - o Length and/or quantity of the training;
 - o The qualifications of the training provider;
 - o Whether the training has been certified by a profes-

sional specialty organization for the APRN’s role and population focus area;

- o Whether the training is consistent with evidence-based practice;
- o Sponsorship by an educational institution (e.g., fellowship, or precepted experience);
- o Whether the training is provided by an entity in conjunction with the use of the entity’s product, drug, or medical apparatus/equipment.

All training must include a method of objective and verifiable participant competency following completion of the training. It is the responsibility of the APRN to maintain records of all completed training and competencies.

The Texas Board of Nursing recognizes that individual scopes of practice will vary and that what is within the individual scope of practice for one APRN may not be within the individual scope of practice for another APRN authorized to practice in the same role and population focus. However, it is important to keep in mind that the Board holds each APRN accountable for knowing and practicing within their professional and individual scope of practice.

Board Action: Adopted Texas Board of Nursing policy 10/2005, reaffirmed 07/2018, revised 01/2024.

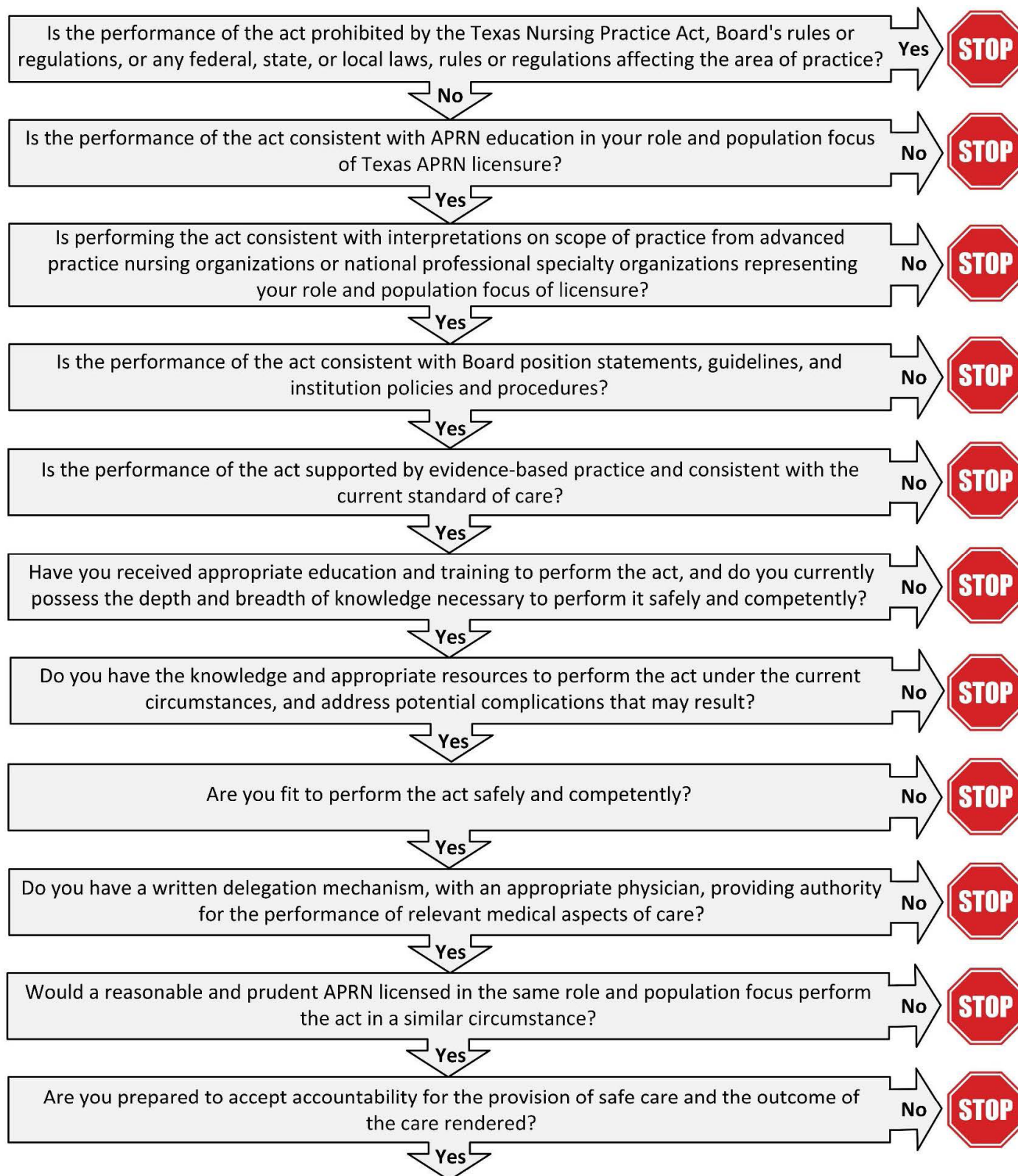
For frequently asked questions (FAQs) related to APRN Scope of Practice click [here](#).



Texas Board of Nursing

APRN Scope of Practice Decision-Making Model

To begin, identify or clarify the act (activity, task, procedure, or intervention) under consideration.



You may proceed with performance of the act in accordance with the minimum standards of practice and the prevailing standards of care.

Creating Bioethical Awareness Among Nurses: The Value of the Clinical Ethics Consultation in Every Clinical Practice Setting

By Carol Kay Hawkins-Garcia, MSc, BSN, RN, Clinical Educator at South Texas Spine & Surgical Hospital and South Texas Spine & Surgical Outpatient Center and Board Member, Texas Board of Nursing



Nurses in all clinical care settings who interact with and care for patients and their families need support when the trajectory of their patient's care becomes dissonant or institutional issues lead to ethical and moral concerns. Educating nurses about the availability and usefulness of clinical ethics consultation supports nurses with ethical challenges, lessens moral distress, and leads to increased career satisfaction. Utilizing a clinical ethics consultation for ethically challenging dilemmas also enhances the professional practice of nursing and aligns with the American Nurses Association Code of Ethics for Nurses. The Code of Ethics for Nurses is a tool whose interpretive statements reiterates the ethical values that are importance for nurses to uphold as their commitment, duty, and obligation to patients and society. Serving as the profession's "nonnegotiable ethical

standards" (ANA, 2015), the nurse must exhibit moral courage to tackle ethical issues through action during times when what is right is not clear or becomes difficult to navigate. The literature review found that compared to inpatient settings such as long-term care, rehabilitation, and intermediate care settings, ethics consultations is underutilized. In health-care areas such as outpatient settings and rural healthcare, awareness and access to clinical ethics consultation can provide a valuable resource for nurses. The findings revealed a need for a reference tool to enhance nurses' awareness of the value of a clinical ethics consultation in any patient care setting. This capstone project aims to increase nurses' awareness of the benefits of a clinical ethics consultation by providing an electronic educational brochure accessible on states' Board of

Nursing websites and the National Councils of State Boards of Nursing website. Future directions also aim at creating a Bioethics resource website for nurses and nursing students and establishing a virtual remote clinical ethics consultation service platform accessible to any healthcare entity. To fulfill the responsibilities that are consistent with high-quality nursing care and the ethical obligation the profession calls for, nurses in all clinical patient areas must utilize the clinical ethics consultation as a resource in everyday practice for every clinical setting.

Capstone Mentor: Christine Mitchell, RN, MS, MTS, HEC-C, Executive Director, Center for Bioethics, Harvard Medical School | Lecturer on Global Health and Social Medicine, Center for Bioethics, Harvard Medical School



Creating Bioethical Awareness Among Nurses: The Value of the Clinical Ethics Consultation in Every Clinical Practice Setting

Mentor: Christine Mitchell, RN, MS, MTS, HEC-C

Carol Hawkins, MS, BSN, RN

Faculty Advisor: Rebecca Feinberg, JD, MBE, MS

BACKGROUND

Nurses are the largest group of healthcare professionals who perform an array of roles in providing high-quality patient care. However, in the course of providing care, ethical issues emerge in all clinical practice settings making it essential that nurses are aware of the availability of the clinical ethics consultation.



AIMS

5 important reasons for increasing nurses' awareness of the clinical ethics consultation:

- ❖ Educate nurses on bioethical awareness
- ❖ Identify ethically challenging dilemmas that can cause moral distress
- ❖ Recognize one's own limits when encountering bioethical challenges in clinical settings
- ❖ Advocate for patients and their families
- ❖ Appreciate that a clinical ethics consultation can benefit patient outcomes

METHODS



Literature Review



Nursing Credentialing and Associations



States' Board of Nursing

FINDINGS

The literature review, research of national nursing credentialing, and nursing associations websites, and examination of States' Board of Nursing websites revealed that clinical ethics consultations can provide a valuable resource for nurses but is underutilized in patient care areas beyond inpatient hospital type settings, such as long-term care, home health, clinics, and other outpatient care areas. The findings revealed a need for a reference tool to enhance nurses' awareness of the value of a clinical ethics consultation in any patient care setting.



DISCUSSION

- ❖ Nurses need support when the trajectory of their patient's care becomes dissonant or institutional issues lead to ethical and moral concerns.
- ❖ The usefulness of a clinical ethics consultation supports nurses with ethical challenges, lessens moral distress, and leads to increased career satisfaction.
- ❖ Utilizing a clinical ethics consultation for ethically challenging dilemmas also enhances the professional practice of nursing and supports The Code of Ethics for Nurses.
- ❖ The Code of Ethics for Nurses was created as a reference for carrying out nursing responsibilities in a manner consistent with the ethical duties of the nursing profession.
- ❖ Maximize the number of nurses educated about the clinical ethics consultation utilizing an electronic technology tool that can be easily located and accessed by nurses in all patient care setting.



CONCLUSION

It is essential for nurses to be aware of the clinical ethics consultation, the benefits of the process, the role it plays in decision-making in order to increase promotion of its use. By doing so, it promotes a culture of ethical decision-making, leading to improved patient care and optimal clinical outcomes.

FUTURE DIRECTION!

- ❖ Publish on States' Board of Nursing and NCSBN Websites
- ❖ Publish on Nursing Credentialing and Nurse Associations websites
- ❖ Create a Bioethics resource website for nurses and nursing students
- ❖ Develop a virtual clinical ethics consultation service platform

REFERENCES

Use the QR code at right to view references/ cited literature



Board of Nursing Employment Opportunities Now Available on CAPPS Portal



Over the past months, the Texas Board of Nursing (BON or Board) has made great strides in setting up the listing of employment opportunities and employment application process on the Centralized Accounting Payroll/Personnel System (CAPPS) Recruiting portal. By implementing this new feature, the Board has streamlined the application process and made it more efficient for candidates to apply from multiple platforms across the internet, all in one place. Since its implementation, the BON has onboarded over 10 new employees and has already started filling the remaining 14 vacancies across the agency. On top of setting up the recruiting portal, the Board has also implemented the new onboarding platform. This new onboarding platform streamlines the hiring process and cuts down on time to submit needed employment information by almost two thirds. The Human Resources Department is pleased with these new processes and their effect on streamlining the process for filling long-outstanding open positions. To visit the CAPPS website, visit <https://capps.taleo.net/careersection/ex/jobsearch.ftl?lang=en> The QR Code below can also be used to access the CAPPS. The BON's LinkedIn also includes employment opportunity announcements. See <https://www.linkedin.com/company/100361530/admin/dashboard/> for further information.

U.S. Nurses Encouraged to Contribute to 2024 Workforce Study

Every two years, NCSBN partners with the National Forum of State Nursing Workforce Centers to conduct the only national-level survey specifically focused on the U.S. nursing workforce. [The National Nursing Workforce Survey](#) generates information on the supply of nurses, which is critical to workforce planning and to ensure a safe and effective health care system.

Participation is critical! If you are randomly selected to participate, it is vitally important for you to respond since you are representing your colleagues. Nurses' input in the [2022 National Nursing Workforce Survey](#) raised a new level of awareness of [issues essential to nursing](#), and nurses' concerns reached over 200 million people via prominent media outlets.

About the 2024 Survey

- **When:** April 15 - Sept. 2, 2024.
- **Who:** A nationally representative sample of licensed registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) from across the U.S.
- **How:** Surveys will be sent via email and U.S. mail, and responses returned via mail or survey website.
- **Results:** Aggregated responses will comprise the national nursing workforce dataset. Responses will be analyzed by NCSBN and the National Forum and will be published in the Journal of Nursing Regulation.



Education Actions - cont. from page 3

- * Texas State Technical College in Harlingen – ADN Program
- * University of Texas Permian Basin in Odessa – BSN Program
- * Vocational Nursing Institute in Houston – VN Program

Approved Status of Approval for Full Approval with Warning:

- * South Plains College in Levelland – ADN Program

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

- * Cybertex Institute of Technology in Austin – VN Program

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

- * Tarleton University in Stephenville – BSN Program

Approved Proposal to Establish an Apprenticeship Track:

- * Rio Grande Valley College in Pharr – LVN to ADN Program

Approved Proposal to Establish a New Nursing Education Program:

- * St. Edwards University in Austin - BSN Program

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.

Dazael Gloria

a.k.a. David Gloria

Dazael Gloria secured employment and practiced as a Registered Nurse (RN) with Home Health Care Service in Katy, Texas, from August 30, 2022, through October 14, 2022, by using the license number, social security number, date of birth and presented other forms of identification belonging to another nurse with a different first name but same last name. During this time, Dazael Gloria provided direct patient care to pediatric patients and represented himself as a Registered Nurse to staff, patients, families and the public while using the credentials "RN" on medical records. The Board's investigation revealed that the date of birth, social security number and identification photo for Dazael Gloria did not belong to any nurse having a license or privilege to practice nursing in the State of Texas.

Additionally, Dazael Gloria secured employment and practiced as a Registered Nurse (RN) with a Home Health Care Service in Houston, Texas, from August 24, 2023, through October 23, 2023, by using the license number, social security number, date of birth and other forms of identification belonging to another nurse with a different first name but same last name. During this time, Dazael Gloria provided direct patient care to pediatric patients and represented himself as a Registered Nurse to staff, patients, families and the public while using the credentials "RN" on medical and business records. The Board's investigation revealed that the date of birth, social security number and identification photo for Dazael Gloria did not belong to any nurse having a license or privilege to practice nursing in the State of Texas.

Dazael Gloria previously held a license to practice vocational nursing in the State of Texas, which was surrendered on February 14, 2020. This case has been referred to the Office of the Harris County Attorney's office, Montgomery County Attorney's office and Hockley County Attorney's office for prosecution.

D'HAVELYN SHARNET HUSTON

a.k.a. D'Havely Huston; a.k.a. D'Havelyn S. Huston; a.k.a. Sharnet Huston

D'Havelyn Sharnet Huston remained employed and practiced as a Licensed Vocational Nurse (LVN) with a home health agency in Dallas County and Ellis County, from January 20, 2023, through January 25, 2024, after her license to practice vocational nursing in the State of Texas had been revoked on January 19, 2023. During this time, D'Havelyn Sharnet Huston provided direct patient care and represented herself as a Licensed Vocational Nurse to staff, patients,



families and the general public while using the credentials "LVN" on medical and business records. This case has been referred to the County Attorney's office in Dallas County and Ellis County for prosecution.

SUSANA MARIE SUBIA

a.k.a. Susana Marie Rivera; a.k.a. Susana M Rivera; a.k.a. Susana Rivera; a.k.a. Susana Subia; a.k.a. Susana M Subia

Susana Marie Subia secured employment and practiced as a licensed vocational nurse (LVN) with a Rehabilitation Center in Odessa, Texas, from February 8, 2022, through April 13, 2022, and from August 2, 2022, through July 5, 2023, by using the license numbers belonging to two (2) nurses with the same first name but different last names. During her employment, Susana Marie Subia represented herself as a licensed vocational nurse to staff, patients, families, and the public while using the credentials "LVN" on medical and business records. The Board's investigation revealed that the date of birth and social security number provided by Susana Marie Subia to her employer did not belong to any nurse having a license or privilege to practice nursing in the State of Texas.

Additionally, Susana Marie Subia secured employment and practiced as a licensed vocational nurse (LVN) with a Hospital in Odessa, Texas, from July 18, 2023, through November 7, 2023, by using the license number belonging to another nurse with the same first name but different last name. During this time, Susana Marie Subia represented herself as a licensed vocational nurse to staff, patients, families, and the public while using the credentials "LVN" on medical and business records. The Board's investigation revealed that the date of birth and social security number provided by Susana Marie Subia to her employer did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. Furthermore, Susana Marie Subia secured employment and practiced as a licensed vocational nurse (LVN) with a Nursing Home in Odessa, Texas, from November 10, 2023, through January 22, 2024, by using the license number belonging to another nurse with the same first name but different last name. During this time, Susana Marie Subia represented herself as a licensed vocational nurse to staff, patients, families, and the public while using the credentials "LVN" on medical and business records. The Board's investigation revealed that the date of birth and social security number provided by Susana Marie Subia to her employer did not belong to any nurse having a license or privilege to practice nursing in the State of Texas. In addition, identification photos of Susana Marie Subia did not match photos of actual licensees. This case has been referred to the Office of the Ector County Attorney's office for prosecution.





A
Passion
to Help
Nurses
Heal

Upcoming TPAPN Educational Opportunities

The Texas Peer Assistance Program for Nurses (TPAPN) believes in helping support positive outcomes for nurses and their patients by providing early identification, support, monitoring, accountability, and advocacy to Texas nurses who have an identified substance use or mental health condition or related incident, so they may continue to practice nursing safely. The TPAPN website (www.tpapn.org) has more information about the TPAPN program.

The Peer Support Partner is a volunteer nurse who provides peer support, guidance, encouragement, and more, to nurses participating in TPAPN. The program is looking for more Peer Support Partners. *Peer Support Partner Information Sessions* are provided by TPAPN staff so interested nurses can learn more about the fundamental role of the Peer Support Partner. Please visit the TPAPN webpage (www.tpapn.org) for information about upcoming events to find dates for the next available TPAPN Peer Support Partner Information Session and other training opportunities.

TPAPN has launched on-demand information sessions about the TPAPN program (and training for new and current peer support partners). The online information session & modules on *Addiction, Mental Health Conditions, Motivational Interviewing, & Person-Centered Care* are accessible by following the directions below:

1. Go To <https://www.texasnurses.org/>
2. Go to the Professional Development tab and click **Get CNE**
3. Go to **Categories** and select **TPAPN On Demand**, where you will see a list of available options.
4. Select **Register**, if you are not a TNA member, you can create a non-member account to login
5. Watch the course, then get your certificate.

A nurse with a substance use or mental health condition that might impact nursing practice is encouraged to self-refer to TPAPN **prior** to the condition impacting nursing practice. Any person may refer a nurse to TPAPN if the condition has not impacted nursing practice; however, persons mandated to report to the Board, such as an employer, a nurse, or a nursing peer review committee, are required to report the nurse to the Board of Nursing (BON) if they believe there has been a nursing practice violation.

The TPAPN referral form is on the TPAPN website. The BON website contains links to file a complaint online under Discipline & Complaints – How to File a Complaint.

Statistical information

The 212 disciplinary actions reported in this *Bulletin* represent only 0.043% of nurses who are currently licensed to practice in the State of Texas.

As of May 31, 2024, 99.75% of current Registered Nurses, 99.39% of current Licensed Vocational Nurses, and 99.74% of current Advanced Practice Registered Nurses were without discipline according to Board records.

Clinical - cont. from page 13

39 United Cerebral Palsy Associates, Inc. (n.d.) Ten commandments of communicating with people with disabilities. <http://access-life.org/wp-content/uploads/2016/06/resource-10-commandments.pdf>

40 The Ohio State University. (2017). Ohio disability and health program: Disability healthcare training. <https://nisonger.osu.edu/education-training/ohio-disability-health-program/disability-healthcare-training/>

41 The IntellectAbility Academy. (n.d.) The Advanced Fatal Five. <http://replacingrisk.com/idd-staff-training/the-fatal-five-advanced/>

42 Alliance for Disability in Health Care Education. (2019) Core competencies on disability for health care education. <https://adhce.org/teaching-learning-resources/13225057>

43 Institute for Exceptional Care. (2023) A national roadmap for disability-inclusive healthcare. <https://www.inclusivecareroadmap.org>

44 Health Care for Adults with Intellectual and Developmental Disabilities: Toolkit for Primary Care Providers. (2024) <https://iddtoolkit.vkcsites.org/>

44 Texas Health Steps. (n.d.) <https://www.txhealth-steps.com>

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 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, 1801 Congress Avenue, Suite 10-200, Austin, Texas 78701.

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Adedeji, Adekunle A.	LVN 335318	Reprimand with Stipulations	3/19/24	Cruse, Emily Marie	RN 888863	Reprimand with Stipulations	3/19/24
Amedome, Enna Isiola	AP135135 & RN 787709	Probated Suspension	3/19/24	Curry, Benjamin Scott	LVN 1059543	Revoked	3/19/24
Amedome, Enna Isiola	RX 24201	Voluntary Surrender	3/19/24	Damron, Tina	AP118855RN	Warning with Stipulations	3/19/24
Amper, Addievi Torres	AP124444, RX 14804 & RN 685195	Warning with Stipulations, Deferred Reprimand with Stipulations	4/18/24	Michelle Daniels, Kimberly Shannan	700868 RN 801915	Warning with Stipulations	3/19/24
Anderson, James William	RN 1021963	Remedial Education with Fine	3/19/24	Davis, Dakota Phillip	RN 1065941	Remedial Education	4/25/24
Aniekwu, Benjamin	LVN 329528	Remedial Education	3/4/24	Davis, Hayly	RN 900865	Enforced Suspension	4/18/24
Ansari, Sandra Lynn	RN 576973	Warning with Stipulations and Fine	4/22/24	Davis, Tera Felecia	RN 950975 & LVN 175754	Warning with Stipulations and Fine	3/19/24
Arimendez, Nalisa Jhagroo	LVN 324903	Voluntary Surrender	3/19/24	Delangel, Jorge	RN 890998 & LVN 227441	Remedial Education	4/9/24
Aritua, Loretta Lynn	RN 799126 & LVN 221952	Voluntary Surrender	3/4/24	Derrick, Tenisha Renee	LVN 301910	Revoked	2/13/24
Avery, Mark Andrew	RN 838534	Voluntary Surrender	3/26/24	Dillard, Margaret Maureen	RN 857853	Remedial Education	4/25/24
Azimi, Farah	RN 758643	Reprimand with Stipulations	3/19/24	Drohn, Shannon Leah	RN 708669 & LVN 190912	Enforced Suspension	2/21/24
Bae-Tuffour, Yaw	RN 990984	Reprimand with Stipulations	3/19/24	Dutchover, Michael	LVN 193419	Warning with Stipulations	3/19/24
Barnes, Maci Mishele	RN 856238	Remedial Education with Fine	3/5/24	Earnest (Carter), Beth Ann	RN 763103	Probated Suspension	3/19/24
Barrientos, Isabel	RN 964069	Remedial Education with Fine	2/7/24	Eaton, Lillie B.	LVN 56002	Warning with Stipulations and Fine	3/19/24
Barron, Elisia Nicole	LVN 318322	Revoked	4/18/24	Eaton, Tiffany	RN 670820 & LVN 156372	Remedial Education	4/16/24
Beltran, Margarita	LVN 312943	Warning with Stipulations and Fine	3/19/24	Ekwueme, Grace Nwabude	LVN 196195	Voluntary Surrender	2/12/24
Blue, Mabris Jewell	LVN 133564	Warning with Stipulations	4/18/24	Ellis, Holley Denise	LVN 1017935	Warning with Stipulations and Fine	4/18/24
Boatright, Toyia Lynne	RN 604204	Reprimand with Stipulations	3/19/24	Enlow, Rick L.	AP120349, RX 11307 & RN 778736	Warning with Stipulations	2/13/24
Bobisink, Katherine Nicole	RN 1037373	Remedial Education	4/12/24	Fears, Victoria	PTP MS 914914	Warning with Stipulations	3/19/24
Bodah, Sabrina Marie	PTP CO 1658282	Revoked	3/19/24	Ferrier, George Martin	LVN 224979	Warning with Stipulations	4/18/24
Bowie, Shaleb Deann	LVN 334079	Remedial Education	3/21/24	Fields, Alicyn	PTP AR 214077	Warning with Stipulations	3/19/24
Briones, Barbarita	LVN 190664	Warning with Stipulations	4/18/24	Fields, Bambi Michelle	RN 881527	Warning with Stipulations	2/13/24
Butler, Danette Margaret	PTP OK R0071108	Remedial Education	4/23/24	Figuerroa, Brittany Michelle	RN 1154456 & LVN 313575	Warning with Stipulations	2/13/24
Camp, Carla M.	LVN 127046	Revoked	2/13/24	Flint, Miachel Annette	LVN 324534	Revoked	3/19/24
Canty, Sabrina	RN 932187	Probated Suspension	2/13/24	Flores, Gabriela	RN 863140	Remedial Education, Deferred	2/21/24
Carroll, Andriah Rhea	RN 874993	Warning with Stipulations	2/13/24	Fournier, Megan Rose	RN 747369 & LVN 182413	Reprimand with Stipulations	2/13/24
Cathey, Jill Ann	RN 792413	Reprimand with Stipulations	3/19/24	Franklin, Adrian	RN 910197 & LVN 329493	Enforced Suspension	2/21/24
Christopher, Benjamin Steven	RN 850023	Revoked	1/19/24	Fuhring, Gabriele S.	RN 710580	Warning with Stipulations and Fine	3/19/24
Coleman, Anita Christina	RN 875424 & LVN 210866	Warning with Stipulations and Fine	3/19/24	Garcia, Anthony Dolo	RN 884752	Voluntary Surrender	2/5/24
Collymore, Danica	PTP MS 883128	Revoked	2/13/24	Garrett, Benedeth	RN 1069283	Reprimand with Stipulations	4/18/24
Colmenares, Wallace Javier	RN 740277 & LVN 193836	Revoked	3/19/24	Gary, Julie Melissa	RN 763878 & LVN 149345	Reprimand with Stipulations	2/13/24
Coons, Rhonda L.	LVN 219020	Reprimand with Stipulations	2/13/24	Gomez, Luis Carlos	RN 785998	Revoked	4/18/24
Cordovi Pena, Maria Teresa	AP1012509 & RN 1012509	Warning with Stipulations and Fine	2/13/24	Goodell, Christi Lyn	RN 605478	Revoked	3/19/24
Cowdrey, Joanna Elisabeth	AP130070 & RN 730102	Remedial Education with Fine	3/26/24				

continued on next page

DISCIPLINARY ACTION

- cont. from prev. pg.

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Goodman, Kelly	RN 868798	Remedial Education with Fine	4/10/24	Ledbetter, Brannon	LVN 321710	Remedial Education	2/13/24
Gray, Jacqueline	LVN 176205	Reprimand with Stipulations	3/19/24	Lewis, Melissa C.	LVN 188051	Warning with Stipulations and Fine	3/19/24
Guimela-Modoc, Christine Ramirez	RN 1068848	Warning with Stipulations	4/18/24	Lidyard, Tammy Jo	LVN 1111356	Voluntary Surrender	2/12/24
Gumbo, Shingai Tracy	RN 912397	Voluntary Surrender	2/21/24	Lightfoote-McNeal, Aisha Simone	PTP FL RN9526344	Warning with Stipulations and Fine	4/18/24
Gutierrez, Scarlett Renee	LVN 229306	Reprimand with Stipulations	3/19/24	Lipe, Crystal	RN 954776	Voluntary Surrender	2/7/24
Gutierrez-Montanez, Andrew Steven	RN 902108	Warning with Stipulations	3/19/24	Lopez, Selena Elisa Maniulit, Joeannemae	LVN 332827 RN 832259	Revoked Remedial Education	3/19/24 3/5/24
Hagan, Ryan Anthony	RN 899780 & LVN 317067	Warning with Stipulations, Deferred	3/19/24	Manning, Laguana Niesia	LVN 208820	Remedial Education with Fine	4/2/24
Hager, Jessica Lynne	RN 692709	Voluntary Surrender	3/13/24	McBride, Sierra April	RN 980696	Revoked	3/19/24
Hamilton, Mary Katharine	LVN 224422	Probated Suspension	3/19/24	McCuen, Courtney Adeline	LVN 1033759	Enforced Suspension	2/1/24
Hanks, April	RN 629367	Revoked	2/13/24	McMillan, Safarahh	RN 735461	Reprimand with Stipulations	2/13/24
Harris, Jason Ray	RN 674688	Revoked	3/19/24	McMillian, Shane Christopher	LVN 219756	Revoked	3/19/24
Harris, Molly Jo	AP144184, RX 32626 & RN 979819	Probated Suspension	4/18/24	McNeilly, Alexis Joann	RN 1037592	Enforced Suspension	4/3/24
Hatch, Keith Stuart	AP141378, RX 29984 & RN 964822	Remedial Education	4/25/24	Merchant, Andrea	RN 948741	Warning with Stipulations, Deferred	2/13/24
Henderson, Terri Montrice	LVN 317293	Warning with Stipulations and Fine	3/19/24	Miller, Sandra F.	LVN 311032	Remedial Education, Deferred	4/25/24
Hernandez, Elizabeth Mercedes	AP139376	Revoked	12/21/23	Mills, Grace Anna	RN 880725	Remedial Education, Deferred	4/30/24
Hidrogo, Corina	LVN 199272	Warning with Stipulations	3/19/24	Mitchell, Melvin	PTP MT 158662	Revoked	2/13/24
Holley, Carolyn Sue	RN 709296	Reprimand with Stipulations and Fine	3/19/24	Moniz, Brittany Miranda	RN 949458	Remedial Education with Fine	3/5/24
Hollingsworth, Armida K.	RN 605971 & LVN 144831	Probated Suspension	2/13/24	Moon, Trista Ann	RN 924343	Voluntary Surrender	4/3/24
Hoover, Alyssa Michelle	RN 917492	Remedial Education with Fine, Deferred	2/9/24	Moore, Cristy Dawn	RN 795847 & LVN 186248	Reprimand with Stipulations and Fine	4/18/24
Howard, Kayleigh Paige	RN 791997 & LVN 218853	Voluntary Surrender	3/15/24	Mshana, Tinnah	RN 914888	Warning with Stipulations and Fine	3/19/24
Hunt, Kari	AP129188, RN 811651 & LVN 202558	Warning with Stipulations	2/13/24	Lawrance	RN 246647	Voluntary Surrender	4/2/24
Huynh, Tammy Tuyet	RN 972020	Warning with Fine	3/19/24	Munoz, Maricela	RN 246647	Voluntary Surrender	4/2/24
Igboneme, Florence Chigbo	RN 846300	Warning with Stipulations	4/18/24	Muns, Joshua Steven	RN 760098	Revoked	2/13/24
Ikeogu Ukeh, Ola	LVN 340876	Remedial Education with Fine	3/27/24	Muyonga, Gaius Fomantum	RN 986636	Voluntary Surrender	4/11/24
James, Ronald Lynn	RN 742963	Remedial Education	4/25/24	Neal, Michele	PTP MO 2008035983	Warning with Stipulations	2/13/24
Jones, Winifred J.	LVN 174293	Revoked	3/19/24	Nelson, Kimberly Renee	LVN 210923	Probated Suspension	3/19/24
Kapten, Sarah Mukasia	RN 661352	Remedial Education with Fine	2/9/24	Nessen, Jill Marie	RN 932677	Probated Suspension	3/19/24
Keith, Kristina Marie	RN 872013	Warning with Stipulations and Fine	3/19/24	Nieto, Ryan Alexander	RN 1065635	Warning with Stipulations	2/13/24
Keroti, Geoffrey John	LVN 317698	Remedial Education	3/11/24	Nneji, Jennifer Ifeoma	RN 906517	Revoked	3/19/24
Khan, Kakhkashan Anjum	RN 1016801	Warning with Stipulations	2/13/24	Nolan, Kellee Jo	RN 619401	Reprimand	2/13/24
Khan, Salman Mahmood	RN 773169	Warning with Stipulations	3/19/24	Nordwick, Briayanna Jasmine	RN 1047343	Remedial Education	2/21/24
King, Margaret Adesola	RN 1056278	Voluntary Surrender	4/16/24	Nwokejiobi, Robinson Chinedu	RN 967014 & LVN 227082	Reprimand	3/19/24
Kirkland, Mandi Rene	LVN 232575	Warning with Stipulations and Fine	3/19/24	Nwora, Benjamin Uju	LVN 205724	Probated Suspension	4/18/24
Knight, Misty Lynne	RN 892190	Enforced Suspension	4/18/24	Odusola-Stephen, Bola Basirat	RN 646625	Revoked	1/23/24
Knight, Nikki Okulu	LVN 331057	Remedial Education with Fine	4/11/24	Okagbue, Samuel Tagbo	LVN 202761	Revoked	2/13/24
Leamer, Brittany Lauren	RN 970287	Reprimand with Stipulations	2/13/24	Okenye, Vera Kerubo	LVN 206886	Revoked	4/18/24
Learned, David Paul	RN 638701 & LVN 146867	Revoked	2/13/24	Okpegbue, Theresa	LVN 340851	Reprimand with Stipulations	4/18/24
				Omowanile, Olutayo Victoria	LVN 352511	Warning with Stipulations	2/13/24
				Onyia, Louis Obinna	LVN 300362	Warning with Stipulations	2/13/24
				Osborne, Shadi	RN 898820	Revoked	3/19/24

DISCIPLINARY ACTION

- cont. from prev. pg.

Name	License Numbers	Discipline	Action Date	Name	License Numbers	Discipline	Action Date
Oscar, Diodquin	RN 1128714	Reprimand with Stipulations	2/13/24	Tontu, Christine Adama	LVN 335835	Warning with Stipulations	3/19/24
Palmer, William Earl	RN 836326 & LVN 304917	Enforced Suspension	3/18/24	Trujillo, Emanuel	RN 910754	Revoked	4/18/24
Partain, Kelly Brett	RN 743661	Warning with Stipulations	2/13/24	Tyler, Stephannie Marie	LVN 206230	Revoked	3/19/24
Pickett, Jennifer Joyce	AP117198 & RN 679725	Enforced Suspension	3/5/24	Vandenbroeke, Dawn Michelle	LVN 202357	Revoked	3/19/24
Poron, Matthew George	LVN 331178	Warning with Stipulations	2/13/24	Varghese, Sheethal Thomas	RN 880870	Remedial Education	4/30/24
Potter, Monique Danielle	PTP MO 2021022560	Warning with Stipulations	4/18/24	Vasquez, Gerardo	LVN 312613	Revoked	4/18/24
Purswell, Louis Paul	RN 742014	Voluntary Surrender	2/20/24	Vasquez, Kimberly Ann	LVN 314584	Warning with Stipulations	3/19/24
Pyram, Darling	PTP FL RN3333462	Probated Suspension	4/18/24	Velarde, Jennifer Hope	RN 723476 & LVN 194850	Reprimand with Stipulations	3/19/24
Ramirez, Irene C.	AP123596 & RN 729562	Warning with Stipulations and Fine	4/18/24	Villanueva, Maria Theresa	LVN 333254	Voluntary Surrender	4/4/24
Randolph, Douglas Ray	RN 820692	Warning with Stipulations and Fine	3/19/24	Villarreal, Linda Marie	LVN 322348	Voluntary Surrender	2/5/24
Rasco, Aaron Bryce	RN 817030 & LVN 207137	Reprimand with Stipulations	2/13/24	Walker, Kenneth Russell	RN 1062332	Revoked	3/19/24
Ray, Karina	PTP FL RN9444424	Remedial Education with Fine	4/10/24	Wallace, Karen Elizabeth	RN 830377	Enforced Suspension	2/13/24
Reed, Shirley Denise	RN 834482 & LVN 163717	Warning with Stipulations and Fine	4/18/24	Walls, Lauren Alicia	RN 866411 & LVN 312678	Warning with Stipulations and Fine	4/18/24
Resendez, Nicole Renee	RN 1070540	Reprimand with Stipulations	2/13/24	Webb, Amber Dawn	RN 698114	Limited License	4/11/24
Reyes, Alexus	RN 950655	Warning with Stipulations	3/19/24	Webster, Crystal Ann	RN 1019355	Revoked	3/19/24
Rochelle, Mikki Noel	RN 840340 & LVN 199515	Enforced Suspension	4/30/24	West Filipovic, Diana Lynn	RN 758486	Probated Suspension	4/18/24
Rodney, Vickie Davis	RN 629415	Reprimand with Stipulations and Fine	2/13/24	Westfall, Kathy Lynn	LVN 190257	Warning with Stipulations	3/19/24
Rodriguez, Eric Alberto	LVN 337355	Revoked	3/19/24	Wetzel, Connie Lee	LVN 328160	Warning with Stipulations	4/18/24
Runyon, Christy Phillips	LVN 228682	Warning with Stipulations	3/19/24	White, Courtney	LVN 350160	Remedial Education	3/5/24
Rupp-Jones, Ellen Corrine	RN 948791	Revoked	4/18/24	Wiemann, Mila Manigque	RN 867127	Warning with Stipulations	2/13/24
Safar, Kaylynn Marie	LVN 232751	Revoked	2/13/24	Wilcox, Norma Lee	LVN 213819	Enforced Suspension	2/5/24
Scavo, Heather Mae	LVN 321577	Reprimand with Stipulations and Fine	4/18/24	Williams, Annette	RN 542121	Reprimand with Stipulations	2/13/24
Schexnider, Kurt	RN 642113 & LVN 150996	Revoked	2/13/24	Williams (Galvan), Devon	LVN 333111	Probated Suspension	2/13/24
Scott, Latoya Jene	LVN 303982	Warning with Stipulations and Fine	2/13/24	Williams, Ray	LVN 209119	Reprimand with Stipulations	3/19/24
Sellers, Karoline	RN 958372	Remedial Education with Fine	2/15/24	Williams, Sherry D.	LVN 217354	Reprimand with Stipulations and Fine	2/13/24
Shaji, Grace	AP135943 & RN 933563	Remedial Education	4/9/24	Williamson, Kniesha Chavonne	LVN 336136	Enforced Suspension	4/10/24
Shealy, Zachary Andrew	RN 947621	Warning with Stipulations	2/13/24	Wilson, Cori	LVN 352336	Remedial Education, Deferred	2/23/24
Sherpa, Pasang	RN 985972	Warning with Stipulations	3/19/24	Winters, Staci	RN 1028165 & LVN 318138	Remedial Education with Fine	3/21/24
Simmons, Kimberly Kay	LVN 158737	Probated Suspension	2/13/24	Wise, Glen Dale	LVN 120775	Reprimand with Stipulations	3/19/24
Smith, Cameka Meshae	LVN 323018	Warning with Stipulations	3/19/24	Yearley-Perez, Marilyn May	LVN 194416	Remedial Education	4/8/24
Sosa, Rosalia	RN 986113 & LVN 338443	Warning with Stipulations	4/18/24	Young, Joeli Don	RN 675457	Warning with Stipulations	3/19/24
Suarez, Ruben Raymond	RN 541659 & LVN 88781	Warning with Stipulations	3/19/24	Zachariah, Gracy Annamma	RN 585204 & LVN 114657	Remedial Education with Fine	3/1/24
Sutton, Donald Dean	RN 949243	Reprimand with Stipulations	3/19/24				
Taylor, Kathleen Estella	RN 684468 & LVN 110597	Remedial Education	2/6/24				
Templeman, Richard Lee	AP132913 & RN 744321	Warning with Stipulations	2/13/24				
Thompson, Louella Ann	RN 761962	Voluntary Surrender	4/1/24				

Abbreviations in the Notice of Disciplinary Action Section

- PTP** Privilege to Practice in Texas associated with the indicated state and license.
- RX** Prescription Authorization

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Office Hours and Location

The office of the Texas Board of Nursing is located in the George H.W. Bush Building, located next to the Bob Bullock Museum in downtown Austin, across the street from the University of Texas. The mailing address is: 1801 Congress Avenue, Suite 10-200, Austin, Texas 78701. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except for designated holidays. If you need to reach the Board, please call (512) 305-7400 or send an email to: webmaster@bon.texas.gov

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Texas Board of Nursing Meeting Schedule

2024 Board Meeting Dates

July 18-19

October 24-25

2024 Eligibility and Disciplinary Committee Meeting Dates

August 13

September 10

November 12

December 10

For meeting times and locations, visit the Board of Nursing website.

* - The Board meeting scheduled for July 18-19, 2024, may be streamed online. Meeting access information will be posted at: www.bon.texas.gov

Board of Nursing Contact Information

MAIN NUMBER.....(512) 305-7400
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-- 24-hour Access
-- License Verification
-- General Information

ENFORCEMENT.....(512) 305-6838
-- Complaint and Disciplinary Action Inquiries
-- Violations of NPA and Rules and Regulations
-- Monitoring of Disciplined RNs and LVNs

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-- APRN Application and
Prescriptive Authority Procedures.....aprn@bon.texas.gov

NURSING EDUCATION.....(512) 305-6816

NURSING PRACTICE.....(512) 305-6802
-- Nursing Practice Issues
-- Legislation



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- * **Nurse License Verification**
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