

February 1, 20XX

Enforcement Department  
Texas Board of Nursing  
333 Guadalupe Street, Ste 3-460  
Austin, TX 78701

Re: IS, RN

Dear M,

I am writing this response on behalf of IS, RN who received a letter from the Texas Board of Nursing dated July 14, 20XX. Ms. S takes this allegation very seriously. She has been a nurse for more than xx years, and has always valued her nursing career, puts her patients' needs first and sincerely attempts to comply each day with the mandates of the Texas Nursing Practice Act. She has never been terminated, asked to resign, or had any allegations made about her clinical practice or her integrity. We have attached here I's current resume and several character letters attesting to I's integrity and professionalism.

I has reviewed the records sent to us from the Texas Board of Nursing very carefully and has drafted a narrative in her own words included here tried to give some background information about her and ABC and has tried to explain the environment at that hospital. I include her statements below:

*To The Texas Board of Nursing,*

*I was shocked to receive the letter of investigation and list of allegations from the Texas Board of Nursing last year.*

*I will try to answer each allegation as best I can at this point:*

*Allegation #1-3*

*I was employed at ABC Behavioral from October 2009 to September 3, 2012. I was first employed PRN every other weekend. In March 2011, I went full time as an admissions nurse relieving on the floor when necessary, which was all the time.*

*In December of 2011 I was asked to become interim Director of Nursing. Due to a sudden increase in patient load and shortage of nurses, I frequently assisted the nurses on the floor with medication administration. Untimely medication administration was the most*

*frequent complaint of the patients. Patients would loudly verbalize displeasure at receiving medications late and often complain about the long periods of time it would take to receive pain medications after requesting.*

*Frequently I pulled pain medications for the patients when they appeared at the glass partition demanding medications. Signing off MAR could have been overlooked, and I take responsibility for that if it occurred and I was the nurse who pulled the medication. However, I do not see where that is shown on the records that we have from the Board of Nursing.*

*The Pixel machine at ABC shows who pulled what medication and at what time it was pulled, as well as for whom. The records we have to review have everything blacked out except my name. It is therefore impossible to determine who the patient was, or where I would look for my signature. This set of records gives no information.*

*If I did not sign at the time, it could have easily been brought to my attention and the problem rectified. Many times I may help a nurse by pulling a medication from the pyxis, but she would administer the medication. Often I would be running between the floor, the admissions office, and my office where I would have to speak with insurance representatives regarding admission.*

*Allegation # 4*

*Every medication order changed and/or written was co-signed by Dr. DA. Whenever I would request a change in medication, he responded with "yea", what ever you want". Dr. A, I believe will verify that I asked him for orders regularly and he gave them to me. His phone # is xxx-xxx-xxxx. This is a psychiatric hospital that has a very relaxed policy when it comes to their one doctor. He frequently gave verbal orders and asked the nurses to write them. The nurses were constantly after him to co-sign orders. If I ever took an order from Dr A, I would always get it co-signed. I believe that every instance in these records where I took a verbal order, it is co-signed by Dr. A.*

*Allegation #5 and #6*

*I do not know of any instance where I did not properly waste medication. More specific information is needed if I am able to answer to a specific time that this was the case. If an error was made or discrepancy was found, I notified the pharmacy tech, XX. She and I were working on numerous discrepancies and errors that were made by the nurses. These events were occurring before I became DON, and they continued after I became DON. I constantly tried to correct the staff*

and give in-services on medication, documentation and the correct procedure. I always tried to remind the staff about the importance of following the policy regarding narcotics counts and documentation, the following is a team e mail I sent on May 17, 2012 to the staff:

There are too many medication discrepancies. Take the time and count the narcotics correctly. XX has implemented a new system, using labeled and numbered boxes in hopes that this will help decrease the discrepancies. This is not to be taken lightly. Narcotics have been found under the Pixel. Fortunately none have been unaccounted for. While on the subject, there have been quite a few medication errors. If unsure of a medication, check the order. The charge nurse should be doing this anyways. Anyone can make an error and double-checking can help reduce this. If there is something simple, go to the person and let them know.

It has been noted that 1-2 pills is still being written on the same line. They have to be separated as two different orders. While on the subject, PRN & Scheduled meds cannot be written on the same sheet. The different sheets are available, use them.

There were a couple of new nurses repeatedly making errors. Had I made an error, I certainly would take responsibility, and I feel confident that XX would have brought it to my attention for clarification and correction.

#### Allegation #7

Violence & threatening behavior in the work place is an out and out lie. Not miscommunication, but a lie. I can forward to you list of names of the staff along with phone numbers. I see these accusations as retaliatory and a blatant act of vengeance. The work place environment was/is very hostile to the nursing staff. I was told upon dismissal that I defended the nurses to much and some one had to take the blame for what they did. The reason given to the Texas Work Force Commission was I didn't complete an assignment.

While at ABC, it was the most challenging position I've held. The challenge was directly related to my inability to oversee and act upon problems in the nursing department as needed. There was a dangerous staff shortage of RN's, and constant interference from the non-board certified social worker, GC. G argued with the nurses constantly, giving them orders & directives. It had gotten to the point where she was giving them "verbal orders" for medications from Dr. A. I of course instructed the nurses not to take orders from her or any other non physician and discussed this problem with the CEO & RS on more than one occasion. I also personally asked Dr. A not to give orders to G to communicate to the nurses.

While working as DON, I also continued to work as Admissions nurse and in a Utilization Review role, I filtered all potential

admissions calls and worked on the floor passing medications due to the severe nursing shortage. I was always covered for lunch relief for nursing staff and was responsible for training new nurses and CNA's.

I usually worked 6-7 days a week and was on call 24/7. The day I was fired I had worked 16 days with one day off. For many reasons, I had been considering resigning at ABC, but somehow I hoped that I could change things, or make a difference.

While at ABC, there were quite a few unethical practices occurring, mainly having to do with patient admissions as well as involuntary & voluntary status of patients. For example, an involuntary patient was asked to sign in prior to court date if even there were no change in mental status because Dr. A did not want to appear in court.

Since I left ABC, all of the nurses with the exception of two have left. ABC has a history of falsely accusing staff of improprieties: The things listed here I know of from personal experience and knowledge:

KL quit on the spot after being pressured to write a report of an alleged sexual assault by another employee that never occurred;

PL quit after being accused of stealing narcotics;

Dr. AF was removed from staff because the CEO did not like his method of prescribing pain medication. The CEO called him Dr. Kevorkian behind his back although in ear shot of others;

G, the social worker, destroyed legal medical documents because she did not like the way the nurses wrote the treatment plan. She threw it into my trash box. I removed it and gave it to the CEO.

PH, the maintenance man, loudly curses at the nurses in front of others and patients. He works as the Administrator on call after hours. I could never understand how he could assess whether a patient met criteria for admission. He has also been heard giving patients medical/nursing advice.

PH and the CEO, frequently use profanity which causes the the atmosphere to be volatile and tense. The work environment was very hostile. I heard frequently from the nurses that I was "the only one who stood up for them". Interestingly, this is the reason I was given for termination. The CEO told me that I "defended the nurses too much."

*Thank you for listening to me,*

IS

As I stated in an e-mail to you on February 2, 20XX, it is impossible to figure out which allegations go with which records. The allegations are vague and each one refers to the time period Jan 2012 through September 2012, (when in fact IS was fired on September 3, 2012). The allegations refer to “failure to document, failure to administer, excess frequency, wrote verbal orders without a MD order, failure to waste and misappropriation of medications” and all of these allegations allege “including but not limited to Narco”. There are 10 records sent for 6 allegations, are we to decipher which allegations match which records, or is the allegation that all these accusations apply to all records? The pull records from the medication system only show that IS occasionally pulled medications, but there is no documentation regarding which patient, the result is that it is impossible to figure out what was pulled for whom and to check it against any patient record.

As near as we can determine, starting from the fact that IS absolutely positively denies misappropriation or misusing, failing to administer, giving a dose in excess of what was ordered, or in any way dispensing medication in violation of the Texas Nursing Practice Act, there is no evidence of any of these allegations in any record. All verbal orders documenting IS taking and transcribing an order are co-signed by Dr A. After her review of the records IS did not see any MAR missing her initials or signature when it should have had her initials or signature.

As for the threatening or violent behavior, that is also not true. Both the maintenance man, who sometimes filled in as Administrator on Call, and the CEO used foul language on a daily basis. IS does not use foul language in her daily life, or at work, it is not her personality or her habit to do so. We have letters attached from persons who will attest to I’s demeanor and interaction with her peers.

A huge question I continue to have is that if there was a misappropriation or improper wastage allegation regarding a controlled drug other than Narco, why isn't there more specificity as to the drug, the time, the date, the patient; certainly the administration at ABC knows which narcotics are missing, misappropriated, improperly wasted, etc? The sad but simple answer is that they do not know, but they have accused IS to cover all mis-ordering, errors in documentation, verbal orders given by a social worker to nursing, and a general policy of not following policy.

In the course of my investigation, I have been speaking with former employees at ABC who all attest to the total confusion and toxic work environment there. IS was attempting to do good work and to help her nurses cope with a very hostile environment in terms of the administration bullying staff, some more stridently than others. These allegations seem to be a maliciously gathered bucket full of allegations aimed at IS when policy and procedure often was not followed by anyone in terms of admissions, documentation and wastage.

IS mentioned to administration that the admissions policy was really non existent, in that anyone with insurance would be admitted for any type of behavioral problem. She did not think that this was correct and told the CEO this. For example, there would be an admission of any patient from any nursing home for any small problem, diagnosing it as a psychiatric problem requiring admission. It has been reported to me by more than one person that any nursing home could send a demented patient or person with Alzheimer's Disease to this hospital who had thrown a fork, or refused to get dressed, or showed agitation and they would be admitted under the guise of a behavioral problem requiring a psychiatric admission, be it psychosis, depression, agitation. Of course, this criticism by IS was not taken well by the Administration.

We are hopeful that the Board will dismiss this case, as there is no evidence whatsoever that supports any of the allegations that IS failed to administer medications, misappropriated any medications, negligently documented or wasted medications, handled MD orders inappropriately, or that she ever engaged in threatening or violent behavior while she was employed at ABC Hospital.

We look forward to hearing from you about the resolution of this issue, and both IS and I thank the Board for their time reviewing this allegation and for their role in protecting the citizens of Texas from unsafe nursing practice.

Respectfully,

cc IS, RN