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Note to MEC about Nursing Scope of Practice – Afternoon, October 27, 2015

Link to **Open Letter to the MEC at Baptist and Christus:** <http://www.jameslhollymd.com/Letters/an-open-letter-to-the-medical-executive-committees-of-baptist-southeast-texas-hospital-and-christus-st-elizabeth-hospital#9>. The below is taken directly from the above link. The below also includes the link to the letter from the Attorney of the Texas Board of Nursing in the first paragraph below which is quoted verbatim. And, the below includes information from other official documents of the Board.

Letter from General Counsel of the Texas Board of Nursing - May 6, 2013

The Texas Board of Nursing and the Texas Nursing Association do not and will not provide an advisory directory as to whether or not a certain practice is within the Scope of Practice of RNs in Texas. (reference <http://www.jameslhollymd.com/Letters/pdfs/Texas-Board-of-Nursing.pdf>)
From this letter the following is taken directly:

“The Nurses Practice Act’s description of an RN’s scope of practice, and the **Six-Step Decision-Making Model for Determining Nursing Scope** of practice should provide...a good understanding of the Board of Nursing’s position on an RN’s scope of practice....The NPA and The Board of *Nursing Rules and Regulations are written broadly so that every nurse may be able to apply tem to his or her own practice setting. The Board of Nursing does not have a list of tasks that a nurse can or cannot perform, because each nurse has a different practice setting, background, knowledge base, and level of competence. Nurses must use his or her best judgment when deciding how to verify physician orders; whether they should administer a medication or perform other tasks.*” (emphasis added)

The following is the Texas NPA’s description of the RN’s Scope of Practice:

The **Texas Nursing Practice Act** (TNPA) and the official, board-endorsed **Position Statements** which expand the description of the RN Scope of Practice, leaves many questions not addressed clearly. The position statements on RNs carrying out order from CFNPs and PAs are helpful. It would be very helpful if the Board spoke officially on hospital staff nurses ability to receive orders from a hospital-credentialed RN who is employed by a physician when that order originates with a physician who is on he staff of the hospital. No one is asking for RNs to diagnose medical problems or to prescribe therapeutic or corrective measures. Nothing being done by the RNs employed by SETMA violates these rules.

“The professional registered nurse is an advocate for the patient and the patient’s family, and promotes safety by practicing within the NPA and the BON Rules and Regulations. The RN provides nursing services that require substantial specialized judgment and skill. The planning and delivery of professional nursing care is based on knowledge and application of the principles of biological, physical and social science as acquired by a completed course of study in an approved school of professional nursing. Unless licensed as an advanced practice registered nurse, **the RN scope of practice does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.** RNs utilize the nursing process to establish the plan of care in which nursing services are delivered to patients. The level and impact of the nursing process differs between the RN and LVN as well as between the different levels of RN education.” (emphasis added)

The Six-Step Decision-Making Model for Determining Nursing Scope of Practice does not indicate that SETMA’s deployment of RNs on our hospital team violates any element of the TNA.

- The verbal transition of an order from a physician via an RN to a hospital-staff RN does not represent an “act of medical diagnosis or a prescription of therapeutic or corrective measure” by an RN.
- Because we are now working in an environment at SETMA where the continuum of care patient record is available at ALL points of care, the RN’s placement of the diagnoses and plan of care and orders into a formal electronic document based on documentation by a SETMA or an ER physician’s assessment and instructions, does not represent the “medical diagnosis or prescription of therapeutic or corrective measures.”
- And, because the Hospital Care Summary and the Post Hospital Plan of Care and Treatment Plan (previously called the “Discharge Summary”) is a product of the hospital record and of verbal and electronic huddles between the RN and the treating physician, this does not represent “medical diagnosis or prescription of therapeutic or correction measures” by the RN.

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