

The Texas Board of Nursing Responds to Disaster

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In the aftermath of hurricanes in Texas in recent years, the Texas Board of Nursing (BON) has developed a history of working with multiple stakeholders to provide disaster relief nursing services. The BON, along with other stakeholders, has established several methodologies to expedite licensure verification. User feedback from the BON's processes is reviewed, as are lessons learned during Hurricane Harvey.

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Hurricane Harvey, a Category 4 hurricane, made landfall in Rockport, Texas, on August 26, 2017. This slow-moving storm led to massive flooding with an accumulation of more than 50 inches of water—a new record for rain totals from one storm in the continental United States (Morast, 2017). The Texas governor declared the area a disaster, which allowed for state funding to be used for response efforts, and predicted the recovery costs could total as much as \$180 billion (Office of the Governor, 2017; Tamborrino, 2017).

Texas experienced similar weather events during Hurricanes Katrina and Rita in 2005 and Hurricane Ike in 2008. The Texas Board of Nursing (BON) drew on these events and experiences to develop a temporary licensing process and regular communication with the Governor's Office, state governmental agencies, the state registry, placement agencies, and nurses.

Anticipating the need for disaster relief during Hurricane Harvey and in accordance with state law, the governor suspended Texas licensing statutes and rules a few days before Hurricane Harvey's landfall. This suspension allowed health care providers who were employed by a hospital and licensed in good standing in another state to practice in Texas to assist the state's disaster response operations. Hospitals were further directed to submit the name, provider type, state of license, and license number to the applicable licensing entity. The governor also approved several BON requests for specific exception from BON rules to facilitate interim approval for registered nurses (RNs), licensed vocational nurses (LVNs), and advanced practice registered nurses (APRNs). This article describes the Texas BON's efforts to provide relief services, particularly in dealing with licensing issues, as well as feedback from constituents regarding the BON's response.

Pathways for the Provision of Relief Services

During Harvey's landfall, Texas BON staff received hundreds of email and telephone inquiries from interested nurses not licensed in Texas offering to provide disaster relief for people in need. Staff resources were reallocated to respond to all of these inquiries.

There were two pathways for nurses to come to Texas and provide relief efforts:

- Nurses had to have an active multistate license in a Nurse Licensure Compact (NLC) participating state
- Nurses had to be licensed in good standing in another single-license state and employed by a hospital in that state.

The NLC is an agreement between states in which the state's BON administers a multistate license to qualified nurses. Those nurses are then free to work in states that are also part of the compact without having to acquire additional licenses for those states. During Hurricane Harvey, the NLC allowed nurses with multistate licenses to cross state lines to practice without any additional requirements. The benefits of using nurses from NLC states were clearly apparent during the BON's efforts to facilitate nurses' entry into Texas during disaster relief. These nurses, using their multistate license, could proceed directly to areas of need. Additionally, employers were assured these nurses had clear and current licenses. This process provided a cost-effective, streamlined method to easily place nurses.

Although using nurses from single-license states was beneficial in providing needed relief services, the process for entry into Texas was not as timely as entry for NLC licensees and required more involvement by the BON. For example, the governor's suspension of licensing statutes only applied to hospital-affiliated nurses. Nurses from single-license states who were not affiliated with a hospital were required to apply for a temporary license for temporary authorization to practice in Texas. In addition, nurses whose licenses had previous disciplinary action in another state

were required to apply for a temporary permit. This application allowed the BON to review the nurse's BON order and determine whether the nurse was eligible to practice in Texas. Nurses who were under a current disciplinary action were denied a temporary permit, which is congruent with the NLC.

Despite the fact there was a considerable response from nurses who wanted to provide relief services, most of them had no knowledge of the names or contact information for shelters or facilities needing their services. The Texas Hospital Association reported many impediments in using health care professional resources. Ultimately, many hospitals and health care facilities had to use nurse staffing agencies to coordinate and place nurses, adding to the costs associated with disaster relief services. Some of these facilities did so because they found it difficult to recruit nurses with specific specialty experience, such as neonatal intensive care.

APRN Challenges

Permits for APRN practice presented unique challenges. Although APRNs could provide care to hurricane victims, scope-of-practice restrictions exist in Texas that may not be in place in their home state. APRNs across the country are not part of the NLC, and therefore, they are not issued multistate licenses, regardless of what state they practice in. Moreover, Texas law requires physician delegation and collaboration, as well as specific authorization, to prescribe prescription drugs, including a limitation on APRN prescription of Schedule III, IV, and V controlled substances.

To address these issues, the Texas BON requested that the governor grant a special exception to law and rules for APRNs to avoid any delay in providing care to hurricane victims. Because of the situation's urgency, the governor granted relief from the state requirement that mandates that APRNs and physicians must have collaborative, written prescriptive authority agreements. Instead, APRNs and physicians were permitted to have verbal agreements or standing delegation orders in a facility. The Texas Medical Board received approval for exception to their rules for physicians, physician assistants, and APRNs that provided no limitations on the number of APRNs supervised by a physician and waived requirements for Texas Medical Board registration for APRNs under physician delegation and prescriptive authority agreements. The agencies worked closely together, which facilitated communication and timely decision making.

Importance of Nursys

Nursys, the national database for licensure and discipline information, played an important role in allowing the BON to readily verify licenses, any discipline information, and practice privileges for RNs and LPNs before granting a temporary license. The importance of Nursys for immediate licensure information between BONs to ensure public protection during disaster relief

nursing services cannot be overstated. Likewise, Licensure Quick Confirm, a component of Nursys for employers and recruiters, provided free, 24-hour, online access for immediate detailed licensure information, including NLC practice privileges and any disciplinary action. This process allowed facilities and staffing agencies to ensure nursing personnel from outside the state were in good standing with their respective state of licensure. Access to this information provided a cost-effective, timely process for clearing credentials for out-of-state health care professionals, a problem noted during Hurricane Harvey (Texas Hospital Association, 2018).

Development of an Information Technology Support System

Initially, permit generation processes for Hurricane Harvey applicants were not automated. Applicants were required to complete paper applications by hand and fax them to the Texas BON. To determine approval or denial of a permit, BON staff processed these applications by researching discipline history on Nursys. The initial influx of applications required BON staff to extend regular business hours in order to efficiently process and complete the applications.

Because of the time-consuming process and large volume of applications, the Texas BON's information technology staff developed a program to generate permits rapidly by leveraging the BON's document generation system to interact with the new auxiliary emergency permit licensing database. The permit generation process was created overnight in the first days after Harvey's landfall, saving BON staff a significant number of hours. When a new temporary permit was added to this database, a letter authorizing practice was generated and an email to the permit applicant was drafted. This supporting applicant database automatically checked against Nursys to verify the applicant's information (and lack of discipline history) and sent it on to the BON's licensing staff for approval.

Feedback From Constituents

A total of 1,578 permits were issued to nurses to provide disaster relief during Hurricane Harvey (49 to APRNs, 1,434 to RNs, and 95 to LVNs). The bulk of applications came within the first few days after Harvey made landfall. The automated process made it possible to email responses to applicants within 24 hours or less.

To ascertain the experiences, insights, and future needs of nurses and key organizations that contacted the BON about providing disaster relief nursing services, a survey was conducted. Fourteen of 23 organizations responded to an email requesting participation. Findings indicate the majority of the organizations (86%) believed there was a need for the Texas BON to issue a temporary license for nurses from single-license states to provide disaster relief services. Sixty percent used between one to 10 nurs-

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