

# CALIFORNIA BOARD OF REGISTERED NURSING SUNSET REVIEW REPORT 2014

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A Report to the Senate Business, Professions  
and Economic Development Committee and  
the Assembly Business, Professions and  
Consumer Protection Committee



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Board of Registered Nursing  
1747 N. Market Blvd., Suite 150  
Sacramento, CA 95834-1924  
(916) 322-3350

# Forward

The Senate Business, Professions and Economic Development Committee and the Assembly Business, Professions and Consumer Protection Committee provided the Board a sunset review survey document that contained 13 subject categories, or sections, of questions. This document is provided in **Section 12, Attachment E**.

This report is written in narrative form, so the specific questions from the sunset review survey document are not included in the text. The information is organized within each of the 13 sections by headings that most often correspond to the specific information requested in each section, although some additional information and details may be included to provide more description of the subject matter.

Section 12 of the report contains the requested attachments and supplementary attachments are also included as noted throughout the report. **Section 12, Attachment J** contains a list of acronyms and terms used throughout the report.

The implementation of the new BreEZe computer system at the Board in October 2013 resulted in difficulties in obtaining data for FY 2013/14 for this report. The data provided for FY 2013/14 was, in many instances, unable to be provided by existing reports available in the BreEZe system but special reports had to be requested from Department of Consumer Affairs Office of Information Services staff. In some instances, data has been obtained from other sources including other reports, manual counts or spreadsheets kept by staff, or estimates based on historical data. In many instances, the data provided is a “best estimate” of the true data. As a result, the FY 2013/14 data should be viewed with caution, especially when attempting to compare it to data from previous years. The data presented in this report for FY 2013/14 may change in the future when more reliable sources of capturing data in the BreEZe system can be determined.

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## **Executive Summary**

It has been four years since the Board of Registered Nursing's (BRN) previous sunset report in 2010. The BRN continues its commitment of public protection by maintaining a competent Registered Nurse (RN) workforce in California through its Licensing, Enforcement, Licensee and Administrative Services, and Nursing Education Programs. Since the previous sunset report, the BRN has undergone an internal reorganization, a relocation, BRN website and other technological and computer system changes. It has updated its strategic plan, completed regulation changes and, per year, tracked approximately 30 to 35 legislative bills related to nursing. Major challenges the Board has faced included the Board sunset in 2012 and the implementation in October 2013 of the Department of Consumer Affairs' (DCA) new computer system called BreEZe.

### ***Board History and Functions***

Regulation of RNs through the BRN began in 1905. As a consumer protection agency, the BRN's responsibilities, functions, and duties are foremost to meet the mandate of consumer protection for California by ensuring the highest quality licensed RNs in the state of California. In addition to issuing licenses to RNs, the BRN issues specialty certificates to advanced practice registered nurses (APRNs) which include Nurse-Midwives (NMs), Nurse Practitioners (NPs), Nurse Anesthetists (NAs), and Clinical Nurse Specialists (CNSs). The BRN also issues certificates to Public Health Nurses (PHNs) and maintains a statutorily mandated list of Psychiatric/Mental Health Nurses.

In addition to its licensing and certification functions, the BRN also regulates and approves California educational prelicensure RN programs, NM programs, and NP programs. Other statutorily authorized programs that further enhance consumer protection are the Continuing Education (CE) Program and the Diversion Program. To support the CE program, the BRN also approves RN Continuing Education Providers (CEPs). The Diversion Program assists RNs whose practice is impaired due to substance use disorder or mental illness. It protects the public by providing immediate intervention in the practice of the impaired RN and provides a comprehensive program of evaluation, treatment, close monitoring, support, and recovery.

A nine-member Board establishes policies for the BRN's legislatively mandated and regulatory programs and activities, which are then implemented by the BRN staff. The Board members work through a structure of five standing committees that conduct public meetings and make recommendations to the full Board. While the Board as a whole generally meets at least five times throughout the year to address work completed by various committees and to hear discipline cases, at this time the number of meetings has been increased to ten times per year in order to address the backlog in RN disciplinary cases.

### ***Fiscal and Staffing Issues***

In Fiscal Year (FY) 2010/11, the BRN implemented its first fee increase in 19 years. While the BRN always attempts to spend conservatively and maintain a prudent reserve, with the need for additional staff and enforcement expenditures, reserves are anticipated to shrink significantly by FY 2016/17. The goal of the BRN is to maintain a two to four month reserve and the reserve is projected to decline to less than one month in FY 2015/16. As a result, the BRN is considering a fee increase in FY 2015/16.

In order to meet its mandated functions, the BRN must have adequate staff and resources while also keeping in mind California's fiscal situation. Thus, the BRN only requests Budget Change Proposals (BCPs) when absolutely necessary. Over the past four years, the BRN has submitted BCPs for necessary staffing and enforcement Attorney General's (AG's) and Office of Administrative Hearing (OAH) augmentations. Except for enforcement positions and augmentations, all other BCPs have been denied which has led to critical tasks, such as random RN CE audits, being left undone as staff resources are not available.

### ***Licensing Program***

The BRN Licensing Program continues its primary objective to ensure consumer protection by maintaining stringent standards to ensure only individuals who possess the knowledge and qualifications necessary to competently and safely practice as licensed RNs and in specialty categories for which they are certified. While the implementation of the BreEZe computer system has affected all of the BRN Programs, the Licensing Program has been severely impacted with significant processing delays due to the addition of multiple keystrokes and steps necessary for basic functions, computer interface issues between BreEZe and the examination vendor, and data capturing limitations.

The BRN always strives to have high customer service standards. Unfortunately, during the height of the busiest time period (April through June) customer service suffered in all areas. The BRN has taken many steps to improve customer service and to shorten processing timeframes. Many recommendations in this report are related to addressing these issues and enhancing various areas in the Licensing and Education Programs as well as APRN practice.

### ***Enforcement Division***

The BRN places high priority on protecting the public through an effective Enforcement Division that includes multiple units responsible for receiving complaints, performing investigations, overseeing discipline cases, and monitoring RNs on probation. The BRN is continuing to strive to meet the Consumer Protection Enforcement Initiative (CPEI) to improve discipline case processing completion timeframes to an average of 12 to 18 months. While the BRN has not yet met the average processing timeframe goal, there has been improvement. Currently the BRN is completing cases, on average, in approximately 22 months as compared to 36 or more months in 2010. Specific efforts that have been implemented over the past five years to improve enforcement performance and outcomes include: the addition of staff; procedural changes and streamlining of internal processes; cross training and staff development; and increased outreach to stakeholders. The BRN has continued to increase its use and efforts to ensure compliance for the Cite and Fine and Cost Recovery Programs. This has significantly increased the amount of money ordered and collected by the BRN.

### ***Diversion Program***

The BRN Diversion Program continues to protect the health and welfare of the public by providing immediate intervention in the practice of RNs impaired by substance use and abuse disorders or mental illness. Since 1985, there has been 1,893 RNs who have successfully completed the Diversion Program with a relapse rate of approximately 8.8% in FY 2013/14. The success of the Diversion Program is due to several factors that include: early and immediate intervention; strict eligibility criteria; prohibiting the RN from resuming practice until deemed safe; individualized rehabilitation plans; close monitoring; work site monitor required when returning to work; involvement in nurse support groups; and stringent criteria for determining successful completion.

### ***Consumer Information and Outreach***

Providing information to the public is a priority, and the BRN uses a variety of methods to provide consumer outreach and education. Every effort is made to have the website at [www.rn.ca.gov](http://www.rn.ca.gov) be as current, helpful, efficient, and user friendly as possible. In addition, the BRN publishes an official online newsletter called the *BRN Report*; Board meetings are webcast; a table is set-up at Board meetings providing information and literature on the BRN programs and practice information; staff regularly make presentations; and Board members and staff participate in workgroups with consumers, RNs, student nurses, governmental agencies, and professional organizations. The BRN continues to conduct research and complete major studies and publications that are presented and discussed at Board meetings and included on the BRN website.



### ***RN Workforce***

The downturn in the California economy in 2008 has impacted RNs as it has many professions. New RNs began having difficulty finding employment in California for the first time in many years as experienced RNs were delaying retirement. Some recent research suggests that, given the large number of baby-boomer generation RNs currently in the workforce, the size of the RN workforce is particularly sensitive to changes in the retirement age. In 1969-1990, for a given number of RNs working at age 50, 47% were still working at age 62 and 9 percent were working at age 69. In contrast, in 1991 to 2012 the proportions were 74% at age 62 and 24% at age 69. However, it is inevitable that retirements will occur, and it is imperative that California is prepared with well-educated RNs ready to work, thus the BRN continues to work and support the education of RNs at the current level.

### ***New Issues and Recommendations for the Future***

While the BRN is proud of its accomplishments and continues to work on the challenges, it looks to the future and considers ways to improve and enhance its commitment to public protection. The BRN provides detailed information and recommendations in Section 11 of this report. Following are the recommendations themselves as presented in Section 11:

#### **Licensing Program Enhancements**

##### ***Recommendation:***

The BRN recommends that, at a minimum: the statutory limit for the RN renewal fee and examination and endorsement application fees be increased; statutory authority be provided to the BRN to charge a NP renewal fee; and statutory authority be provided to the BRN to charge a higher fee for international applicants' education evaluation. Additional revenue will then be available to fund needed Licensing Program and support positions necessary, in part, due to the increase in workload from the increasing RN population and the additional workload from the BreEZe computer system.

##### ***Recommendation:***

BRN completes a regulation amendment requiring applicants educated internationally to submit proof of their ability to practice as an RN in their country of education, and issuance of a California RN license may be put on hold without the submission of this documentation.

#### **Nursing Practice and Education Enhancements**

##### ***Recommendation:***

Nursing Education Consultant (NEC) and Supervising Nursing Education Consultant (SNEC) salaries be increased to be equivalent with other equivalent positions in state service. The salary needs to be competitive to ensure the BRN can attract and hire qualified NEC applicants to complete the mandated tasks and oversee the education and licensing of competent and safe RNs in California.

##### ***Recommendation:***

The Nursing Practice Act (NPA) language be changed from "furnishing" to "prescriptive authority" to avoid confusion and delays, and be consistent with language nationwide.

***Recommendation:***

The BRN continues to support the education and preparation of RNs in order to help ensure an adequate number of properly educated RNs for the future workforce in California. This is accomplished through:

- Continuing to participate in workgroups and committees related to RN education.
- Continue to support legislation that encourages RN education funding.
- Continue RN research surveys, reports, and analyses to assist employers, educators, policy-makers, and the public when making health care-related decisions.
- Continue to provide current education and career information and resources on the BRN website.

***Recommendation:***

The BRN continues to support the Institute of Medicine (IOM) recommendations and collaborative education programs that facilitate smooth transition to higher education and decreasing unnecessary repetition of coursework by continuing to participate in workgroups and committees that encourage and provide ideas to further such programs.

**APRN Enhancements*****Recommendation:***

The BRN to consider supporting actions to amend the NPA to remove the physician supervision requirement for NPs and NMs.

**Enforcement Division Enhancements*****Recommendation:***

Amend Penal Code Section 830.11 to include the BRN and grant the BRN special investigators limited peace officer status as a public officer and the authority to conduct effective law enforcement activities and complete investigations in an effective and efficient manner without adding a salary increase or expanded retirement pension benefits to these positions

**Overall Program Enhancements*****Recommendations:***

- BRN receive approval for additional staff as described in the first issue presented in this section.
- BRN continue work with DCA to improve the BreEZe functionality.
- BRN continue to work with DCA on accurate data capturing and report features so correct and consistent data may be obtained more easily and expeditiously.
- BRN continue to work with DCA to fix issues with current applications and ensure they are functioning properly and consistently before adding additional features or adding more to the system.

The BRN looks forward to working with the Legislature to continue to expand public protection through improved programs and performance at the BRN.



# Section 1

## Background and Description of the Board and Regulated Professions

- History and Functions of the Board
- Board Composition
- Board Committees and Their Functions
- Board Committee Meetings/Quorum Issues
- Major Changes Since the Last Sunset Review
- Challenges
- Legislation Sponsored by or Affecting the Board
- Regulation Changes Approved by the Board
- Major Studies Conducted by the Board
- Major Publications Completed by the Board
- National and Other Association Memberships and Participation

### Related Attachments

- Attachment A – Board’s Administrative Manual
- Attachment B – Relationship of Committees to the Board and Membership of Each Committee
- Attachment C – Major Studies and Publications
- Attachment F – Board Member Attendance
- Attachment G – 2014-2017 Board of Registered Nursing Strategic Plan

## History and Functions of the Board

### History

Regulation of registered nurses first began in 1905. The Board of Registered Nursing (BRN) was established to protect the public by regulating the practice of registered nurses. In 1939, the Nursing Practice Act (NPA) was established describing the practice of nursing and although the title “registered nurse” (RN) has continued, regulation has moved from registration to the licensure level with a defined scope of practice. The BRN is responsible for implementation and enforcement of the NPA, which include the laws and regulations related to nursing education, licensure, practice, and discipline.

Legislation in 1974 added the certification of RNs in specialty practice areas as a BRN function. The legislation was enacted to provide title protection, standardize the educational requirements, and define the scope of practice for certain specialty RN categories. In 1975, significant modifications to the NPA were enacted. Business and Professions (B&P) Code Section 2725, which defines the scope of RN practice, was amended for the first time since 1939. The amendment provided a more current description of RN practice and allowed for expansion of practice that reflects health care technology and scientific knowledge advancements. The legislative intent in amending the Section was to:

- Provide clear legal authority for functions and procedures that had common acceptance and usage as nursing functions.
- Recognize the existence of overlapping functions between physicians and RNs.
- Permit additional sharing of functions within organized health care systems.

Board member composition was first established in 1977. It included three public members, three direct care RNs, one educator, one RN administrator and one physician. A restructure in 2006 changed the physician member to be another public member. This Board composition remains the same today. However, in 2012 initial appointment lengths of Board members appointed by the Governor were changed from all being four years to staggered one, two, three, four, and five year terms.

In 1988, Senate Bill (SB) 1267 established the Registered Nurse Education Program within the Health Professions Education Foundation housed at the Office of Statewide Health Planning and Development (OSHPD) to increase the number of RNs in underserved areas of California. Education scholarship and loan repayment programs are available to eligible applicants in exchange for completing a two to four year service obligation in direct patient care in a medically underserved area of California. The program is funded, in part, through a current \$10 surcharge on RN license renewal fees.

In 1990, California became the first state in the nation to require fingerprints for RN applicants. When fingerprinting began, manually processed fingerprint cards were required from applicants. In 2000, the BRN implemented Live-Scan procedures for applicants located in California which significantly expedited the fingerprinting process timeframes. In October 2008, emergency regulations were enacted requiring fingerprinting of all licensed RNs who were not previously fingerprinted by the BRN. The vast majority of RNs are safe and competent practitioners. However, obtaining fingerprints allows the BRN to review any prior convictions a nurse may have and also provides for notification to the BRN of any subsequent arrests.

In 1994, the BRN implemented a cost recovery program which requires disciplined nurses to reimburse the BRN for some expenses incurred in processing their case. In 1996, the BRN implemented a Citation and Fine program to address minor/technical violations of the NPA in lieu of the traditional disciplinary process.

In order to more effectively implement its mission of public protection, the BRN has always actively participated in the national discipline databases. In 2000, the BRN began participating in the National Council of State Boards of Nursing (NCSBN) newly initiated computer system to enhance the exchange of discipline information among boards of nursing. In 2011, the BRN became a member of the NCSBN NURSIS system that exchanges licensure verification and discipline information among boards of nursing. NCSBN is an independent not-for-profit organization that brings together boards of nursing to act and counsel together on matters of common interest.

### **Functions**

As a consumer protection agency, the BRN is comprised of programs whose responsibility, functions, and duties are foremost to meet the mandate of consumer protection for California. The BRN is structured with four main program areas: Licensee and Administrative Services; Licensing; Enforcement; and, Nursing Education. The program areas work together to carry out the Board's mission to protect and advocate for the health and safety of the public by ensuring the highest quality licensed RNs in the state of California.

**Licensee and Administrative Services** – This program area includes licensee and public support services, including the Information/Call Center, that assist incoming callers and the people who visit the public counter, and those who handle outgoing mail and distribution of incoming mail, the Cashiering Unit that processes all of the incoming monies, the Renewals Unit that processes all licensees renewals and maintenance such as updating records for name/address changes. Support services also include the administrative functions that support the BRN including personnel, budgets, information technology, and legislative and regulatory issues.

**Licensing Program** – Ensures that only qualified applicants, pursuant to the Board's laws and regulations, receive a license to practice. It includes evaluators and support for the review of both U.S. and international applications and advanced practice applications. Staff communicate with the BRN approved RN programs, other schools outside of California and internationally, and other boards of nursing. Support for interface with the examination services vendors including NCSBN, the examination provider, and Pearson VUE who handles the examination administration is also necessary.

**Enforcement Division** – The Enforcement Division includes five units: Complaint Intake, Investigations, Discipline, Probation Monitoring, and Diversion. When a complaint is received, it is reviewed by the Complaint Intake Unit. If it appears a violation may have occurred, the complaint is transferred to the BRN's Investigation Unit, which then determines if it should be investigated by internal, non-sworn special investigators in the BRN Investigation Unit or by Division of Investigation (DOI) sworn peace officers. The BRN investigators are internally trained specifically for investigating RN cases. Complaints are investigated and, if warranted, referred for disciplinary action. Also when necessary, the BRN recruits and works with qualified RNs serving as Expert Witnesses to review case materials, prepare written opinions, and testify at administrative hearings as needed. The Discipline Unit processes all disciplinary documents and monitors the cases while they are at the Attorney General's (AG's) Office. If an RN is placed on probation, the BRN's Probation Monitors ensure the individual is complying with the terms and conditions of probation. The BRN Diversion Program is a voluntary and confidential program offered to RNs with a substance use disorder and/or mental health disorder. The Program monitors and supports RNs in recovery.

**Nursing Education** – The BRN has Nursing Education Consultants (NECs) on staff who work with proposed new schools and monitor already approved nursing programs. Advanced Practice Nurse Practitioner and Nurse-Midwifery programs may also seek program approval from the BRN. The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The NECs support nursing programs as well as consult and assist other units at

the BRN in areas such as international RN applicant evaluations, advanced practice applications, work site approvals for RNs on probation, continuing education, regulations, and legislation.

### **Board Jurisdiction**

The BRN is responsible for regulating the practice of RNs in California. Currently the BRN believes there are between 414,000 to 420,000 licensed RNs in California (due to the reporting limitations of the current BreEZe system, the BRN is unable to obtain the exact number), with over 20,000 new RN licenses issued and almost 200,000 licenses renewed annually. The BRN also regulates interim permittees, i.e., applicants who are pending licensure by examination, and temporary licensees, i.e., out-of-state applicants who are pending licensure by endorsement. The interim permit (IP) allows the applicant to practice under the supervision of an RN while awaiting examination results. Similarly, the temporary license (TL) enables the applicant to practice registered nursing pending a final decision on the licensure application.

In addition to issuing licenses to RNs, the BRN issues certificates to advanced practice registered nurses (APRNs). The BRN has title and practice authority for all licenses and certifications issued. The year following the listing indicates when the BRN was granted legislative authority to regulate that practice.

- Nurse-Midwives (1974); Nurse-Midwife Furnishing\* Numbers (1991)
- Nurse Practitioners (1977); Nurse Practitioner Furnishing\* Numbers (1986)
- Nurse Anesthetists (1983)
- Clinical Nurse Specialists (1997)

*\*Furnishing or ordering of drugs or devices is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures (excerpt from B&P Code Section 2836.2).*

Certificates are also issued to the following specialty RN category:

- Public Health Nurses (1992); and
- The statutorily mandated list of Psychiatric/Mental Health Nurses (1984)

In addition to its licensing and certification functions, the BRN also regulates and approves the following entities:

- California Prelicensure Registered Nursing Programs
- Nurse-Midwifery Programs
- Nurse Practitioner Programs
- Registered Nursing Continuing Education Providers

Other statutorily authorized programs that further enhance consumer protection have been enacted by the BRN and include the BRN's Continuing Education Program which was established to implement the 1976 statute mandating continuing education (CE) for renewal of RN licenses. Mandatory CE is the primary method used by the BRN as an indicator of on-going competence for RNs with active licenses. Since 1978, the BRN has required RNs to complete a total of 30 contact hours of continuing education biennially to renew their licenses in the active status.

The BRN's Diversion Program, established in 1985, is a voluntary alternative to traditional discipline for RNs whose practice might be impaired due to substance use disorder or mental illness. It is another tool to assist the Board in intervening into the practice of those RNs whose substance use or abuse disorder has not risen to the threshold of actual harm to the public. It protects the public by providing immediate intervention in the

practice of the impaired RN and provides a comprehensive program of evaluation, treatment, close monitoring, support, and recovery.

### **Board Composition**

Registered nursing is an integral component of the health care delivery system. The Board establishes policies for its legislatively mandated and regulatory programs and activities, which are then implemented by the BRN staff. The BRN affects public policy by collaborating and interacting with legislators, consumers, health care providers, health care insurers, professional organizations, and other state agencies. The Board takes a proactive role in structuring health care and evaluating nursing trends in order to make sound policy decisions. The Board Member Administrative Manual (Orientation Packet) is included in **Section 12, Attachment A**.

Pursuant to Section 2702 of the B&P Code, the Board is composed of nine members. The current Board composition includes four public members, two RNs in direct patient care practice, an APRN, an RN educator, and an RN administrator. Seven of the members are appointed by the Governor, one by the Senate President Pro Tempore, and one by the Assembly Speaker. The Board as a whole generally meets at least five times throughout the year to address work completed by various committees and hear discipline cases. At this time the number of meetings has been increased to ten times per year in order to address the backlog in RN disciplinary cases. To accomplish this, a day has been added at the time of the Board Committee meetings to work solely on RN disciplinary matters. This is in addition to the traditional two-day Board meetings in which one day is RN disciplinary cases and the other is dealing with BRN administrative issues. A listing of current Board members is provided in the following table and **Section 12, Attachment F** includes Table 1a showing Board Member attendance at Board and Committee meetings.

**Table 1b. Board/Committee Member Roster**

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Imelda Ceja-Butkiewicz	2/6/14	N/A	6/1/17	Governor	Public
Jeanette Dong	11/14/12	N/A	6/1/16	Speaker of the Assembly	Public
Beverly Hayden-Pugh	8/20/13	N/A	6/1/15	Governor	Nurse Administrator
Michael D. Jackson	5/10/12	N/A	6/1/16	Governor	Nurse Educator
Cynthia C. Klein	5/10/12	6/6/14	6/1/18	Governor	Direct Patient Care
Raymond H. Mallel	5/10/12	2/11/14	6/1/17	Governor	Public
Erin Niemela	7/23/09	3/1/12	6/1/16	Senate Rules Committee	Public
Trande Phillips	5/10/12	N/A	6/1/15	Governor	Direct Patient Care
Elizabeth A. Woods	2/6/14	6/6/14	6/1/18	Governor	Advanced Practice



## **Board Committees and Their Functions**

The Board members work effectively through a structure of five Board standing committees. The committees conduct public meetings, review and analyze issues as they relate to registered nursing, and make recommendations to the full Board to set policy and make enforcement decisions. To enhance communications and maximize effectiveness, each committee develops program-specific goals and objectives every two years. The committees report annually on progress toward the achievement of the goals and objectives to the full Board. Each committee is comprised of two or more Board members, which includes a committee chair, and meets at least five times each year. Currently, all committees have four Board members and at least one assigned BRN staff liaison, except for the Administrative Committee that includes the Board president, vice-president, and BRN Executive Officer. A chart showing the relationship of each standing committee to the Board is included in **Section 12, Attachment B**. The committees and functions are as follows:

### **Standing Committees**

**Administrative Committee (non-statutory)** – Considers and advises the Board on matters related to Board organization and administration, including contracts, budgets, and personnel. The committee is comprised of the Board President, Vice President, and the BRN Executive Officer.

**Diversion/Discipline Committee (non-statutory)** – Advises the Board on matters related to laws and regulations pertaining to the Diversion Program and Enforcement Division and reviews enforcement and diversion related statistics.

**Education/Licensing Committee (non-statutory)** – Advises the Board on matters related to: nursing education, including approval of prelicensure and advanced practice nursing programs; the National Council Licensure Examination for Registered Nurses (NCLEX-RN); annual school survey data and reports; licensing unit policies and procedures; and continuing education and competence.

**Nursing Practice Committee (non-statutory)** – Advises the Board on matters related to nursing practice, including common nursing practice issues and advanced practice issues related to nurse practitioner, nurse-midwife, nurse anesthetist, and clinical nurse specialist practice. The Committee also reviews staff responses to proposed regulation changes that may affect nursing practice.

**Legislative Committee (non-statutory)** – Advises and makes recommendations to the Board and Committees of the Board on matters relating to legislation affecting RNs.

### **Other Committees**

The NPA authorizes the appointment of specific committees: the Nurse-Midwifery Advisory Committee and the Diversion Evaluation Committees. The Board is also authorized under B&P Code Section 2710.5 to appoint advisory committees, with permission of the Director of the Department of Consumer Affairs (DCA), as needed, to advise the Board on matters related to implementation of the NPA. Membership on these committees includes a variety of experts and stakeholders and is by invitation from the BRN. The advisory committees are convened on an as-needed basis. Following is a brief description of each of the committees, including their composition and functions:

**Nurse-Midwifery Advisory Committee (B&P Code Section 2746.2)** – The Nurse-Midwifery Advisory Committee (NMAC) advises the Board on nurse-midwife practice and education issues. The first NMAC was appointed in 1984. The Committee is composed of at least one nurse-midwife (NM) knowledgeable about nurse-midwifery practice and education, one physician who practices obstetrics, one RN familiar with nurse-midwifery practice, and one public member. This Committee has not met since the last sunset review.

**Diversion Evaluation Committees (B&P Code Section 2770.2)** – The responsibilities of the Diversion Evaluation Committees (DECs) are to: evaluate and make recommendations to the Board whether or not an RN should be admitted to the Diversion Program; recommend a rehabilitation program and approve treatment programs for participants; and advise the Board on Diversion Program policies. Each DEC is comprised of three RNs, a public member, and a physician who each have expertise in substance use disorders or mental illness. Currently there are 14 DECs throughout California that meet with Diversion Program participants on a regular basis.

**Education Issues Workgroup formerly the Education Advisory Committee (non-statutory)** – The Education Issues Workgroup (EIW) was originally formed as a Committee in 2002 to support the goals of the Governor's Nurse Workforce Initiative. The Committee provided expert input on educational issues related to reforming nursing education to assist in alleviating the nursing shortage. Over time the Committee has evolved into a Workgroup whose main task is to assist the BRN by reviewing the Annual School Survey, which is completed by all BRN approved nursing programs in California. The survey collects enrollment, graduation, student, and faculty demographic data, and other information related to nursing students and programs. The EIW may also advise BRN staff on education issues when needed. The EIW includes representation from different prelicensure educational degree programs, such as, public and private Associate Degree in Nursing (ADN), Bachelors of Science Degree in Nursing (BSN), and entry level Masters of Science Degree in Nursing (ELM), nursing organizations, nursing employers, and other state agencies with work related to nursing. The EIW meets annually and last met in June 2014.

**Nursing Workforce Advisory Committee (non-statutory)** – In November 2001, the Board approved formation of the Nursing Workforce Advisory Committee (NWAC) as an advisory committee to: provide guidance to the Board on the content of surveys regarding RN workforce issues; recommend strategies to address disparities in workforce projections; and identify factors in the workplace that positively and negatively affect the health and safety of consumers and nursing staff. Many stakeholders rely on the reports provided by the BRN as it is the most extensive and reliable data available on RNs in California. The Committee meets biennially and includes members from nursing education, nursing associations, and other state agencies. Due to interdependence between some workforce and education issues, the NWAC has some members that overlap between the EIW and the NWAC. This Committee last met in January 2014.

**Nurse Practitioner Advisory Committee (non-statutory)** – The Nurse Practitioner Advisory Committee (NPAC) advises the Board on nurse practitioner (NP) education and practice issues. The first NPAC was formed in 1995. The Committee consists of NPs representing NP educational programs, RNs familiar with NP practice and education, and representatives of NP organizations. The Committee meets on an as-needed basis and has not met since the last sunset review.

**Clinical Nurse Specialist Task Force (non-statutory)** – The Clinical Nurse Specialist (CNS) Task Force was created and charged with establishing categories of CNSs, developing regulations that set standards and educational requirements for each category, and providing consultation to Board on matters related to CNSs. The CNS Task Force met in 2002 and 2006. The CNS Task Force includes representatives from education and different clinical areas of CNS practice. This Task Force has not met since the last sunset review.

## **Board Committee Meetings/Quorum Issues**

In October 2011, Governor Brown returned SB 538 to the Senate without his signature due to provisions that would have allowed the BRN to hire sworn investigators. This would have expanded pension benefits that the Governor opposed and, as a result, the Board sunset on December 31, 2011. At the time, the Board was unaware that the Governor opposed this provision and was, therefore, unable to remove the provision prior to the bill's return to the Senate.

The Board was reconstituted on February 14, 2012, by SB 98. In addition to reconstituting the Board, SB 98 also made changes to the initial appointment term lengths of some of the Board members. Prior to SB 98, all vacancy appointments were for four years, however, the new terms for initial appointments of Board members appointed by the Governor were changed to staggered one, two, three, four, and five year terms.

A majority of Board members were not reappointed until May 2012 thus the board lacked a quorum until that time. The first Board meeting with the newly appointed Board was held June 21-22, 2012. Between January and June 2012, over 200 disciplinary actions accumulated and practitioners who may have been unsafe continued to practice without oversight or retained a free and clear license until the decisions were voted on and adopted at the June meeting. In addition, there was a backlog of petitioners for reinstatement of licenses and probation sentence reductions. Many nursing programs had to delay curriculum changes without Board approval. The Board had previously placed some nursing programs on deferred approval or warning status. These programs were required to submit progress reports to the Board. Due to the lack of a quorum, the programs remained on deferred approval or warning status as the reports could not be reviewed or further action taken.

The Board continued to have only five members, which is the minimum for a quorum, until November 2012 when another Board member was appointed. Another appointment was completed in April 2013 and one more in August 2013. The Board currently has achieved a full complement of Board members with the final appointment of an APRN member in February 2014.

## **Major Changes Since the Last Sunset Review**

Following are some of the significant changes that have occurred at the BRN since the last sunset review in 2010. Many of the changes discussed here are also addressed in other sections of this report.

### ***Internal Reorganization***

In 2010, the BRN re-organized the Enforcement Division by establishing five interdependent programs: Complaint Intake, Investigations, Discipline, Probation, and Diversion. The Complaint Intake Unit was developed, and non-sworn internal investigators positions and a nursing education consultant position were added to process cases more efficiently. Additional discipline and probation staff were added to more effectively manage workload and monitor nurses on probation. BRN Enforcement staff spent a significant amount of time recruiting, interviewing, and hiring for the many vacant positions that were provided to the BRN in the Enforcement Division as part of the DCA Consumer Protection Enforcement Initiative (CPEI). This re-organization has allowed the BRN to more effectively work with health care consumers and professionals in identifying those RNs who have engaged in any activity which may be unsafe and puts the public at risk, and to process cases more efficiently.

### ***Relocation***

In August 2011, the BRN offices moved from DCA Headquarters at 1625 N. Market Blvd. to a new building known as DCA-Headquarters-2 at 1747 N. Market Blvd. The move allowed the BRN to reunite all Sacramento employees and files into the same location which allows for easier access for the public, especially now that the offices are on the first floor. Previously, the BRN had been split into two offices.

### ***Procedures for RN Practice at Health Care Events***

In 2011, in accordance with B&P Code Section 901, the BRN implemented procedures for RNs licensed and in good standing in another state, district, or territory in the U.S. to request authorization to participate in a free health care event sponsored by an approved nonprofit organization in California. These RNs are exempt from California licensure requirements if the sponsoring entity and all participating out-of-state health care practitioners meet specified requirements. Practitioners must register in advance and comply with California law during the event.

### ***Website, Technological, and Computer System Changes***

**BRN Website** – The BRN prides itself on keeping information on its website updated. Beginning in November 2011, BRN staff formed a workgroup that included a staff representative from each of the program areas to work on a complete review of the information available on the BRN website. The goal is to make the website as helpful and user-friendly as possible by making frequently visited pages and needed information easier to locate and overall navigation more efficient so information can be found quickly and easily. The workgroup developed and implemented a website satisfaction survey to obtain feedback and suggestions from those who use the website. As a result, the workgroup made many content and format changes to help better serve the needs of consumers, licensees, applicants, employers, educators, and the public. The workgroup also spearheaded the development and approval of a formal BRN logo now being used. Next, the workgroup plans to review and consider a new statewide template for the BRN website format.

**License Verification and Discipline Information** – In 2011, the BRN became a full participating member of the NCSBN NURSYS system which exchanges licensure verification and discipline information between state boards of nursing and allows the public to verify a nurse's license, check discipline status, or see if a nurse is licensed in more than one state. NURSYS contains personal, licensure, education, verification, and discipline information supplied as regular updates by boards of nursing. Employers and the public can look up a license and print or download multiple licenses from all participating boards of nursing. This system is helpful for obtaining information on nurses licensed in states other than California or in multiple states. Licensure information on California RNs can also be accessed at the BRN website.

**BreEZe Computer System** – A significant number of BRN staff hours from many units were spent on assisting with development, testing, troubleshooting, and preparing for the implementation on the updated computerized system called BreEZe. DCA and the BRN implemented BreEZe on October 8, 2013. This new system promises to track additional data relevant to our statistics and provide real time licensing verification to applicants and to the public, thus furthering our mission of public protection. As with any new technology, there have been a significant number of issues to address that are discussed in more detail in other sections of this report. On April 18, 2014, the BRN announced that Applications for Licensure by Examination were available online. This is one of the features now available with the implementation of the BreEZe system.

### ***Strategic Plan***

In 2014, the Board completed an update of the Strategic Plan. This was a collaborative effort among Board members, staff, and the public. The Plan includes the Board's Mission, Values and Goals for the next four years. Key issues and goals for the Board to address are identified, and the Plan provides focus while allowing flexibility to address new challenges that may be encountered. The Strategic Plan is the foundation for the

Board, and reflects the Board's commitment to providing the highest level of service possible. The Strategic Plan is included in **Section 12, Attachment G**.

### ***Military Veterans***

The BRN has been working with the DCA BreEZe team and RN education programs to ensure compliance with recent legislation regarding military veteran applications and data collection. Changes have been incorporated into BRN procedures and processes to collect data and expedite application and renewal processing. The issue of equivalency of military veteran education and experience has been reviewed and studied for many years by the BRN and NCSBN, and is discussed in more detail in Section 4. The Board and NCSBN supports the success of these dedicated individuals in the RN profession.

### ***Advanced Practice Registered Nurse (APRN): Nurse Practitioner Regulation Review***

In July 2013, an internal BRN staff workgroup was established whose main focus is to review and identify needed changes in existing APRN rules and regulations and to review current information pertinent to all four nationally recognized APRN roles which include Nurse Practitioners (NPs), Nurse-Midwives (NMs), Nurse Anesthetists (NAs), and Clinical Nurse Specialists (CNSs). Regulations in this area have not been reviewed or revised in approximately 30 years, and significant health care environment and educational changes have occurred since that time. The workgroup is first focusing on NPs rules and regulations. It is continuing its analysis and review and considering recommendations to be made to the Nursing Practice Committee and the Board.

## **Challenges**

### ***Board Sunset***

The Board completed its last sunset report in 2010. As discussed in the previous section, Governor Brown returned Senate Bill (SB) 538 without his signature on October 9, 2011. This Bill would have extended the BRN until 2016. The Governor did not sign the Bill due to provisions that would allow the BRN to hire sworn investigators that would have expanded pension benefits that the Governor opposed. The Governor asked the Legislature to send him legislation to restore the BRN as soon as possible. SB 98 was signed by the Governor, and the Board was reconstituted.

In the interim, prior to the Board being reconstituted on February 14, 2012, the BRN worked under an Interagency Agreement that delegated administrative, non-discretionary duties to DCA. This Agreement allowed the BRN to continue operating and for BRN staff to continue their functions at the same location. From January 1 through February 14, 2012, the BRN was named the "Registered Nursing Program." The BRN Executive Officer continued to direct activities as the Registered Nursing Program Manager. The RN Program continued to operate, administer the NPA, and implement existing policies. Both the BRN and DCA worked to make the interim period as seamless as possible.

While the BRN staff worked during the time period without a Board to ensure operations continued, there was an accumulation of work that was unable to be completed during the time from January through June 2012. A Board quorum was not available during this time. Following Board appointments, there was time spent to orient new Board members. Work, especially disciplinary actions, was significantly delayed. The BRN members and staff continued their commitment to protect consumers by working to ensure only safe and competent RNs were practicing in California.

A Board quorum emerged in May 2012. The new Board held its first meeting in June to handle only disciplinary matters. Another meeting was held in July. One day was dedicated to disciplinary matters while the other was spent on administrative business matters including electing Board officers, and assigning Board members to committees. The Board also addressed pending school approval matters, legislation, and draft regulation updates. At this meeting, the Board unanimously voted to reinstate the Executive Officer. The Board spent the remainder of 2012 and 2013 orienting the new Board members and completing work that had been waiting for Board input or action.

### ***BreEZe Computer System Implementation***

The implementation of the new BreEZe computer system in October 2013 has provided many challenges for the BRN that are discussed in detail in various sections of this report. However, one of the major challenges was in obtaining data for FY 2013/14 for this sunset report. The data provided in this report for FY 2013/14 was, in many instances, unable to be provided by existing reports in the BreEZe computer system but had to be requested from DCA staff as specific parameters had to be identified and special reports run. In many instances, this took multiple attempts and fine-tuning to obtain data that appeared accurate based on random audits or spot checks of the data produced, in-house workload estimates, and/or historical data. In some instances the data was obtained from other reports, manual counts, or spreadsheets kept by the BRN staff, or from estimates based on historical data.

With the previous computer system, the BRN had the capability to run the reports in-house through the Ad-Hoc reporting system, which is, in many instances, where the previous FY data has been obtained. However, this reporting system is no longer available to the BRN, and reports must be requested through DCA. This significantly increased the time and staff resources needed to obtain this data and in many instances the BRN believes the data provided to be a “best estimate” of the true data. Due to the limited reporting capabilities of the current computer system, the FY 2013/14 data should be viewed with caution. It is difficult to compare data from previous years at this time. The data presented for FY 2013/14 may change in the future when more reliable sources of capturing data in the BreEZe system can be determined.

## **Legislation Sponsored by or Affecting the Board**

The BRN has not sponsored any legislation since the last sunset report. The BRN’s involvement in the legislative arena includes tracking at least 30 to 35 bills per year, testifying at hearings at the request of the Legislature, and implementing NPA-related legislation that becomes law. Below is a summary of key legislation that became effective from 2010 to 2014 that directly impacts the BRN. Also included is a listing of legislation followed by the BRN in 2014. Unless otherwise noted, the legislation became effective January 1 of the year reported. Some of the legislation may be discussed in more detail in other sections of this report.

### **2010**

*AB 48 Private Postsecondary Education: DCA (Portantino & Neillo, Chaptered 310)*

Revises and recasts the Private Postsecondary and Vocational Education Reform Act of 1989 into the California Private Postsecondary Education Act of 2009 which provides for the approval, regulation, and enforcement of private postsecondary educational institutions through the Bureau for Private Postsecondary Education (BPPE).

*AB 1071 Professions and Vocations (Emmerson, Chaptered 270)*

Amends, adds, and repeals sections of the B&P Code, relating to professions and vocations. It provides Sunset extension for the BRN until January 1, 2013.

*AB 1116 Cosmetic Surgery (Carter, Chaptered 509)*

Enacts the Donda West Law, which prohibits the performance of an elective cosmetic surgery procedure on a patient unless, within 30 days prior to the procedure, the patient has received a physical exam and has received written clearance for the procedure from an appropriate medical practitioner. It requires the physical exam to include the taking of an appropriate medical history to be confirmed on the day of the procedure.

*AB 1295 Postsecondary Education: nursing degree programs (Fuller, Chaptered 283)*

Requires the Chancellor of the California State University (CSU) to implement articulated nursing degree transfer pathways between the California Community Colleges and CSU prior to the 2012/13 academic year. It requires the articulated nursing degree transfer pathways to meet prescribed requirements and authorizes the Chancellor of the CSU and the Chancellor of the California Community Colleges to work collaboratively. It also requires the Legislative Analyst's Office, by March 15, 2011, to prepare and submit to the Legislature and Governor a report on the status of plans to implement the articulated nursing degree transfer pathways.

*SB 112 Hemodialysis Technicians (Oropeza, Chaptered 559)*

Revises the training requirements for certified hemodialysis technicians (CHT) and prohibits an individual from providing services as a hemodialysis technician without being certified by the Department of Public Health (DPH) as a CHT. It requires the individual to meet certain educational and work requirements, including the successful completion of an approved training program, under the direction of an RN.

*SB 819 Professions and Vocations (Committee on Business, Professions, and Economic Development, Chaptered 308)*

Requires a petition by an RN whose initial license application is subject to a disciplinary decision to be filed after a specified time period from the date upon which his or her initial license was issued. It also authorizes the implementation of standardized procedures that expand the duties of an NP in the scope of his or her practice, as follows:

- Order durable medical equipment, subject to any limitations set forth in the standardize procedure.
- Certify a disability, after performance of a physical examination and collaboration with a physician.
- Approve, sign, modify, or add to a plan of treatment or plan of care, for individuals receiving home health services or personal care services, after consultation with the treating physician.

**2011***AB 867 California State University: Doctor of Nursing degree pilot program (Nava, Chaptered 416)*

Permits the CSU to establish a Doctor of Nursing Practice (DNP) degree program at campuses chosen by the Board of Trustees to award the degree. Enrollment is limited to no more than 90 full-time students at all three campuses combined. It requires the CSU, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017.

*AB 1937 Pupil Health: immunizations (Fletcher, Chaptered 203)*

Authorizes RNs, NPs, physician assistants (PAs), licensed vocational nurses (LVNs) and student nurses (under the supervision of an RN) to administer immunizations within the course of a school immunization program. The provisions take effect immediately as an urgency statute.

*AB 2344 Nursing: approved schools (Nielson, Chaptered 208)*

Provides for a school, seeking approval to start a nursing program, which is not an institution of higher education, to make an agreement with an "institution of higher education" that grants an associate of arts degree or an associate of science degree.

*AB 2385 Pilot Program for Innovative Nursing and Allied Health Care Profession Education at the California Community Colleges (Perez, Chaptered 679)*

Establishes the Pilot Program for Innovative Nursing and Allied Health Care Profession Education at the California Community Colleges under the administration of the Office of the Chancellor of the California Community Colleges, to facilitate and expand the graduation of community college nursing and allied health students.

*AB 2500 Professions and Vocations: licenses: military services (Hagman, Chaptered 389)*

Waives the penalty fee for late renewal of any type of state license, for any profession subject to regulation by any board, bureau, or entity within the DCA for a member of the California National Guard or the U.S. Armed Forces, who was on active duty at the time of the lapse of the license.

*AB 2699 Healing Arts: licensure exemption (Bass, Chaptered 270)*

Exempts out-of-state licensed health care practitioners from California licensure requirements, until January 1, 2014, when participating in a free health care event sponsored by an approved nonprofit organization. It requires the sponsoring entity and all participating out-of-state health care practitioners to meet specified requirements, and register in advance with the appropriate licensing board and comply with California law during the event.

*AB 2783 Professions and Vocations: military personnel (Committee on Veterans Affairs, Chaptered 214)*

Requires state boards to consult with the Military Department before adopting rules and regulations related to the education, training, and experience obtained in the armed services and how it can meet licensure requirements for occupations and professions licensed and regulated under the DCA.

*SB 294 Department of Consumer Affairs: regulatory boards (Negrete McLeod, Chaptered 695)*

Changes the sunset review date on various boards, bureaus, and programs within the DCA, including the BRN. The sunset date for the BRN is January 1, 2012, instead of January 1, 2013.

*SB 1172 Regulatory Boards: diversion programs (Negrete McLeod, Chaptered 517)*

Requires a healing arts board to order a licensee to cease practice if the licensee tests positive for any prohibited substance under the terms of the licensee's probation or diversion program. It also authorizes a board to adopt regulations authorizing it to order a licensee on probation or in a diversion program to cease practice for major violations of probation or the diversion program, when the board orders a licensee to undergo a clinical diagnostic evaluation. The BRN Diversion Program is exempt from these provisions.

*SB 1440 California Community Colleges: student transfers (Padilla, Chaptered 428)*

Enacts the Student Transfer Achievement Reform Act, commencing with the 2011/12 academic year. It requires a student that earns an associate degree for transfer to be deemed eligible for transfer into a CSU baccalaureate program when the student meets prescribed requirements. It requires the CSU to guarantee admission with junior status to any community college student who meets the requirements for the associate degree for transfer.

## **2012**

*AB 1424 Franchise Tax Board: delinquent tax debt (Perea, Chaptered 455)*

Authorizes all State licensing entities, including the BRN, under the DCA, other than the Contractors' State License Board, to deny, suspend, or revoke a license if the licensee or applicant's name appears on the Franchise Tax Board's or the State Board of Equalization's certified lists of the top 500 largest tax



delinquencies over \$100,000. This bill authorizes the DCA to suspend a license in the event that a board fails to take action.

*SB 100 Healing Arts: Medical Board of California (Price, Chaptered 645)*

As relates to nursing practice, requires the Medical Board of California (MBC) to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures. The other provisions of this bill address the MBC and various issues related to accreditation of outpatient settings.

*SB 161 Schools: emergency medical assistance: administration of epilepsy medication (Huff, Chaptered 560)*

Allows, until January 1, 2017, school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees to administer emergency anti-seizure medication to students with epilepsy in the absence of a credentialed school nurse or other licensed nurse in accordance with guidelines developed by the State Department of Education (DOE) and the DPH. The bill requires the state DOE to post these guidelines on its website by July 1, 2012.

*SB 541 Regulatory Boards: expert consultants (Price, Chaptered 339)*

Authorizes boards that regulate and license professions and vocations within the DCA to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts in state employment, to provide enforcement and examination assistance. The bill requires each board to establish policies and procedures for the selection and use of these consultants. This bill takes effect immediately as an urgency statute.

*SB 943 Healing Arts (Price, Chaptered 350)*

As it relates to the BRN, limits the board determination related to establishing competency to practice registered nursing to only the education of those applicants who have served on active duty in the medical corps in the U.S. Armed Forces. The applicants submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. The applicants would continue to meet the other requirements for licensure. This bill also contains changes in the laws related to other healing arts licensees of boards within the DCA.

## **2013**

*AB 40 Elder Abuse: reporting (Yamada, Chaptered 659)*

Requires a mandated reporter to report by telephone suspected or alleged physical abuse, as defined, that occurs in a long-term care facility, to the local law enforcement agency, immediately, and no later than within two hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. A written report must be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. The bill requires that, if the suspected abuse does not result in serious bodily injury, a mandated reporter make a report by telephone and in writing within 24 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse, as specified.

*AB 1434 Child Abuse Reporting: mandated reporters (Feuer, Chaptered 519)*

Adds employees and administrators of a public or private postsecondary institution, whose duties bring them into contact with children on a regular basis or who supervises those whose duties bring them into contact with children on a regular basis, as mandated reporters of child abuse or neglect occurring at that institution.

*AB 1588 Professions and Vocations: reservist licensees: fees and continuing education (Atkins, Chaptered 742)*

Requires the BRN to waive the renewal fees, CE requirements, and other renewal requirements, as determined by the board, of any licensee who is called to active duty as a member of the U.S. Armed Forces or the California National Guard if certain requirements are met. The licensee is prohibited from engaging in any activities requiring a license while a waiver is in effect. If the licensee will provide licensed services while on active duty, the board shall convert the license status to military active, and no private practice of any type shall be permitted. The licensee must notify the board of discharge from active duty within a specified time period, and the licensee must meet certain renewal requirements within a specified time period after being discharged prior to engaging in any activity requiring a license.

*AB 1896 Tribal Health Programs: health practitioners (Chesbro, Chaptered 119)*

Codifies the federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

*AB 1904 Professions and Vocations: military spouses (Block, Chaptered 399)*

Requires the BRN, as a board within the DCA, to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the U.S. who is assigned to a duty station in California under official active duty military orders.

*AB 2296 California Private Postsecondary Act of 2009 (Block, Chaptered 585)*

Requires a defined institution to, among other things, disclose to prospective students prior to enrollment if the associate, baccalaureate, master's degree, or doctoral degree program is unaccredited and other information about their program related to licensure in California, and any known limitation of the degree. The bill lists specified limitations of the degree program whose disclosure the bill requires. The school catalog must include a statement specifying whether the institution, or any of its degree programs, is accredited by an accrediting agency recognized by the U.S. DOE, and, if the institution is unaccredited, or offers an associate, baccalaureate, master's, or doctoral degree program that is not accredited, must have a statement to disclose the known and specified limitations of the degree program. Specified information must be contained on the program's website, in the school catalog, in the School Performance Fact Sheet, and the annual report made to the BPPE related to its unaccredited status. The institution must annually report, and publish in its School Performance Fact Sheet, the most recent official 3-year cohort default rate for federal student loans for the institution and the percentage of enrolled students receiving federal student loans.

*AB 2348 Registered Nurses: dispensation of drugs (Mitchell, Chaptered 460)*

Authorizes an RN to dispense specified drugs or devices upon an order issued by a NM, NP, or PA if the nurse is functioning within a specified clinic. Authorizes an RN to dispense or administer hormonal contraceptives in strict adherence to specified standardized procedures.

*AB 2462 Public Postsecondary Education: academic credit for prior military academic experience (Block, Chaptered 404)*

Requires the Chancellor of the California Community Colleges to determine by July 1, 2015, the courses for which credit should be awarded for prior military experience, as specified.

*AB 2570 Licensees: settlement agreements (Hill, Chaptered 561)*

Prohibits a licensee, or an entity or person acting as an authorized agent of a licensee, from including, or permitting to be included, a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the program that regulates the licensee, except as specified. A licensee in violation of these provisions would be subject to disciplinary action by the board, bureau, or program. It prohibits a board, bureau, or program from requiring its licensees in a disciplinary action that is based on a complaint or report that has been settled in a civil action to pay additional moneys to the benefit of any plaintiff in the civil action and authorizes them to adopt a regulation exempting agreements to settle certain causes of action from these provisions.

*AJR 24 Proposed Federal Student-to-School Nurse Ratio Improvement Acts of 2011 and 2012 (Bonilla, Resolution Chaptered 55)*

Urges the members of California's congressional delegation to sign on as cosponsors of, and requests that the Congress and the President of the U.S. enact, the proposed federal Student-to-School Nurse Ratio Improvement Act of 2011 or the proposed federal Student-to-School Nurse Ratio Improvement Act of 2012.

*SB 98 Nursing (Senate Committee on Budget and Fiscal Review, Chaptered 4)*

To take effect immediately to establish a new BRN, vests that board with the same powers as the previous board, and requires the board to appoint an executive officer. The executive officer of the prior board is to serve as interim executive officer of the new board until the appointment of a permanent executive officer. The bill repeals the authority of the board and its executive officer on January 1, 2016. This bill staggers initial appointment terms of board members by the Governor to be one year and five years for public members, two, three, or four years for licensed members, as specified, and that the initial public members appointed by the Senate Committee on Rules and the Speaker of the Assembly serve terms of four years. The bill appropriates specified sums from the BRN Fund to the BRN for purposes of administering the NPA.

*SB 122 Healing Arts (Price, Chaptered 789)*

Requires the following related to the BRN:

- Meetings of the board be held in northern and southern California.
- Deletes the provisions requiring a school of nursing that is not affiliated with an institution of higher education to make an agreement with such an institution for the purposes of awarding nursing degrees. Instead allows the board to approve a school of nursing that is affiliated with an institution of higher education, and that is subject to the requirements set forth in the California Private Postsecondary Education Act of 2009 to grant nursing degrees.
- The term "approved school of nursing" includes an approved nursing program.
- Subjects all approved schools of nursing to specified fees for deposit into the BRN Fund, a continuously appropriated fund.
- Requires the board to have a memorandum of understanding with the BPPE to delineate the powers of the board and bureau, as specified.
- Authorizes the board to issue cease and desist orders to a school of nursing that is not approved by the board, and requires the board to notify the BPPE and the AG's Office of such a school.
- Makes it unprofessional conduct for any RN to violate the provision that it is unlawful for anyone to conduct a school of nursing unless the school has been approved by the board.

*SB 623 Public Health: health workforce projects (Kehoe, Chaptered 450)*

Requires OSHPD to extend the duration of the Health Workforce Pilot Project No. 171 through January 1, 2014, to provide the sponsors an opportunity to achieve publication of the data collected during the project in a peer-reviewed journal, among other specified purposes.

*SB 1365 Emergency Medical Services: immunity (Negrete-McLeod, Chaptered 69)*

Extends existing liability limits applicable to firefighters, police officers or other law enforcement officers, and emergency medical technicians to include emergency medical services rendered during an emergency air or ground ambulance transport, and emergency medical services rendered by an RN at the scene of an emergency or during an emergency air or ground ambulance transport. This bill provides that, for purposes of this law, "registered nurse" means an RN trained in emergency medical services.

*SB 1524 Nurse Practitioners (Hernandez, E., Chaptered 796)*

Deletes the requirement for at least 6 months' duration of supervised experience for NP or NM eligibility for a furnishing number and authorizes a physician and surgeon to determine the extent of the supervision in connection with the furnishing or ordering of drugs and devices by a NP or NM.

**2014***AB 154 Abortion (Atkins, Chaptered 662)*

Allows NPs, NMs, and PAs who complete or have completed specified training and who practice with standardized procedures or protocols, as specified, to perform the functions necessary for an abortion by medication or aspiration techniques in the first trimester of pregnancy. The bill makes it unprofessional conduct for a NP, NM, or PA to perform an abortion by aspiration techniques without prior completion of training and validation of clinical competency.

*AB 512 Healing Arts: licensure exemption (Rendon, Chaptered 111)*

Extends until January 1, 2018, the exemption from licensing requirements for health care practitioners who are licensed in another state and who provide services in California at a sponsored event under specified circumstances. The exempt health care practitioner must still obtain prior authorization to provide these services from the applicable licensing board.

*AB 633 Emergency Medical Services: civil liability (Salas, Chaptered 591)*

Prohibits an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including cardiopulmonary resuscitation, in response to a medical emergency, except as specified. These provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

*AB 1057 Professions and Vocations: licenses: military service (Medina, Chaptered 693)*

Requires, effective January 1, 2015, that each board within the DCA inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

*SB 271 Associate Degree Nursing (ADN) Scholarship Program (Hernandez, E., Chaptered 384)*

Extends indefinitely the operation of the ADN Scholarship Program, which is funded by the RN Education Fund. The Program provides scholarships to students in counties determined to have the most need. This bill requires the OSHPD to post the Program's statistics and updates on its website.

*SB 352 Medical Assistants: supervision (Pavley, Chaptered 286)*

Deletes the requirement in existing law that the services performed by a medical assistant be in a specified clinic when under the specific authorization of a PA, NP, or NM. This bill prohibits a NP, NM, or PA from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, and provides that violation of this prohibition constitutes unprofessional conduct.

*SB 809 Controlled Substances: reporting (DeSaulnier, Chaptered 400)*

Establishes funding for the Controlled Substance Utilization Review and Evaluation System (CURES) Fund for use by the Legislature in making appropriations for CURES and its Prescription Drug Monitoring Program, an electronic monitoring system for the prescribing and dispensing of Schedule II-IV controlled substances. This bill requires, beginning April 1, 2014, an annual fee of \$6.00 to be assessed on specified licensees, including those authorized to prescribe, order, administer, furnish, or dispense controlled substances, and requires the regulating body to collect this fee at the time of license renewal. By January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, specified health care practitioners and pharmacists are required to apply to the Department of Justice (DOJ) to obtain approval to access information stored on the internet regarding the controlled substance history of a patient under their care.

**Legislation followed by the Board during 2014**

The following is a list of legislation that the Board followed in 2014. The Board's Legislative Committee and the Board reviews the legislation initially and takes a position on each bill. They then review the bills again at each meeting if any amendments have been made and re-vote on their position. Some of these bills may no longer be active, or may have since been chaptered.

- *AB 186 Professions and Vocations: military spouses: temporary licenses (Maienschein)*
- *AB 548 Public Postsecondary Education: community college registered nursing programs (Salas)*
- *AB 790 Child Abuse: reporting (Gomez)*
- *AB 809 Healing Arts: telehealth (Logue)*
- *AB 1677 Nursing Education: service in public hospitals and veterans' facilities (Gomez)*
- *AB 1841 Medical Assistants (Mullin)*
- *AB 2058 Open Meetings (Wilk)*
- *AB 2062 Health Facilities: surgical technologists (Hernández)*
- *AB 2102 Licensees: data collection (Ting)*
- *AB 2144 Staff-to-Patient Ratios (Yamada)*
- *AB 2165 Professions and Vocations: licenses (Patterson)*
- *AB 2183 Nursing (Bocanegra)*
- *AB 2198 Mental Health Professionals: suicide prevention training (Levine)*
- *AB 2247 Postsecondary Education: accreditation documents (Williams)*
- *AB 2346 Physician and Surgeon Assistance Program [originally: Nurse Practitioners, Nurse-Midwives, and Physician Assistants: supervision] (Gonzalez)*
- *AB 2396 Convictions: expungement: licenses (Bonta)*
- *AB 2484 Healing Arts: telehealth (Gordon)*
- *AB 2514 Income Taxes: credits: rural health care professionals (Pan)*
- *AB 2598 Department of Consumer Affairs: administrative expenses (Hagman)*
- *AB 2720 State Agencies: meetings: record of action taken (Ting)*
- *AB 2736 Postsecondary Education: California State University (Committee on Higher Education)*
- *SB 430 Pupil Health: vision examination: binocular function (Wright)*
- *SB 723 Veterans (Correa)*

- *SB 850 Public Postsecondary Education: community college districts: baccalaureate degree pilot program (Block)*
- *SB 911 Residential Care Facilities for the Elderly (Block)*
- *SB 1159 Professions and Vocations: license applicants: federal identification number (Lara)*
- *SB 1239 Pupil Health Care Services: school nurses (Wolk)*
- *SB 1299 Workplace Violence Prevention Plans (Padilla)*

### **Regulation Changes Approved by the Board**

The following regulation changes have been completed by the Board since the last sunset review in 2010.

#### **2011**

##### *Amend CCR Section 1417 – Fees*

The regulation amendment increased specified fees effective January 1, 2011. This was necessary for the Board to maintain fiscal stability.

#### **2012**

##### *Adopt CCR Sections 1495, 1495.1, 1495.2, 1495.2, and 1495.4 – Sponsored Free Health Care Events-Requirements for Exemption*

In accordance with B&P Code Section 901, this regulation was adopted to provide requirements for an exemption from licensure requirements for RNs who are licensed in another state or states and who provide nursing care, on a voluntary basis, at sponsored health events to uninsured or underinsured persons. The BRN requires RNs to submit an application at least sixty days prior to the free health care event. The application and instructions are available on the BRN website. These regulations became effective November 27, 2012.

#### **2014**

##### *Amend CCR Section 1419(c) – Renewal of License*

This regulation amendment, which became effective April 22, 2014, increases the level of reportable traffic infraction fines from \$300 to \$1000 for RN renewal applicants. Renewal applicants will no longer be required to submit information to the BRN for traffic violations less than \$1000. Consumer protection is enhanced due to staff being able to focus on other, more critical enforcement related activities.

##### *Amend CCR Sections 1403, 1441, 1444.5 – Enforcement*

These amendments, effective July 23, 2014, allow for the following:

- *CCR Section 1403 – Delegation of Certain Functions:* Delegates to the Board's Executive Officer the authority to approve settlement agreements for revocation, surrender, or interim suspension of an RN license. Approvals are then reported to the Board at regularly scheduled Board meetings. Delegation of these functions to the Board's Executive Officer shortens the timeframe for these cases, thus adding to consumer protection by allowing orders to become effective in a timelier manner.
- *CCR Section 1441 – Unprofessional Conduct:* B&P Sections 2761(a) and 2762 define acts that constitute unprofessional conduct. This regulatory change specifies that the following additional acts constitute unprofessional conduct: failure to provide the Board lawfully requested documents under the RN's control within the specified timeframe; failure to cooperate and participate in any Board investigation, as long as such action does not infringe upon the RN's constitutional or statutory privileges; failure of a licensee to notify the BRN within the specified timeframe of a conviction of a felony or misdemeanor or of disciplinary action by another licensing entity. Defining these activities as unprofessional conduct and grounds for Board disciplinary action facilitates and expedites the obtaining of records, and facilitates resolution of disciplinary cases.

- *CCR Section 1444.5 – Disciplinary Guidelines:* This regulatory change requires an Administrative Law Judge (ALJ) to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Because of the seriousness of sex offenses and sexual misconduct, and the potential threat to consumers that sex offenders pose, the Board has determined that revocation of the RN license is the appropriate disciplinary action.

These amendments strengthen the Board's Enforcement Program by enhancing the disciplinary function and reinforce its public protection mandate. They also facilitate achievement of the Board and DCA's goal to improve average discipline case resolution timeframes to an average of 12 to 18 months.

### **Major Studies Conducted by the Board**

The BRN has conducted several studies and surveys since the last sunset review. Some continue the ongoing data collection and analysis related to the registered nursing workforce and educational activities, policies, and procedures in California. Some study current issues related to registered nursing. The data that these studies provide is invaluable to many facets of the public, both within California and nationally. These groups include employers, law and policy-makers, nursing agencies and stakeholders, educators, students, researchers, and the general public. In many cases, this is the only resource available for much of the data related to RNs. These reports provide evidence-based data for sound workforce and fiscal planning based on trend analysis. Below is a brief summary of some of the public who depend upon this survey data from the BRN. Additional information regarding these reports and their importance is provided in Section 8.

- OSHPD Healthcare Workforce Development Division relies on this and the annual survey of educational programs to provide data for both their Healthcare Workforce Clearinghouse and Song Brown Healthcare Workforce Training Programs. OSHPD does not independently collect any RN demographic or workforce data.
- In addition to OSHPD, other California governmental agencies such as the Department of Health Services (DHS), Department of Public Health (DPH), and Community College Chancellor's Office access and use this data to obtain RN practice locations, postlicensure education, workforce diversity, and other workforce and demographic information.
- Many educators access the data to complete various analyses of RNs in California. Some examples include: the impact of the economy and recessions on RN employment; staffing and workforce changes in various employment settings; ethnic diversity of RNs and issues related to various ethnic groups; and factors that impact RN employment satisfaction.
- Employers access the data for workforce planning, funding, recruitment and Human Resource purposes.
- The BRN and the University of California, San Francisco (UCSF) staff receive inquiries from the public for various data on RNs. The majority of the time they can be referred to one or more of the reports for the information they are seeking.

Below is a summary of each of the major studies completed by the BRN since the last sunset report, including the reason each was performed. The BRN contracts with the UCSF, Philip R. Lee Institute for Health Policy Studies, to perform most of the studies. A listing of all studies and reports can be found on the BRN website at <http://rn.ca.gov/forms/pubs.shtml>. A listing and website link of the reports listed below is included in **Section 12, Attachment C**.

**Biennial Demographic/Workforce Survey of RNs and Forecasting Analysis**

The BRN directs this legislatively mandated (B&P Code Section 2717) biennial workforce study of California RNs. Currently analysis is being done on the ninth of these studies with previous studies conducted in 1990, 1993, 1997, 2004, 2006, 2008, 2010, and 2012. The studies provide demographic and workforce information about working RNs. Due to the large sample size, data is weighted, and an accurate estimate can be made of RNs statewide, as well as regionally, for some data points. Data is also compared with results from previous surveys so trends can be followed. An interactive database is also available online with data from the survey. Key health care related stakeholders rely on data from this and other *BRN reports* as it provides the most comprehensive data on RNs in California. Data from the study and other sources is used to develop a second report which forecasts the supply and demand of the RN workforce in California. Key findings from the 2012 survey included:

- The average age of RNs has declined slightly in recent years to 46, compared to almost 48 in 2004.
- The number of men working as RNs and residing in California has doubled since 1990 to over 11%.
- RNs are more ethnically diverse, with over 46% being non-white compared to almost 33% in 1990.
- 54% of nurses report having a baccalaureate or higher degree, compared to 39% in 1990.
- 85% of RNs with active California licenses are employed in nursing.
- About 15% (52,978) of RNs with active California licenses live outside of California.
- Almost 11% of working RNs residing in California have a license in at least one other state.
- 56% of RNs are direct patient care providers, and almost 64% work in acute care hospitals.
- Interaction with patients continues to be the most satisfying aspect of the RNs job, while the amount of paperwork required continues to be the least.
- Average income for RNs has almost doubled since 1997, from \$45,073 to \$89,940.

**Annual Survey of RN Educational Programs**

These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs, as well as advanced practice RN and some other postlicensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional reports of the prelicensure programs, statewide reports of postlicensure programs, and a prelicensure program interactive database are available on the BRN website for data collected over the past ten survey years. Nursing educators and administrators, professional organizations, private and public agencies, and researchers seek this information as they do for the survey of RNs. Key findings from the most recent report (2012/13) include:

- The report included data from 143 BRN-approved prelicensure RN programs in 2012/13, compared to 104 in 2003/04, which represents a 38% increase in overall programs.
- 75% of the prelicensure nursing programs in California are public, which has decreased from 84% in 2003/04. Private schools have accounted for almost all new program growth (47% for private schools and 2% for public schools) since 2006/07.
- New student enrollment increased by 68% since 2003/04, with 13,181 new students enrolled in 2012/13.
- Student completions also have shown a significant increase, from 6,158 in 2003/04 to 11,292 in 2012/13, an 83% increase.
- An 81% statewide retention rate was reported for 2012/13, a 10% increase since 2003/04.
- Employment of new graduates to California employers is currently approximately 64%. The number of new graduates working in hospitals has declined from 73% in 2004/05 to 57% in 2012/13. The number of graduates who had not found employment at the time of the survey has declined 10% from 2009/10 (28%) to 2012/13 (18%).



### **2012/13 California New Graduate Hiring Survey**

The BRN partners with the California Institute of Nursing and Health Care (CINHC), the Association of California Nurse Leaders (ACNL), the California Student Nurses Association (CSNA), and the University of California, Los Angeles (UCLA) School of Nursing with funding provided by the Kaiser Permanente Fund for Health Education to conduct what has become an annual survey of newly graduated RNs and their employment experiences. The 2012/13 survey was the fourth annual statewide survey conducted in fall 2013. Results from this survey found that approximately 59% of the newly licensed RNs surveyed were reported working in their first RN job. This is a greater percentage compared to the past three surveys which found 57% in 2010 and 2011 and 54% in 2012. Some variations are found in employment depending upon degree type, geographic location, and type of employment. The majority of nurses who found employment did so within the first six months after licensure.

### ***Survey of Nurses' Educational Experiences, 2013***

This survey was conducted to assess RNs' experiences pursuing education after licensure. The survey asked about postlicensure educational experiences, reasons for pursuing additional education, and intentions regarding future education. In 2010, the Institute of Medicine (IOM) completed a landmark study on the future role of RNs and other nurses, focusing on their contributions to a more effective and efficient health care system. The IOM made two specific recommendations regarding RN education: (1) that 80 percent of RNs attain a bachelor's degree by 2020; and (2) that the number of nurses with doctorates double by 2020 to, in part, prepare future RN educators based on their assessment that the increasing complexity of nursing care warrants a greater emphasis on the advancement of nurses' education and knowledge.

People can enter the registered nursing profession through multiple educational pathways including associate degree, baccalaureate degree, and other educational programs that include graduate-level education, traditional LVN-to-RN programs, or an LVN-to-RN program unique to California called a "30-unit option." Some nurses received their prelicensure nursing education in hospital-based diploma programs which are no longer operating in California. Many nurses pursue additional education. Following are some highlights of data found through this survey:

- More than 36% of employed California nurses have completed at least one postlicensure degree, and about 7.4% are currently enrolled in a postlicensure education program in pursuit of a degree or certificate in nursing or a non-nursing field.
- 37% of those currently enrolled are pursuing a baccalaureate degree in nursing, and more than 30% are enrolled in a master's degree in nursing program. About 40 percent of those currently enrolled are interested in becoming an APRN and about 50 percent are interested in a faculty career.
- Distance education, supportive family and friends, supportive and collaborative classmates and faculty, and feeling well-prepared assisted RNs to complete their postlicensure education.
- The most significant challenges facing nurses pursuing additional education are home and family needs interfering with studies, difficulty working while being in school, and the cost of education. These challenges, as well as others, have kept approximately 15% of California's employed RNs from completing postlicensure education after they had enrolled.
- There were a number of suggestions for improving access to additional nursing education, including: universities offering more online courses and distance learning programs; more part-time and re-entry programs for working nurses or those trying to return to work; more support from employers to those who want to pursue additional education, as well as provide greater recognition for advanced degrees in the workplace and wage scale; and greater financial support, such as grants and scholarships.

### **2013 The Diversity of California's Registered Nursing Workforce**

This report provides information on the current ethnic diversity of California RNs as the ability of RNs to provide culturally competent care to Californians is associated with the language skills and diversity of the RN workforce. Moreover, diversity in the RN profession reflects progress in providing opportunities for young people to obtain postsecondary education and enter the health professions. The analysis, completed in 2012 and updated in 2013, was prepared to focus on trends in the diversity of California RNs, statewide and by region, and compare the RN diversity to that of the population of California as a whole. Future projections are also included. Data from the BRN Surveys of RNs (2008, 2010, and 2012), the BRN Annual Schools Report (2003 to 2012), the California Department of Finance county-level population projections (2010), data from OSHPD, and the 2010 Census were used for the analysis.

The report compared three populations in California: the RN population, the patient population, and the general population. The data shows the overrepresentation of White and Filipino RNs and the underrepresentation of Black and Hispanic RNs in comparison to both the patient population and the general population in California. Oftentimes, Filipinos are grouped with other Asians. Separating these ethnic groups shows that non-Filipino Asian RNs are not overrepresented to the same degree as Filipino RNs. Non-Filipino Asian RNs are overrepresented in comparison to the patient population, but are equally represented in comparison to the general population. There is an increase in diversity among younger nurses, with the majority of White RNs older than 44 years of age, and larger numbers of younger RNs in other racial groups. However, the statewide data finds that Hispanic and Black RNs are currently underrepresented in comparison to the population and that these disparities will continue over the next several years.

### **2010 Survey of Nurse Practitioners and Nurse Midwives**

This survey was the first conducted by the BRN to describe these two categories of APRNs in California, NPs and NMs. The survey included NPs and NMs who were not also certified as a CNS. Like the RN survey, this survey collected demographic, education, and workforce data on these APRNs to provide information on who they are, where and how they work, where and how they are educated, why they do or do not work as an APRN, earnings, and future plans. APRNs have received education beyond their initial RN education to work in an advanced and/or specialized role in the delivery of health care services. Some highlights of the data include:

- At the time of the survey, less than 15,000 nurses residing in California held a certificate as an NP, NM or both and did not hold a CNS certificate.
- Almost 82% of NPs and 73% of NMs reported holding a master's degree or higher as their highest nursing degree.
- Nearly 74% of all NPs and NMs work in positions that require their advanced practice certificates.
- NPs and NMs work in a variety of settings, NPs most commonly reported working in a physician or osteopathic doctor's office or an outpatient clinic. NMs most often reported working in combination of clinic and hospital-based labor and delivery unit.
- On average, NPs and NMs are older when compared with the average age of an RN in California. The average age of NPs and NMs is 50 to 52 years old compared to 46 years of age for an RN.
- Overall NPs and NMs are satisfied with their work. However, comments from survey respondents indicate a great deal of unmet potential due to restrictive scope of practice, including the requirement for physician supervision, the expense of liability insurance, and the failure of administrators and collaborators to use APRNs as primary care providers.
- The NP and NM workforce is highly educated, highly motivated, and under-utilized in many areas of the health care delivery system in California.

### **2010 Survey of Clinical Nurse Specialists**

This survey was the first conducted by the BRN to describe CNSs in California. CNSs are also classified as APRNs. They must receive education beyond their initial RN education to work in an advanced or specialized role. Employment, education, and demographic data were collected about CNSs to better understand the role they play in the delivery of health care, and to assess their potential to address the care needs of Californians in the future. Following are some of the findings from this survey:

- At the time of the survey in 2010, over 2,800 nurses residing in California were certified in California as a CNS. Approximately 800 of these CNSs also held either an NP or NM certificate.
- The average age of CNSs ranged between 51 and 52 years old. A large proportion are preparing to retire, leave the profession, or decrease their hours in the next five years.
- Over 91% of CNSs reported a master's degree as their highest degree.
- While slightly less than 30% reported their primary job title as a CNS, nearly 45% stated their position required them to hold a CNS certificate.
- While CNSs work in a variety of work settings, the most frequently reported was in a hospital (56%), typically in acute or critical care (37%). High shares (12%) also work in academic institutions.

### **2011 A Study of California Nurses Placed on Probation**

In 2009, BRN staff collected data on 282 RNs who either began or extended probation in 2004 or 2005. An analysis of the data was completed and a report published in March 2011. The purpose of the study was to analyze characteristics of RNs on probation and their likelihood of recidivism to better inform BRN staff and Board members as they evaluate enforcement policies regarding this population of nurses, and to address concerns over the presence of these nurses in hospitals and other health care settings. A control group of 298 RNs was also included in the study so characteristics could be compared to the overall population of RNs. This study was based on one published in March 2009 in the *American Journal of Nursing* that explored and evaluated what factors might affect the outcomes of remediation, including the likelihood of recidivism. Addressing remediation techniques for nurses could positively impact their abilities to successfully and safely return to nursing practice. Some key findings of the study included:

- The majority of nurses on probation (67%) committed drug or criminal misconduct offenses, while 29% committed practice errors. Four percent were on probation for multiple offenses and/or another type of offense (i.e. mental illness related).
- Nurses were more likely to be on probation for a drug or misconduct offense if they were under 40 years of age, had a prior criminal history, had been in diversion, or worked in a hospital or had an unknown place of employment when probation began.
- In comparison to the average working RN in California, nurses on probation were: younger and less experienced in nursing; a greater share of them were men who had earned an ADN as their pre-licensure nursing education, had been licensed as LVNs, and worked for a nursing registry; and a smaller share received their prelicensure education outside of the U.S. and were licensed as APRNs.
- Nurses on probation were more likely to have a criminal history if they were male, 40 years of age or older, or received their RN license more recently.
- More than half of the nurses on probation completed probation (54%), and almost all of those who completed probation returned to nursing practice (97%). Nurses who committed practice errors were more likely to complete probation than nurses on probation for other reasons.
- The majority of those who failed probation lost their license (66%) either by revocation or voluntary surrender. Nurses who were assigned substance use disorder requirements as part of their probation were less likely to complete probation than those without substance use disorder requirements.

- The recidivism rate for nurses on probation was 38%, which is similar to the NCSBN study which shows that 39% of the sample recidivated. Another analysis of 44 states reported by the NCSBN found that recidivism rates averaged 21% across the 44 states, ranging from 0% to 43%.
- Among those who were placed on probation in 2004/05, recidivism rates were higher for nurses on probation for drugs or criminal misconduct (46%) than for nurses on probation for practice errors (21%).
- Overall, these findings suggest that RNs are less likely to complete probation successfully and return to nursing practice if they have a criminal history, changed jobs while on probation, worked in a hospital when the probationary incident occurred, struggled with the substance use requirements of their probation, or were on probation for a drug or criminal offense. These findings reflect similar associations between recidivism and prior criminal history and changing employers during probation as reported by the NCSBN.

### **Major Publications Completed by the Board**

In addition to surveys and studies, the BRN offers other publications, some on a regular basis and some as needed. Many documents provide guidelines for various procedures and activities of the BRN. Below are the significant publications which have been provided by the BRN since the last sunset report. A listing of all publications can be found on the BRN website at <http://rn.ca.gov/forms/pubs.shtml>. A listing of the publications below and website links to access the most current edition is included in **Section 12, Attachment C**.

#### **BRN Reports**

Since 2011, the BRN annually publishes an online newsletter titled the *BRN Report*. The purpose of the *BRN Report* is to provide the public information on current policies, procedures, activities and issues related to registered nursing. It includes routine articles, announcements, and updates as well as relevant and current information from guest columnists and other governmental agencies. It is another way the BRN keeps licensees and the public updated on important and relevant topics related to registered nursing.

#### **Strategic Plan**

In April 2014, the Board formally adopted its current 2014-2017 Strategic Plan. The Strategic Plan is included in **Section 12, Attachment G**.

#### **Annual Reports**

Every year the BRN provides statistical information on all programs via its annual report to DCA. A significant amount of this data is required to be reported pursuant to B&P Code Section 2313.

### **National and Other Association Memberships and Participation**

The Board is a voting member of the NCSBN which is an independent not-for-profit organization that brings together boards of nursing to act and counsel together on matters of common interest. The NCSBN has membership from all fifty states, District of Columbia, and four U.S. territories. The NCSBN's work includes developing the NCLEX-RN and other examinations, maintaining the NURSUS database, which coordinates national publicly available nurse licensure information, providing collaboration opportunities among its members and other nursing and health care organizations, disseminating data related to the licensure of nurses, conducting research on nursing practice issues, and serving as a forum for information exchange for members. The BRN Executive Officer has been attending and participating as a voting member in the NCSBN's Annual Delegate Assembly meeting where policy and administrative decisions are made as well as

national level nursing information provided. BRN NECs participate in NCSBN education and practice workgroup teleconference meetings which include NCSBN and other boards of nursing representatives to discuss nursing education and practice issues.

The Board requires applicants to pass the NCLEX-RN as one of the requirements for licensure. NCSBN uses RNs from all areas of the U.S. in the NCLEX-RN examination development, scoring, and analysis. The BRN encourages RNs in California to participate. Recruitment information is included on the BRN website, in every issue of the *BRN Report* newsletter, and is available at Board and Committee meetings.

In the past, BRN staff and Board Members were very active in serving on various committees with NCSBN such as: examination, item review, executive officer succession, discipline, and practice, to name a few. They were also active as participants in other nursing organizations in order to have input into national and state level policy and procedures and would like to resume these activities. However, due to requirements out of the BRN's control, both in- and out-of-state travel has become much more limited over the past several years. The Executive Officer must submit any travel outside of the direct work needs (e.g., Board meetings, school visits, investigations, etc.) to the DCA Executive Office for approval. As a result, staff are not applying for, accepting, or participating in as many outside committees, unless they can attend by teleconference. This impacts the ability of the BRN to be relevant in national and state agendas with stakeholders.

Some local, in-state committees, workgroups, and task forces in which BRN staff have participated include:

- **Association of California Nurse Leaders (ACNL)** – the BRN Executive Officer presents at the ACNL annual conference and staff periodically present at meetings or conferences in different geographic areas of California (e.g., Sacramento, San Francisco Bay Area, Los Angeles, etc.)
- **California Institute for Nursing and Health Care (CINHC)** – the BRN Executive Officer is a member of the Advisory Board and attends meetings four times per year.
- **California Action Coalition** – The Coalition was established in 2010 to implement the recommendations outlined in the IOM landmark report, *The Future of Nursing: Leading Change, Advancing Health*. The Coalition works to implement in California the eight recommendations outlined in the report and discussed in Section 8 of this report. BRN staff serve on the workgroup related to recommendation number eight that focuses on collection and analysis of health care workforce data. Staff have attended two one-day meetings related to this work in San Francisco.
- **APRN Coalition** – A workgroup related to APRNs was developed as part of the California Action Coalition's work, and BRN staff participate in meetings of this workgroup. Most meetings are by teleconference bi-monthly. Local staff attend face-to-face meetings twice a year in either northern or southern California.
- **California Organization of Associate Degree Nursing Program Directors (COADN)** and California Association of Colleges of Nursing (CACN) – BRN staff regularly attend meetings of these organizations that include nursing program directors who collaborate and work on RN education-related topics and issues. There are separate northern and southern California groups that meet independently throughout the year. Two joint meetings are held each year. BRN staff in the area attend the meetings depending upon its location. One of the joint meetings held each year includes all members from both organizations. BRN staff attend and provide information for new and continuing program directors.
- **Health Professions Education Foundation** – Housed under OSHPD, the Foundation administers the RN Education Program that provides scholarship and loan repayment programs for RNs. It is partially funded by a \$10 surcharge from RN licensure renewals. BRN staff serve on the Nurse Advisory Committee for this Foundation and attend meetings by teleconference three to four times per year.

- **Governor’s California Interagency Council on Veterans (ICV)** – BRN staff attend workgroup and sub-workgroup teleconference meetings about twice per month related to resources available in education, employment, housing, and health for California military veterans.
- **The California Department of Public Health** – BRN staff participate in the California Partnership to Improve Dementia Care workgroup. Participants include the Department of Justice (DOJ) in the Northern Enforcement Network dealing with topics including elder abuse and Medi-Cal Fraud.
- **Southern Section Consumer Protection Council** – BRN staff participate on this council with District Attorneys, AG’s and other state law enforcement staff.
- **Orange County Prescription Drug Abuse Task Force/Riverside CARE Task Force/Ventura County Drug Task Force** – Membership on this task force includes staff from the BRN, law enforcement agencies, medical professionals, health care related agencies and the Drug Enforcement Administration dealing with prescription and narcotic drug abuse issues.
- **Resident Placement Protocols Taskforce** – BRN staff work with this task force on issues related to residential care facilities.
- **Insurance Fraud Task Force/Federal Bureau of Investigation (FBI) Medical Fraud Task Force** – Membership in these task forces have BRN staff working on issues related to the various types of fraud in the health care industry.
- **Medical Board of California (MBC) Prescribing Task Force** – The BRN Executive Officer serves on this task force whose mission is to identify ways to proactively approach and find solutions to the epidemic of prescription drug overdose through education, prevention, best practices, communication, and outreach by engaging all stakeholders with a vision to significantly reduce prescription drug overdose.



# Section 2

## **Performance Measures and Customer Satisfaction Surveys**

- Performance Measure Reports Published by the Department of Consumer Affairs
- Customer Satisfaction Surveys Conducted by the Department of Consumer Affairs



## Performance Measure Reports Published By The Department Of Consumer Affairs

All quarterly and annual performance measure reports for Fiscal Years (FYs) 2010/11 through 2013/14 as published by the Department of Consumer Affairs (DCA) on their website are below. These reports are part of DCA's Consumer Protection Enforcement Initiative (CPEI). They are generic for the entire DCA.

### *Fiscal Year 2013/14*

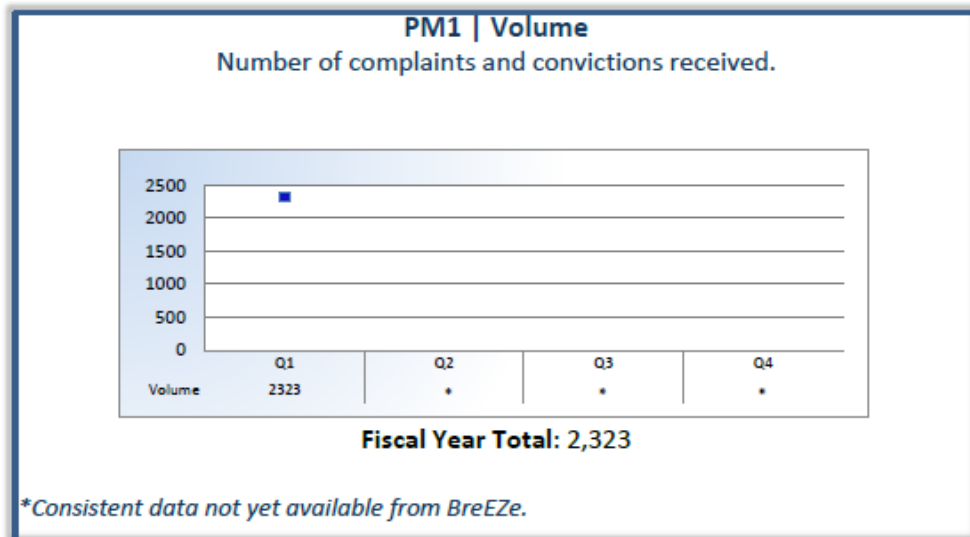
*Department of Consumer Affairs*

## Board of Registered Nursing

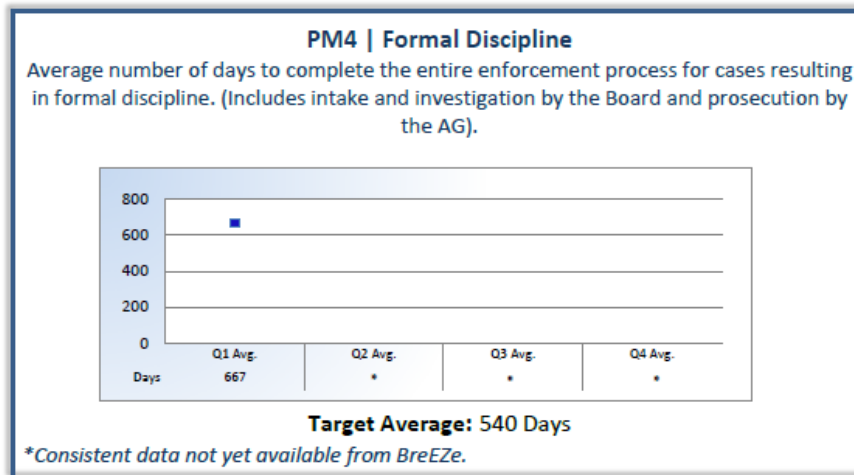
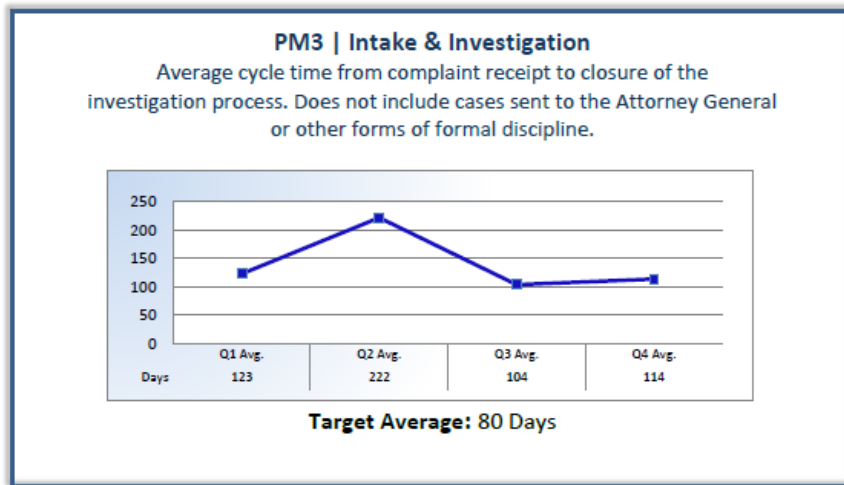
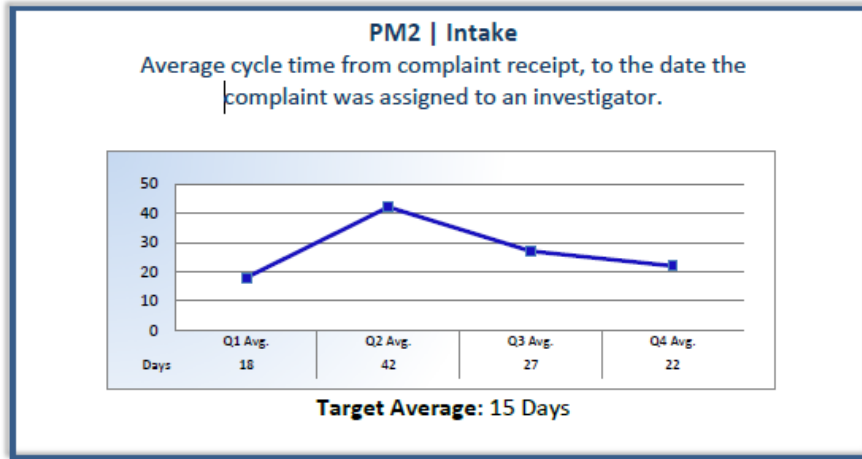
### Performance Measures

#### Annual Report (2013 – 2014 Fiscal Year)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly and annual basis.



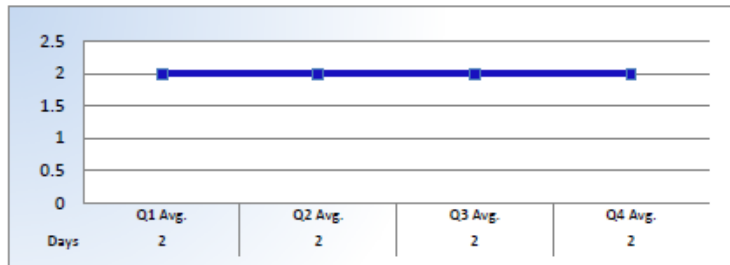
*Source: DCA website*



Source: DCA website

**PM7 | Probation Intake**

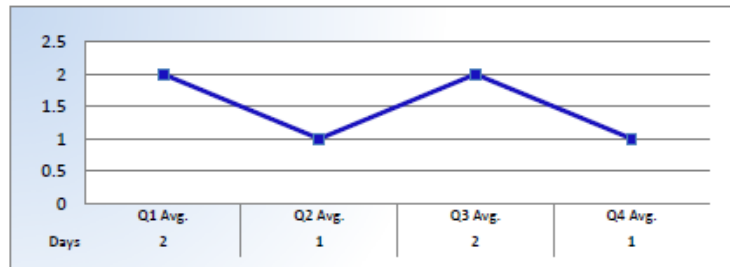
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



**Target Average: 2 Days**

**PM8 | Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



**Target Average: 2 Days**

Source: DCA website

Department of Consumer Affairs  
 Board of Registered  
 Nursing

**Performance Measures**

**Q4 Report (April - June 2014)**

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

**PM1 | Volume**

Number of complaints and convictions received.

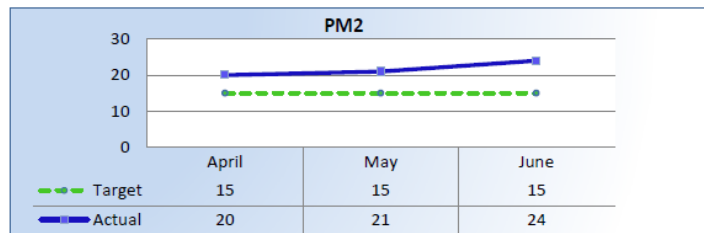
*Consistent data not yet available from BreEZe.*

Total Received: - Monthly Average: -

Complaints: - | Convictions: -

**PM2 | Intake**

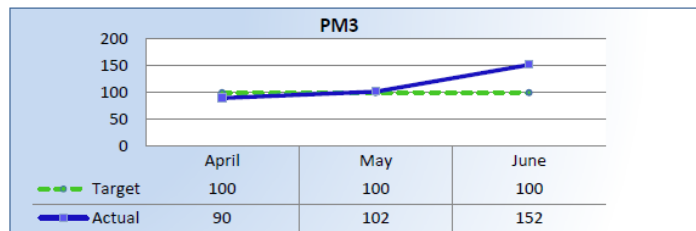
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



**Target Average: 15 Days | Actual Average: 22 Days**

**PM3 | Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



**Target Average: 100 Days | Actual Average: 114 Days**

*Source: DCA website*

**PM4 | Formal Discipline**

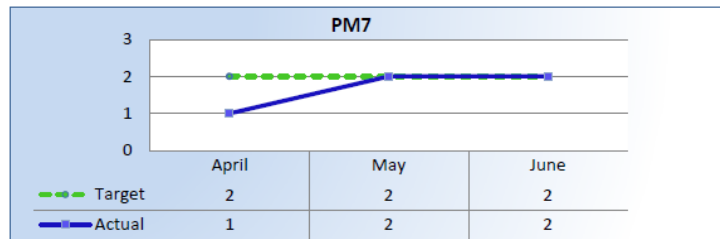
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

*Consistent data not yet available from BreEZe.*

**Target Average: 540 Days | Actual Average: N/A**

**PM7 | Probation Intake**

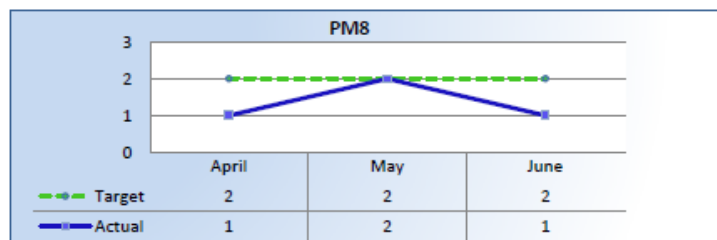
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



**Target Average: 2 Days | Actual Average: 2 Days**

**PM8 | Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



**Target Average: 2 Days | Actual Average: 1 Day**

Source: DCA website

Department of Consumer Affairs  
Board of Registered  
Nursing

## Performance Measures

### Q3 Report (January - March 2014)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

#### PM1 | Volume

Number of complaints and convictions received.

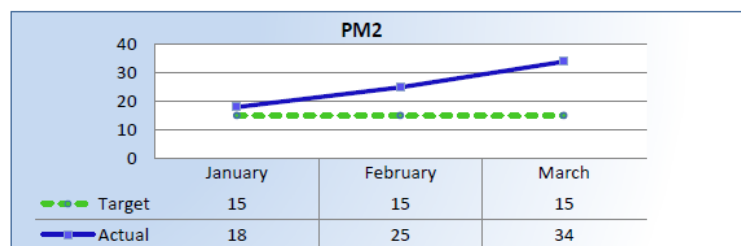
*Consistent data not yet available from BreEZe.*

Total Received: - Monthly Average: -

Complaints: - | Convictions: -

#### PM2 | Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

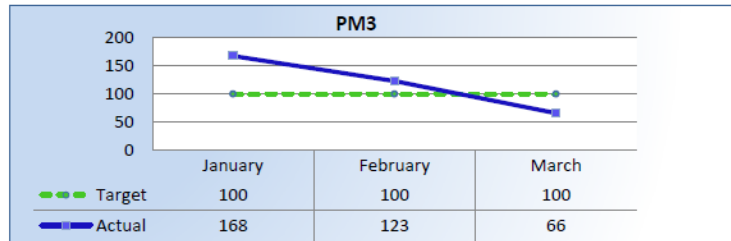


**Target Average: 15 Days | Actual Average: 27 Days**

Source: DCA Website

**PM3 | Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



**Target Average: 100 Days | Actual Average: 104 Days**

**PM4 | Formal Discipline**

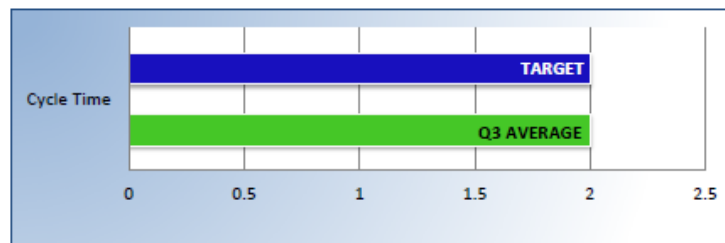
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

*Consistent data not yet available from BreEZe.*

**Target Average: 540 Days | Actual Average: N/A**

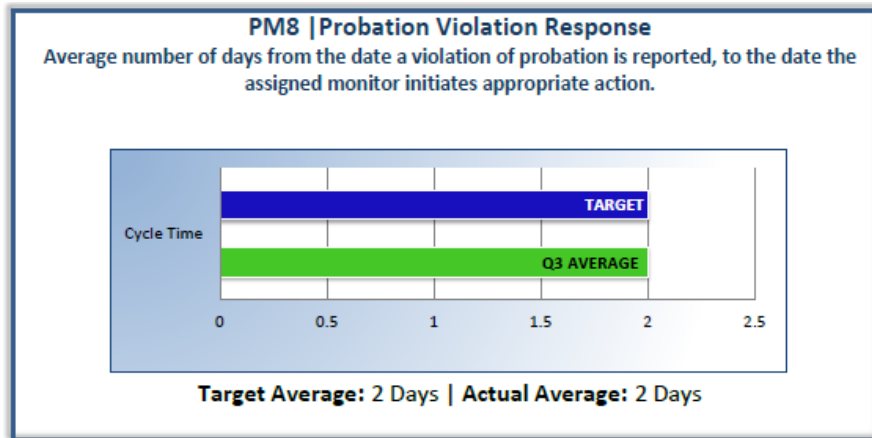
**PM7 | Probation Intake**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



**Target Average: 2 Days | Actual Average: 2 Days**

Source: DCA website



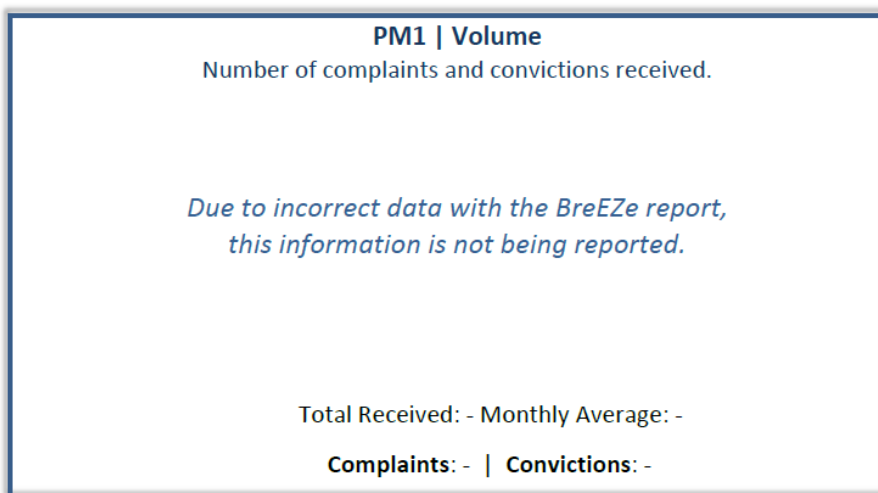
Source: DCA website

Department of Consumer Affairs  
Board of Registered  
Nursing

## Performance Measures

### Q2 Report (October - December 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

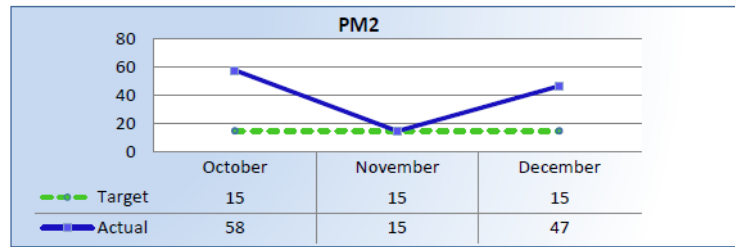


Source: DCA website



**PM2 | Intake**

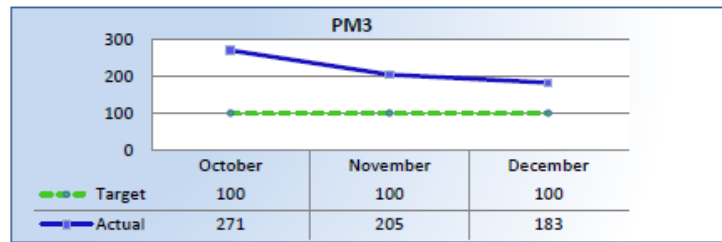
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



**Target Average: 15 Days | Actual Average: 42 Days**

**PM3 | Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



**Target Average: 100 Days | Actual Average: 222 Days**

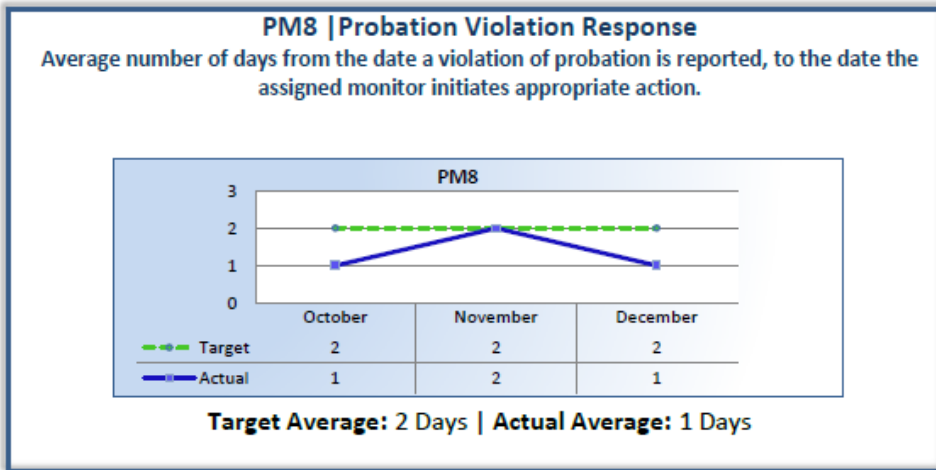
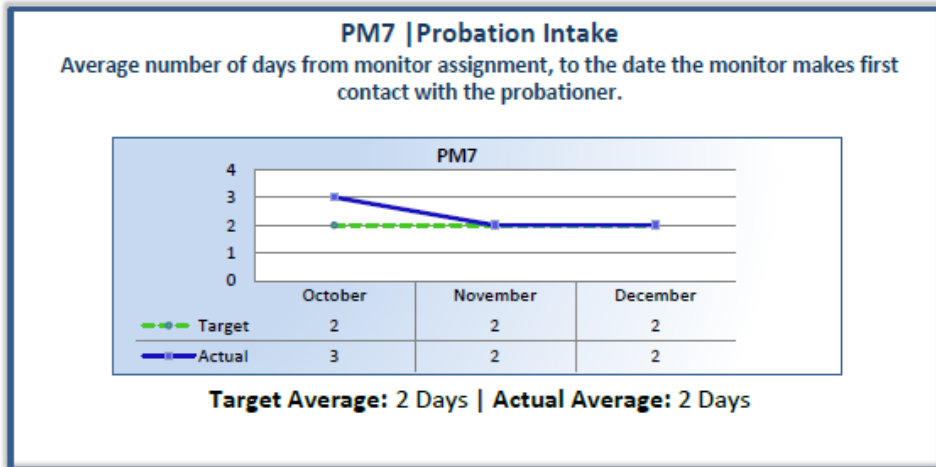
**PM4 | Formal Discipline**

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).

*Due to incorrect data with the BreZE report, this information is not being reported.*

**Target Average: 540 Days | Actual Average: N/A**

Source: DCA Website



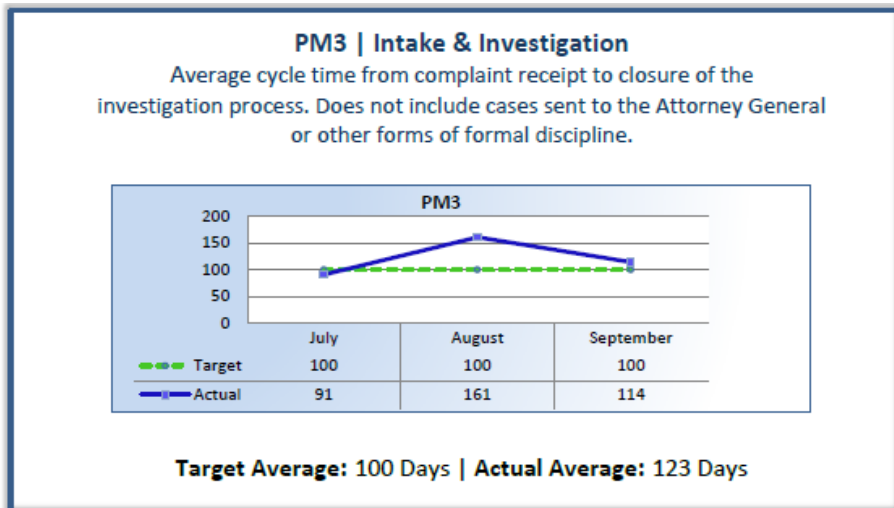
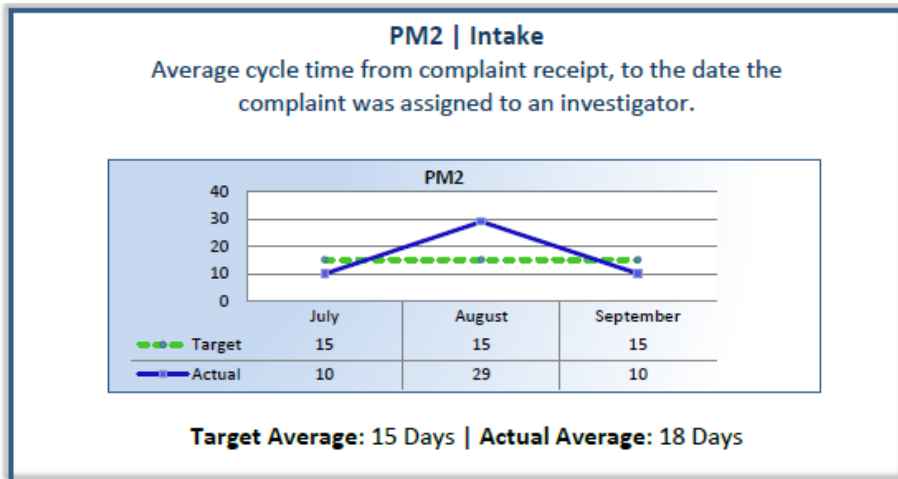
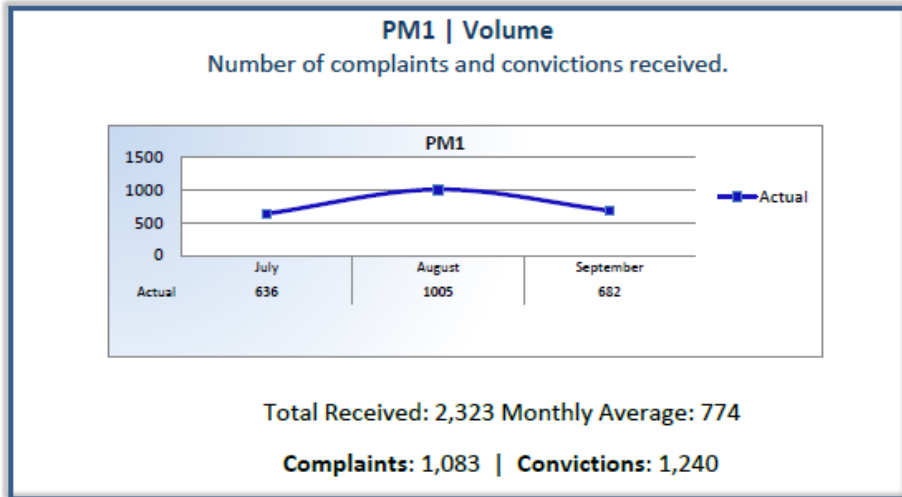
*Source: DCA website*

Department of Consumer Affairs  
 Board of Registered  
 Nursing

## Performance Measures

### Q1 Report (July - September 2013)

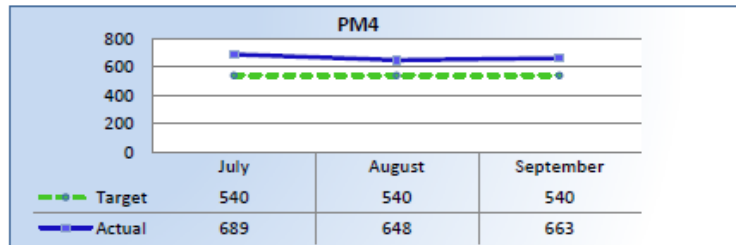
To ensure stakeholders can review the Board’s progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



Source: DCA website

**PM4 | Formal Discipline**

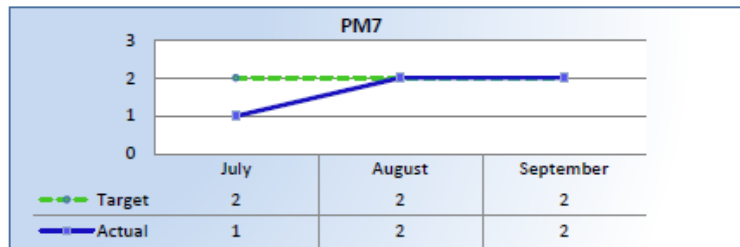
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



**Target Average: 540 Days | Actual Average: 667 Days**

**PM7 | Probation Intake**

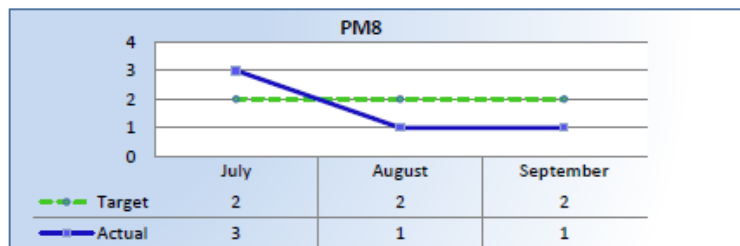
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



**Target Average: 2 Days | Actual Average: 2 Days**

**PM8 | Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



**Target Average: 2 Days | Actual Average: 2 Days**

Source: DCA website

**Fiscal Year 2012/13**

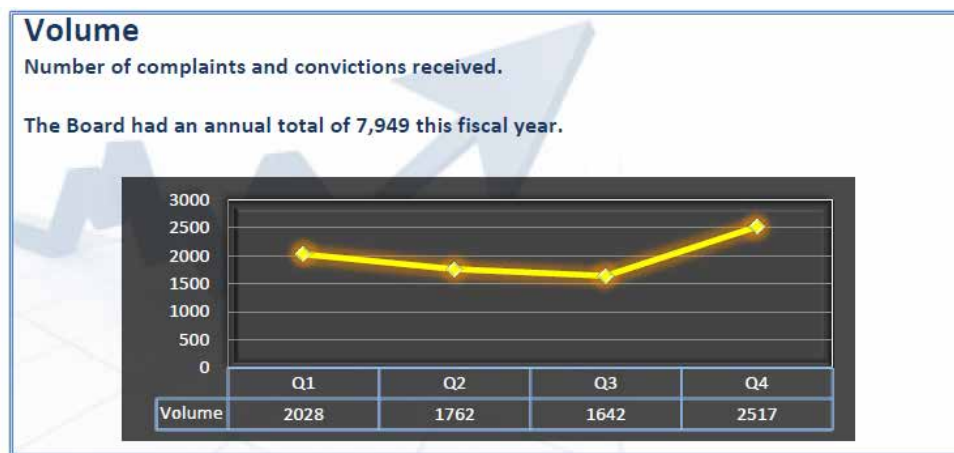
Department of Consumer  
Affairs

Board of Registered  
Nursing

## Performance Measures

### Annual Report (2012 – 2013 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.



Source: DCA website

### Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

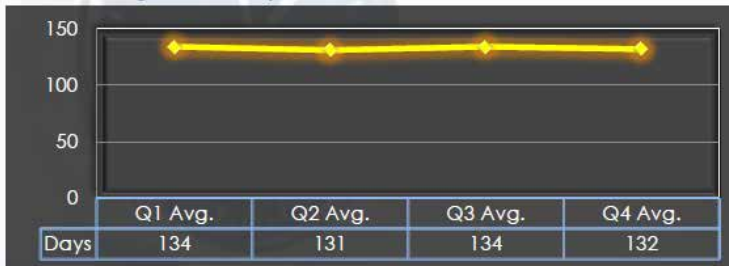
The Board has set a target of 15 days for this measure.



### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

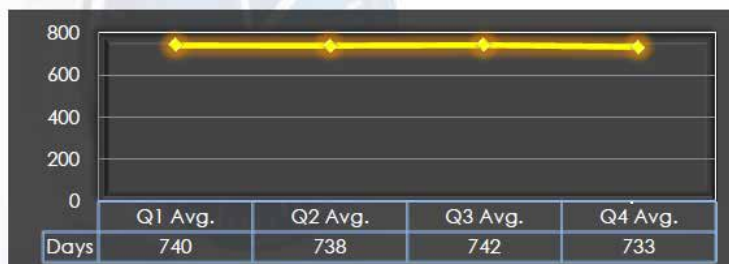
The Board has set a target of 100 days for this measure.



### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.

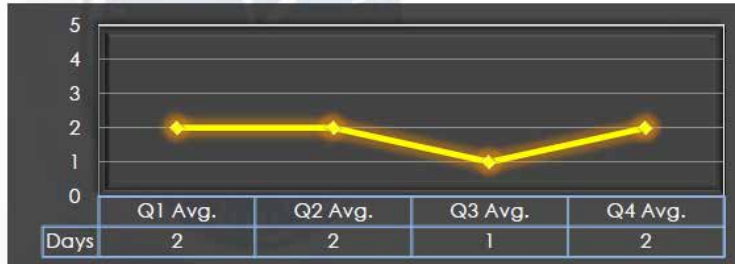


Source: DCA website

### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

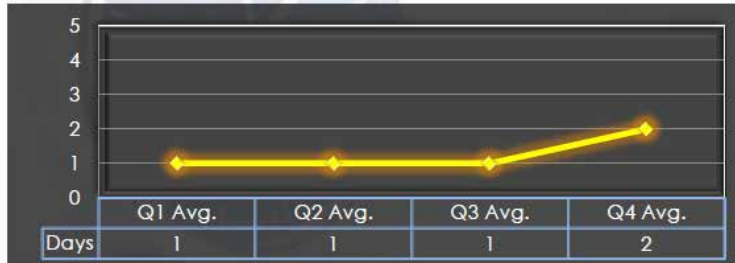
The Board has set a target of 2 days for this measure.



### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 2 days for this measure.



Source: DCA website

Department of Consumer Affairs  
 Board of Registered  
 Nursing

## Performance Measures

### Q4 Report (April - June 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

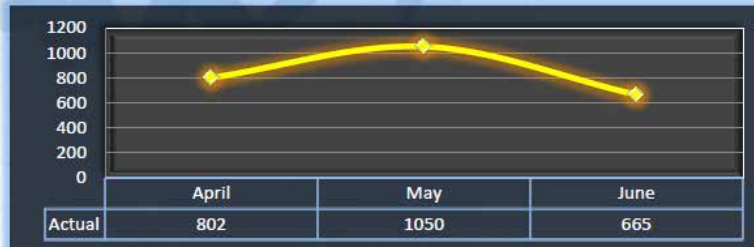
**Volume**

Number of complaints and convictions received.

**Q4 Total: 2,517**

*Complaints: 895 Convictions: 1,622*

**Q4 Monthly Average: 839**

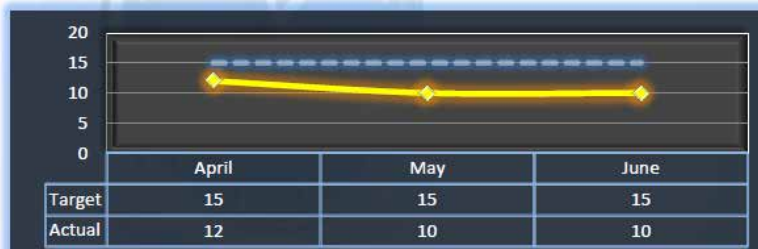


**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q4 Average: 11 Days**

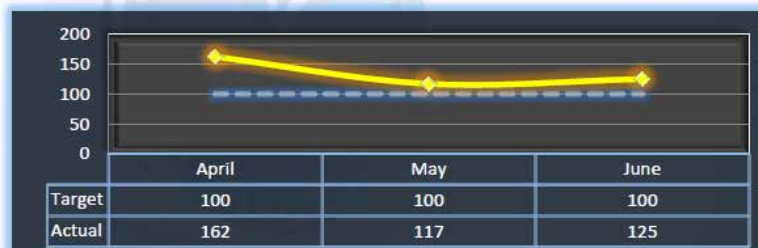


**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q4 Average: 132 Days**



Source: DCA website

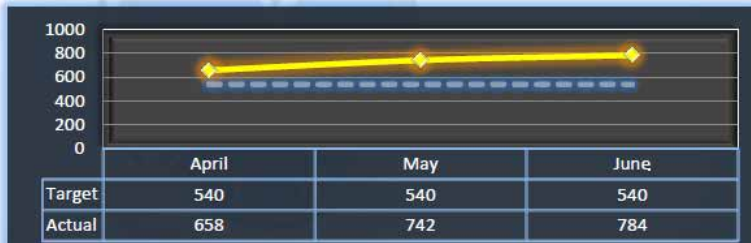


### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 733 Days

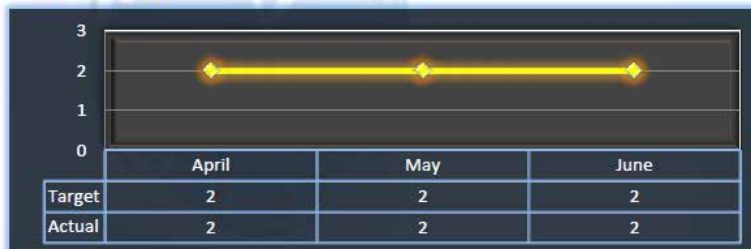


### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 2 Days

Q4 Average: 2 Days

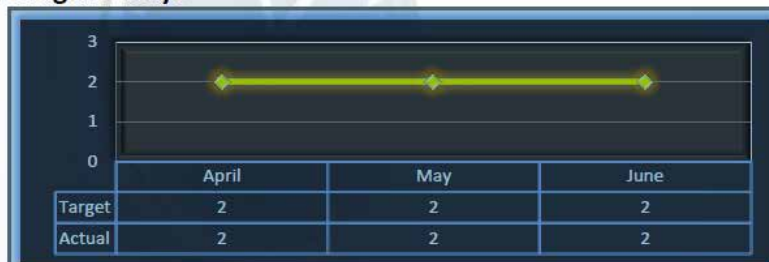


### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 2 Days

Q4 Average: 2 Days



Source: DCA website

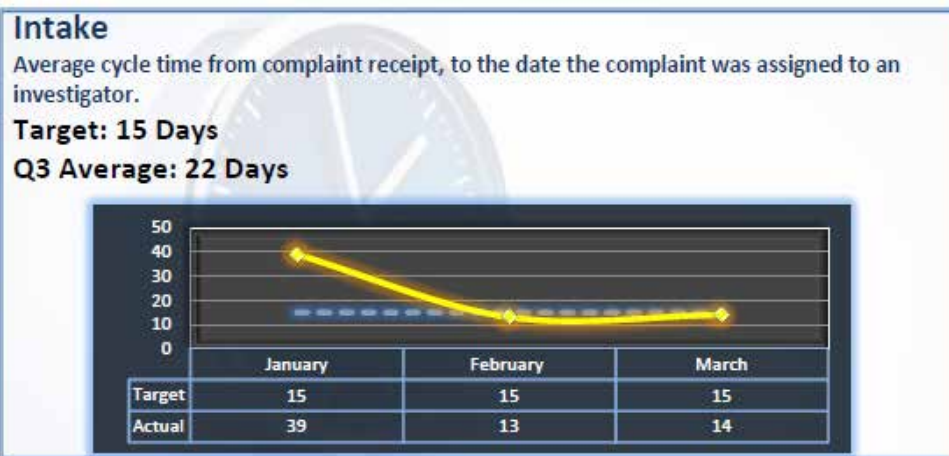
Department of Consumer Affairs

## Board of Registered Nursing

### Performance Measures

#### Q3 Report (January - March 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



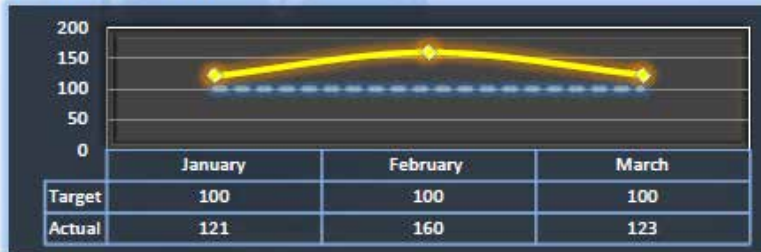
Source: DCA website

### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q3 Average: 134 Days**

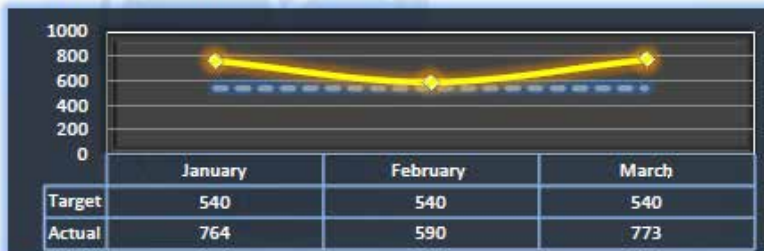


### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q3 Average: 742 Days**



### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q3 Average: 1 Day**



Source: DCA website

### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q3 Average: 1 Day**



Source: DCA website

Department of Consumer Affairs  
Board of Registered  
Nursing

## Performance Measures

### Q2 Report (October - December 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

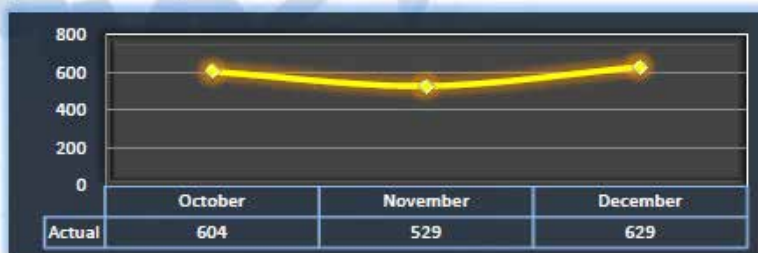
#### Volume

Number of complaints and convictions received.

**Q2 Total: 1,762**

Complaints: 501 Convictions: 1,261

**Q2 Monthly Average: 587**



Source: DCA website

**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q2 Average: 16 Days**

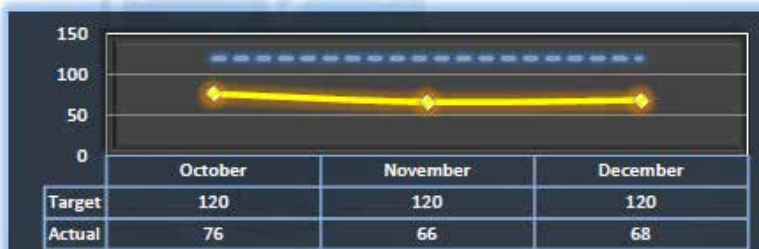


**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q2 Average: 131 Days**

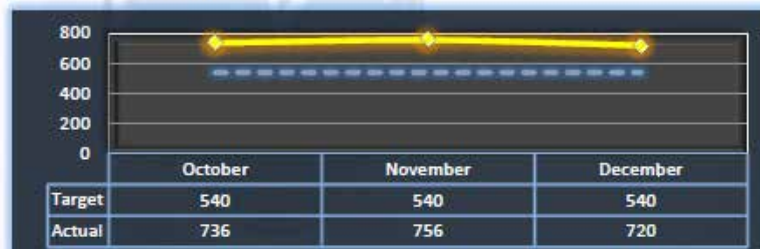


**Formal Discipline**

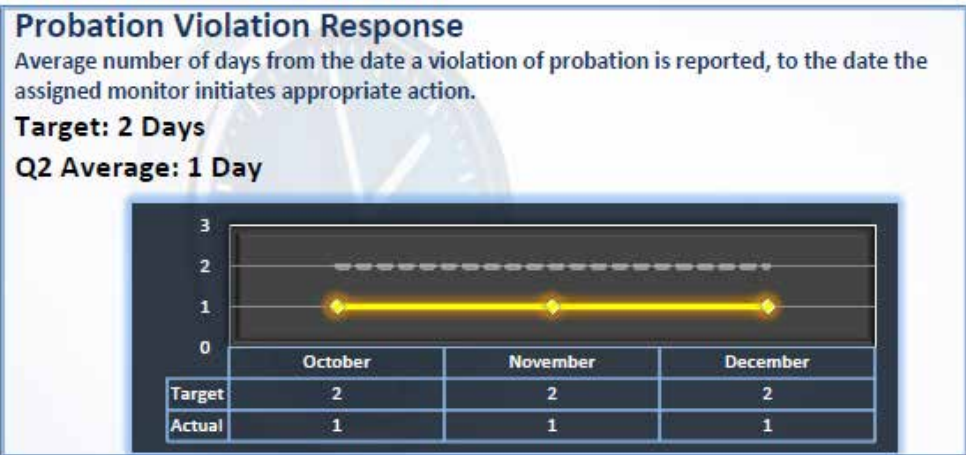
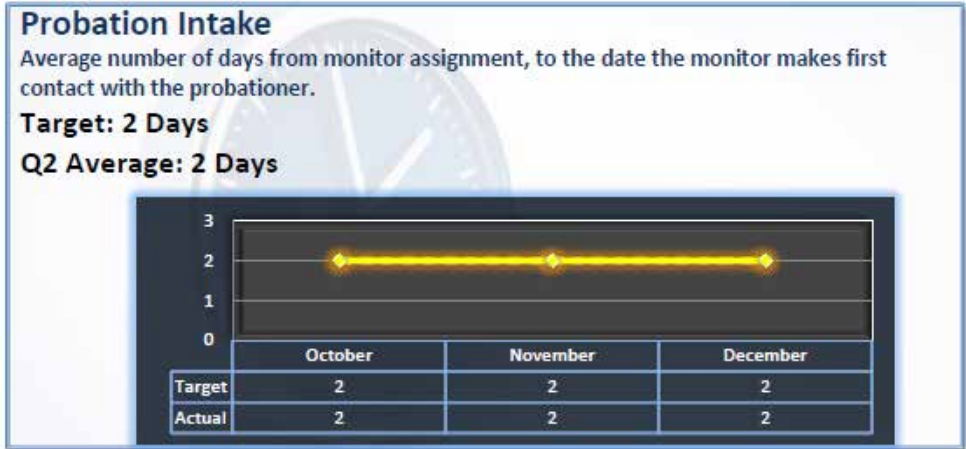
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q2 Average: 738 Days**



Source: DCA website



Source: DCA website

Department of Consumer Affairs  
Board of Registered  
Nursing

## Performance Measures

### Q1 Report (July - September 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

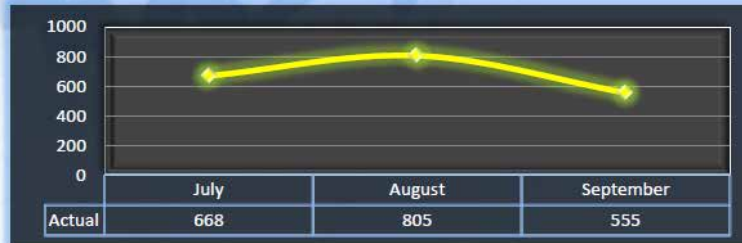
**Volume**

Number of complaints and convictions received.

**Q1 Total: 2,028**

*Complaints: 808 Convictions: 1,220*

**Q1 Monthly Average: 676**

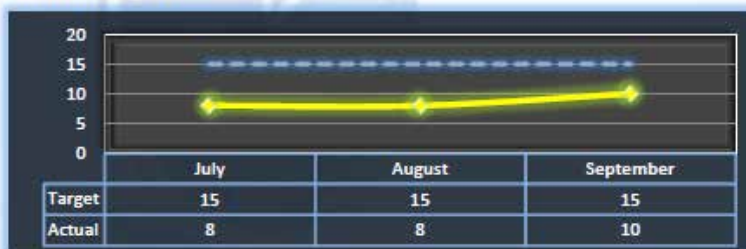


**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q1 Average: 9 Days**



**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q1 Average: 134 Days**



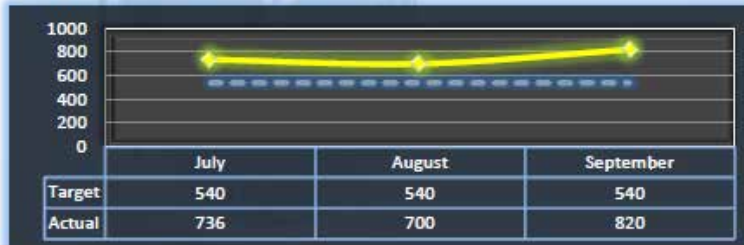
Source: DCA website

### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q1 Average: 740 Days**

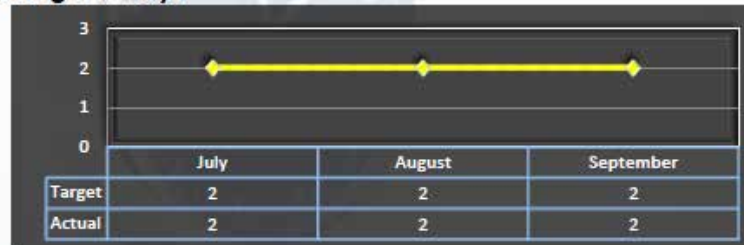


### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q1 Average: 2 Days**

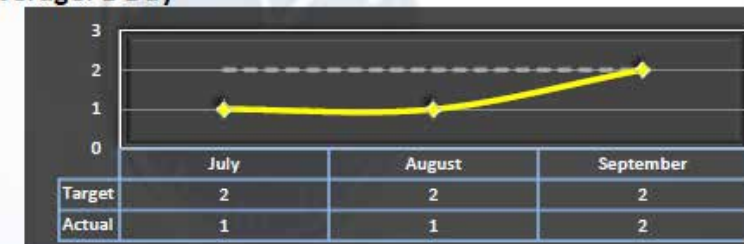


### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q1 Average: 1 Day**



Source: DCA website



**Fiscal Year 2011/12**

Department of Consumer  
Affairs

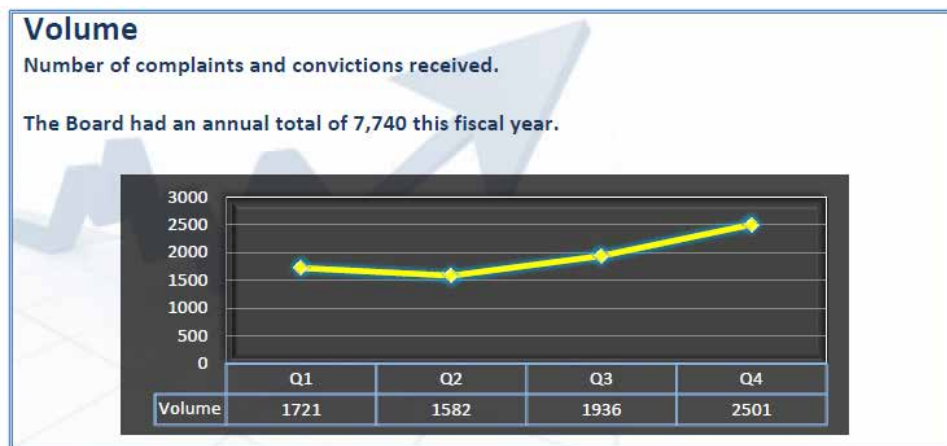
Board of Registered  
Nursing

## Performance Measures

### Annual Report (2011 – 2012 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the four quarters worth of data.

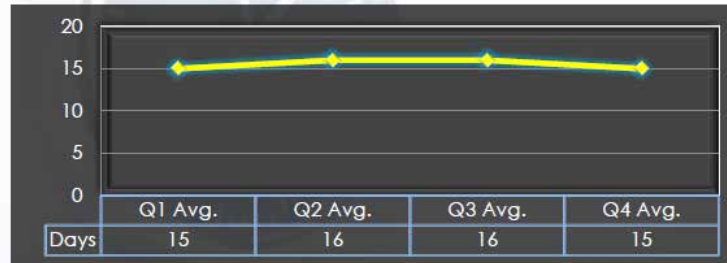


Source: DCA website

### Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

The Board has set a target of 15 days for this measure.



### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

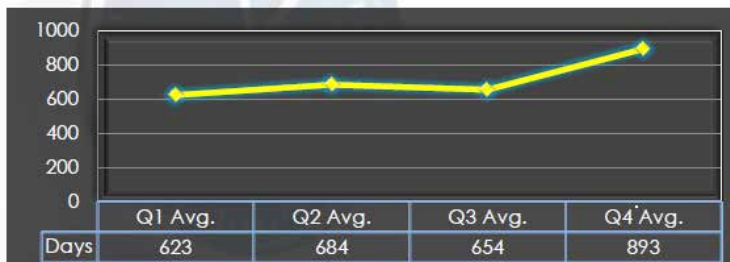
The Board has set a target of 100 days for this measure.



### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.

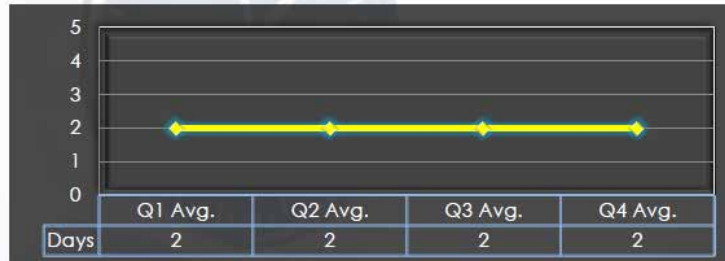


Source: DCA website

**Probation Intake**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

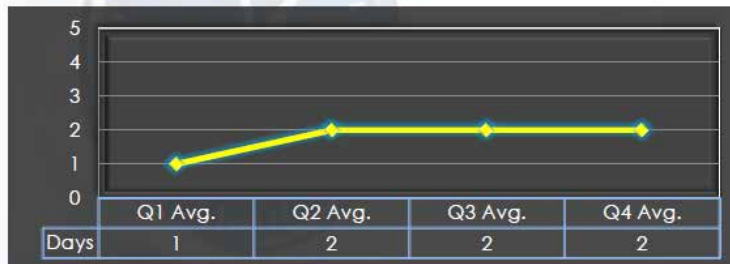
The Board has set a target of 2 days for this measure.



**Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 2 days for this measure.



Source: DCA website

Department of Consumer Affairs  
 Board of Registered  
 Nursing

**Performance Measures**

**Q4 Report (April - June 2012)**

To ensure stakeholders can review the Board’s progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

**Volume**

Number of complaints and convictions received.

**Q4 Total: 2,501**

Complaints: 807 Convictions: 1,694

**Q4 Monthly Average: 834**



**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q4 Average: 15 Days**

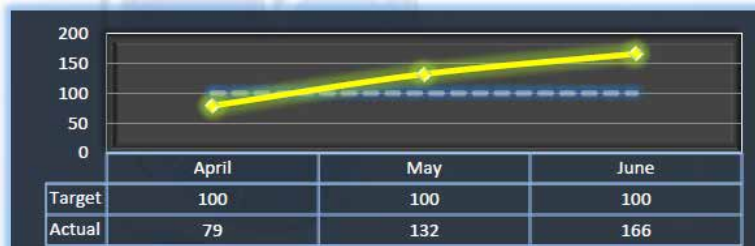


**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q4 Average: 136 Days**



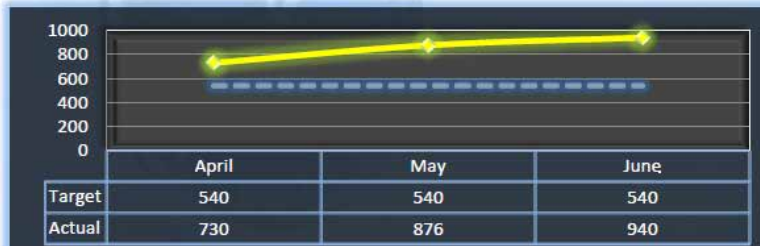
Source: DCA website

### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q4 Average: 893 Days**

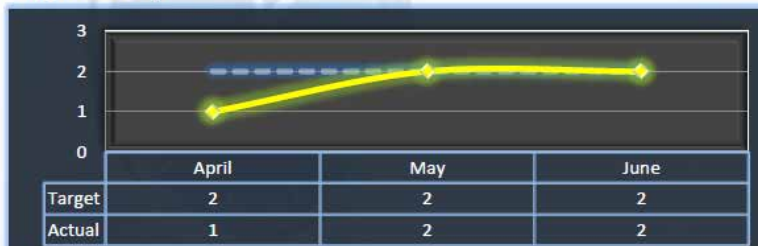


### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q4 Average: 2 Days**



### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q4 Average: 2 Days**



Source: DCA website

Department of Consumer Affairs

## Board of Registered Nursing

# Performance Measures

## Q3 Report (January - March 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



Source: DCA website

### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q3 Average: 113 Days**



### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q3 Average: 654 Days**



### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q3 Average: 2 Days**



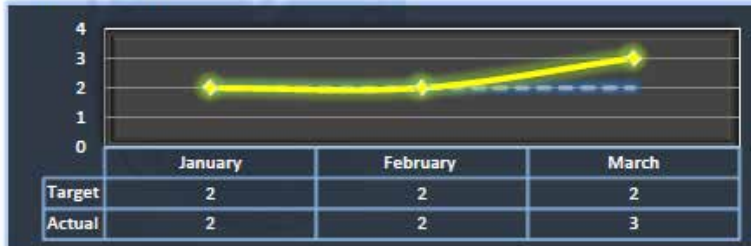
Source: DCA website

**Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q3 Average: 2 Days**



Source: DCA website

Department of Consumer Affairs  
 Board of Registered  
 Nursing

**Performance Measures**

**Q2 Report (October - December 2011)**

To ensure stakeholders can review the Board’s progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

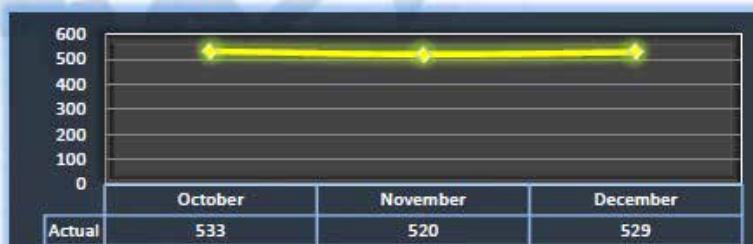
**Volume**

Number of complaints and convictions received.

**Q2 Total: 1,582**

Complaints: 581 Convictions: 1,001

**Q2 Monthly Average: 527**



Source: DCA website

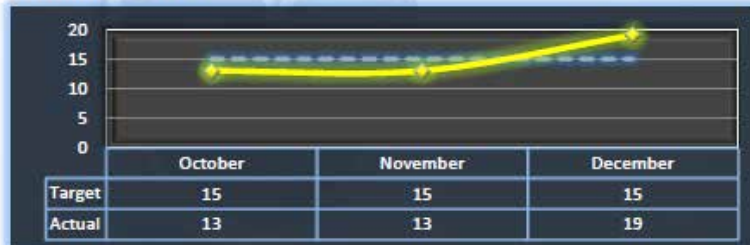


**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q2 Average: 16 Days**

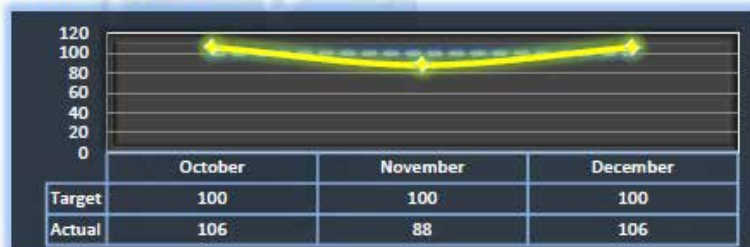


**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q2 Average: 102 Days**

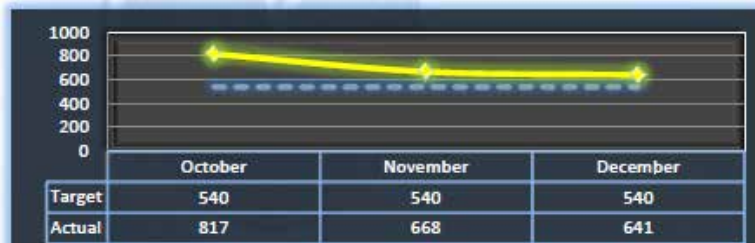


**Formal Discipline**

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q2 Average: 684 Days**



Source: DCA website

**Probation Intake**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q2 Average: N/A**

*The Board did not report any new disciplinary cases this quarter.*

**Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q2 Average: N/A**

*The Board did not report any probation violations this quarter.*

Source: DCA website

Department of Consumer Affairs

Board of Registered  
Nursing

## Performance Measures

### Q1 Report (July - September 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

**Volume**

Number of complaints and convictions received.

**Q1 Total: 1,721**

Complaints: 700 Convictions: 1,021

**Q1 Monthly Average: 574**



**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q1 Average: 15 Days**



**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q1 Average: 92 Days**



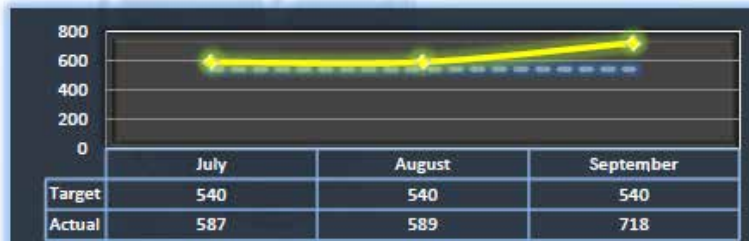
Source: DCA website

### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q1 Average: 623 Days**



### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q1 Average: N/A**

*The Board did not report any new disciplinary cases this quarter.*

### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q1 Average: N/A**

*The Board did not report any probation violations this quarter.*

Source: DCA website

*Fiscal Year 2010/11*

*Department of Consumer  
Affairs*

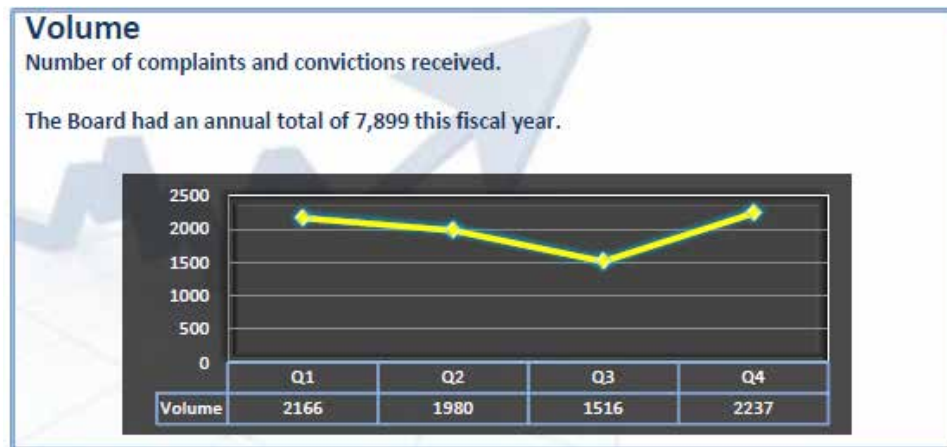
**Board of Registered  
Nursing**

## Performance Measures

### Annual Report (2010 – 2011 Fiscal Year)

To ensure stakeholders can review the Board's progress in meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures are posted publicly on a quarterly basis.

This annual report represents the culmination of the first four quarters worth of data.

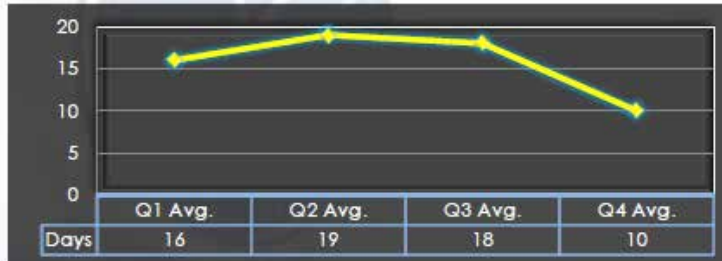


*Source: DCA website*

**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

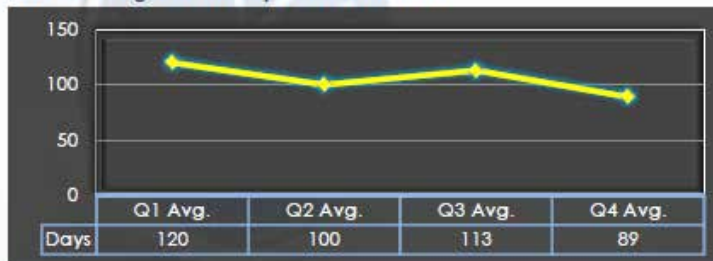
The Board has set a target of 15 days for this measure.



**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

The Board has set a target of 100 days for this measure.



**Formal Discipline**

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

The Board has set a target of 540 days for this measure.

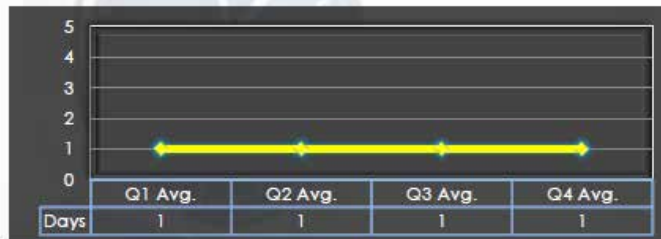


Source: DCA website

**Probation Intake**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Board has set a target of 2 days for this measure.

**Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Board has set a target of 2 days for this measure.



Source: DCA website

Department of Consumer Affairs  
Board of Registered  
Nursing

## Performance Measures

### Q4 Report (April - June 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

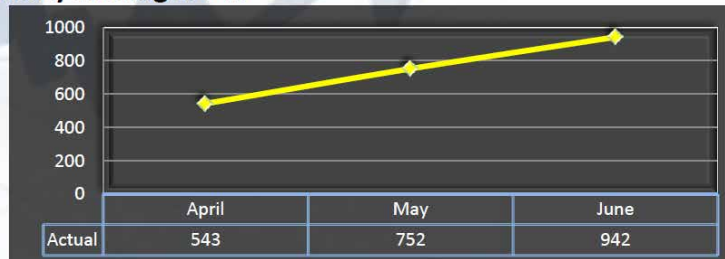
### Volume

Number of complaints and convictions received.

**Q4 Total: 2,237**

Complaints: 941 Convictions: 1,296

**Q4 Monthly Average: 745**

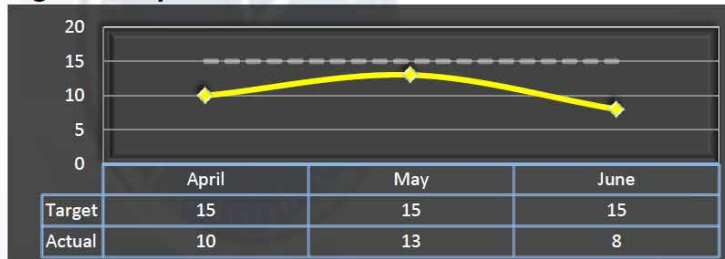


### Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q4 Average: 10 Days**

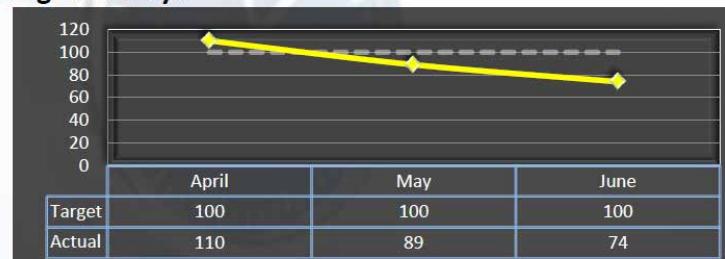


### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q4 Average: 89 Days**



Source: DCA website

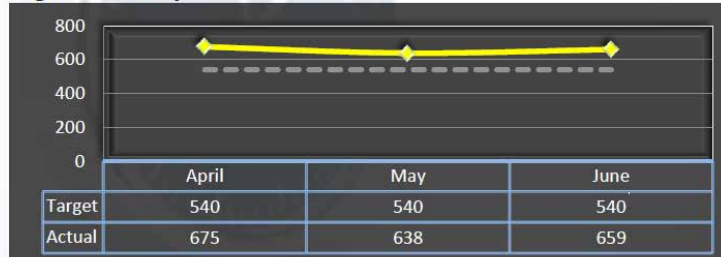


### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q4 Average: 659 Days**

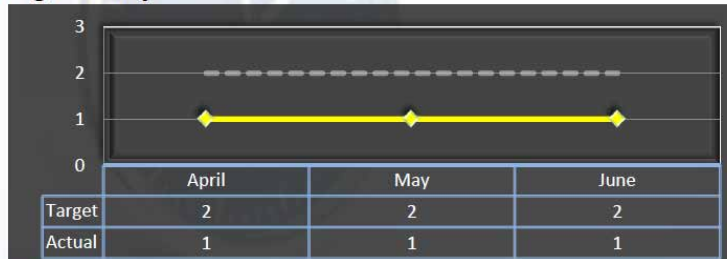


### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q4 Average: 1 Days**

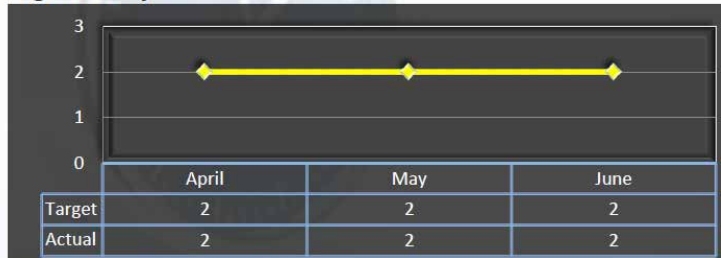


### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q4 Average: 2 Days**



Source: DCA website

Department of Consumer Affairs

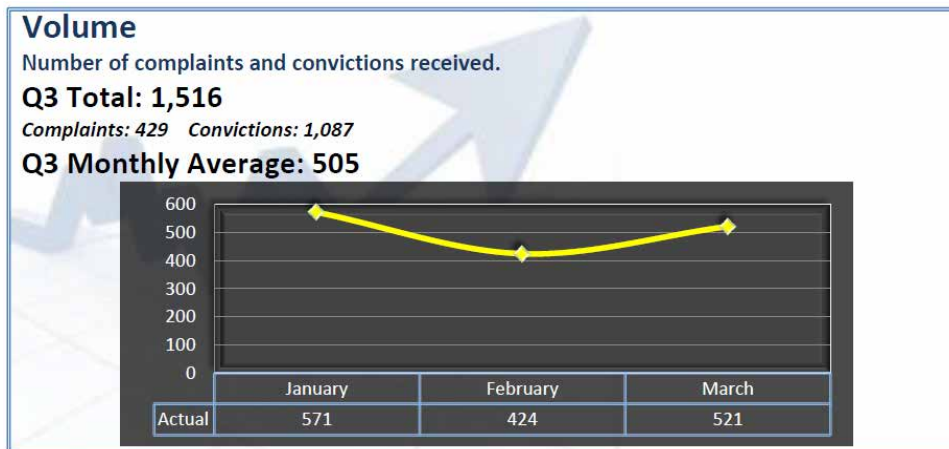
## Board of Registered Nursing

### Performance Measures

#### Q3 Report (January - March 2011)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.



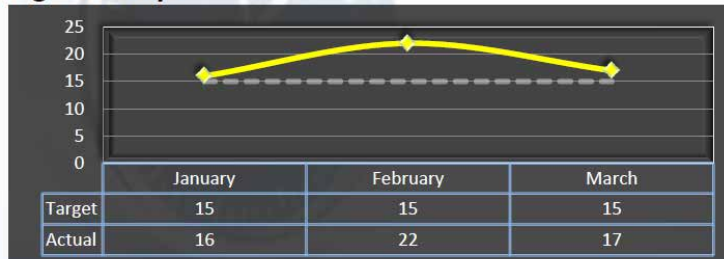
Source: DCA website

**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 15 Days**

**Q3 Average: 18 Days**

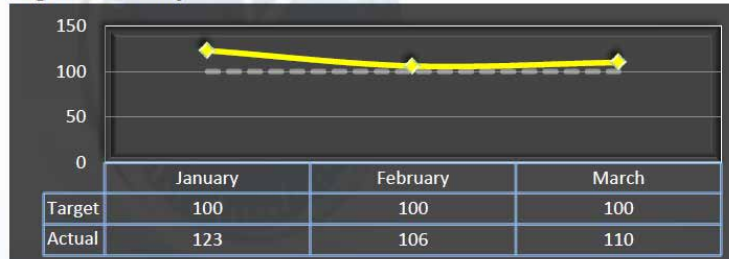


**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 100 Days**

**Q3 Average: 113 Days**

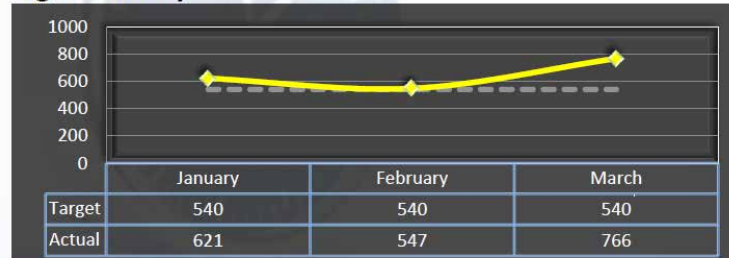


**Formal Discipline**

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q3 Average: 786 Days**



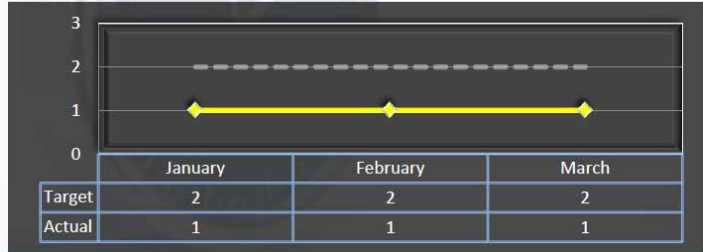
Source: DCA website

**Probation Intake**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 2 Days**

**Q3 Average: 1 Days**

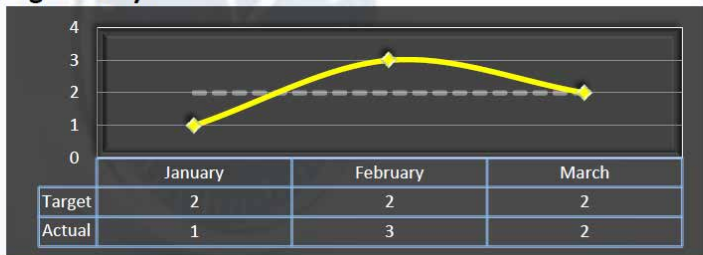


**Probation Violation Response**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q3 Average: 2 Days**



Source: DCA website

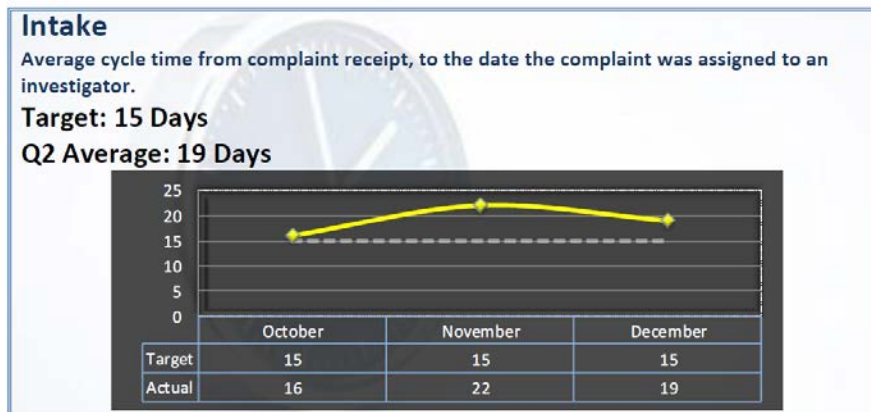
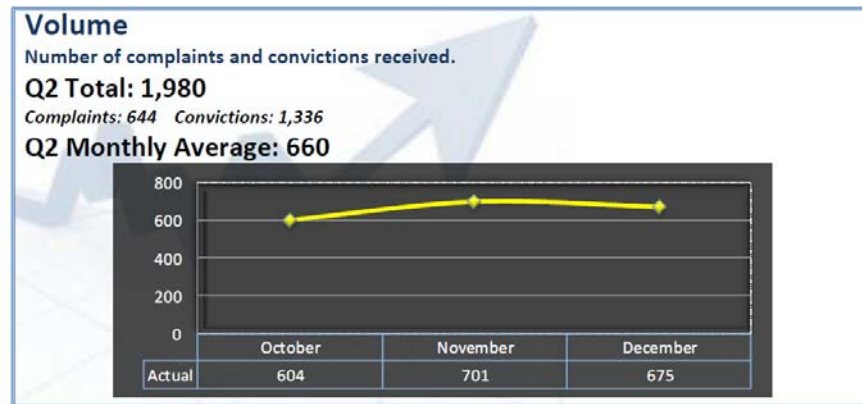
Department of Consumer Affairs  
 Board of Registered  
 Nursing

## Performance Measures

### Q2 Report (October - December 2010)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.



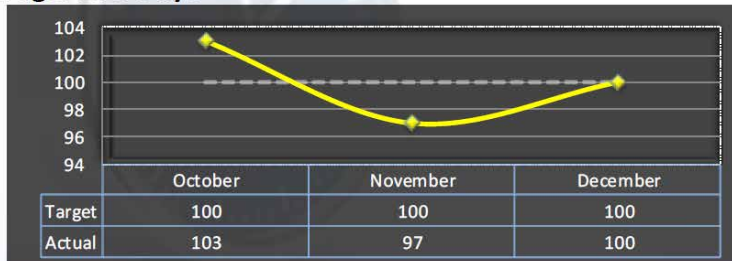
Source: DCA website

### Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 100 Days

Q2 Average: 100 Days

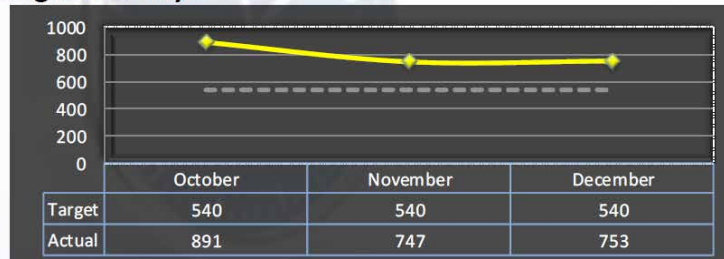


### Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q2 Average: 786 Days

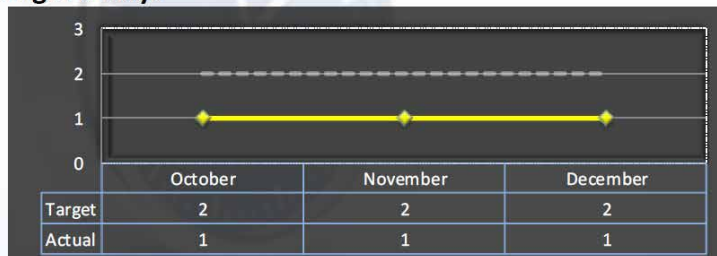


### Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 2 Days

Q2 Average: 1 Days



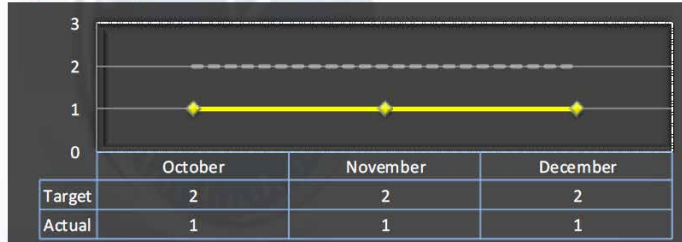
Source: DCA website

### Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 2 Days**

**Q2 Average: 1 Days**



Source: DCA website

Department of Consumer Affairs  
 Board of Registered  
 Nursing

## Performance Measures

### Q1 Report (July - Sept 2010)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement.

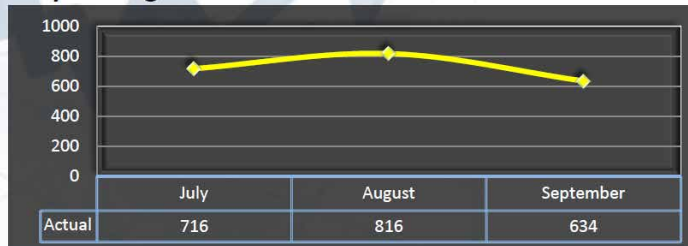
These measures will be posted publicly on a quarterly basis. In future reports, additional measures, such as consumer satisfaction and complaint efficiency, will also be added. These additional measures are being collected internally at this time and will be released once sufficient data is available.

### Volume

Number of complaints received.\*

**Q1 Total: 2,166 (Complaints: 993 Convictions: 1,173)**

**Q1 Monthly Average: 722**



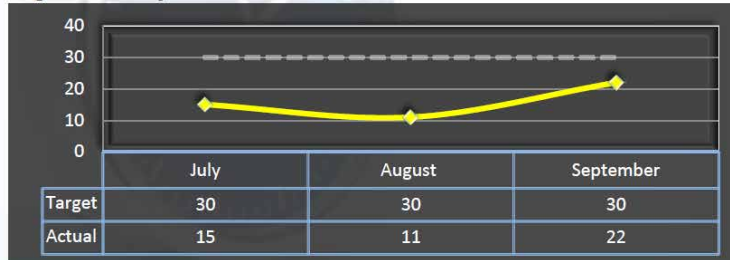
Source: DCA website

**Intake**

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 30 Days**

**Q1 Average: 16 Days**



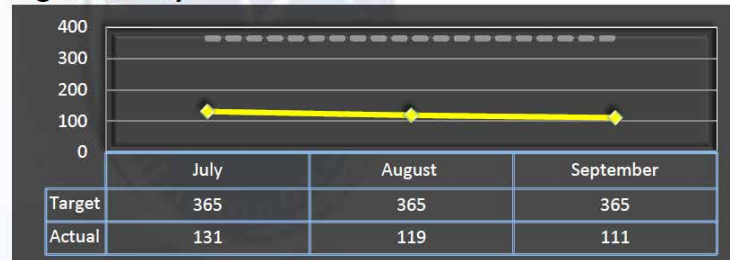
\*"Complaints" in these measures include complaints, convictions, and arrest reports.

**Intake & Investigation**

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 365 Days**

**Q1 Average: 120 Days**

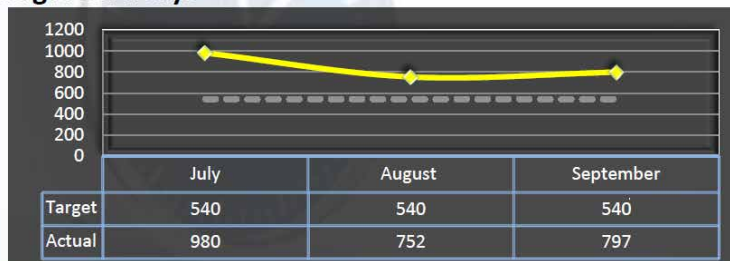


**Formal Discipline**

Average cycle time from complaint receipt to closure, for cases sent to the Attorney General or other forms of formal discipline.

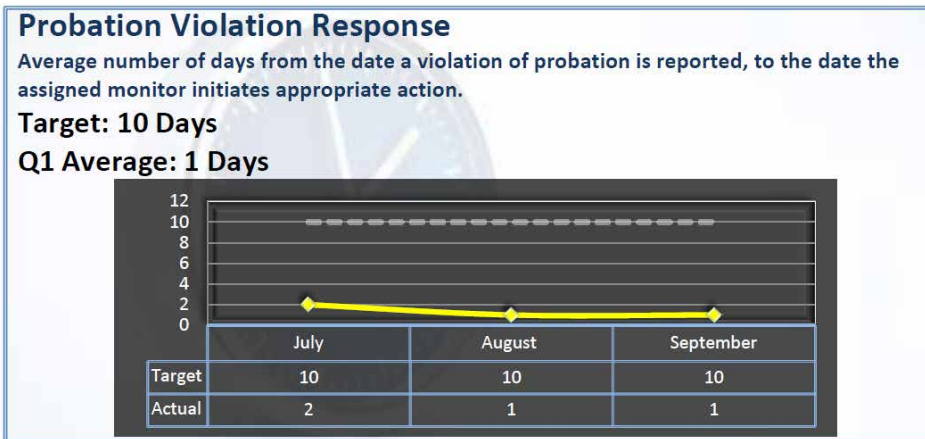
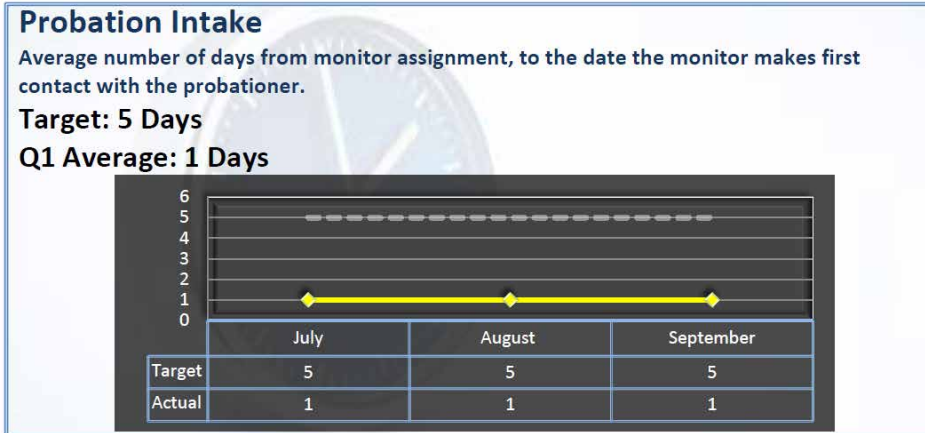
**Target: 540 Days**

**Q1 Average: 852 Days**



Source: DCA website





Source: DCA website

### Customer Satisfaction Surveys Conducted By The Department Of Consumer Affairs

Beginning in FY 2010/11, DCA launched an online consumer satisfaction survey. The survey was implemented as part of DCA’s CPEI to overhaul the enforcement and disciplinary processes of healing arts boards. The BRN began including the link to the online survey in all letters sent to notify complainants of the status or outcome of their complaint. Historically, very few individuals have responded to the surveys and this format has not appeared to increase the response rate. In FY 2010/11, the Board of Registered Nursing (BRN) received nine responses, six in FY 2011/12 and three in each 2012/13 and 2013/14 FYs for a total of 21 responses for the past four fiscal years.

As is true with many satisfaction surveys and should be kept in mind when reviewing results, the few individuals that do respond are likely to give unfavorable ratings. People are more inclined to respond when dissatisfied with the outcome. In this case it is likely due to the non-disciplinary action taken on complaints, which may also attribute to the low response rate of the survey. Many complainants do not complete the

survey at all because of their disappointment with the Board's decision. Many do not understand the Board's high burden of proof (clear and convincing) and the evidence needed to prosecute a case. Some complaints do not rise to the level of disciplinary action. Compared to the number of complaints, only a small number of cases go on to receive formal disciplinary action against the licensee.

The data below shows the responses for FYs 2010/11 through 2013/14 for each of the twelve survey questions. Due to the small number of respondents in each FY, it is difficult to compare results from year to year but makes more sense to consider the total responses for all years. In addition, there was a high no response rate for some questions, so the following discussion focuses on the questions with a significant number of responses. Out of the 21 responses, the BRN received 13 comments that mainly focused on: dissatisfaction with the length of time to process the complaint and for the BRN to provide notification; not satisfied with the outcome of their complaint; the process itself; and qualifications of individuals handling the case from BRN employees, to investigators, to the Attorney General's (AG's) Office. Two questions that received very few responses are related to the BRN website. Beginning in 2012, the BRN has made available an online survey regarding the BRN website. Results from that survey are included in Section 6 with discussion of the BRN website and Internet.

The majority of the complainants responding indicated they contacted the Board in-person (57%) and 38% were somewhat or very dissatisfied with the time it took to receive a response to their initial contact and the content of the response compared to 9% and 14%, respectively, who were somewhat or very satisfied with the response time and content. Sixty-two percent of respondents were very dissatisfied with the time it took to resolve the complaint. More were satisfied with the explanation provided regarding the outcome (24%), but 52% were very dissatisfied with the explanation. While 38% indicated they would probably or definitely contact the BRN again for a similar situation and 29% would probably or definitely recommend us to a friend or family member in a similar situation, 28% responded they probably or absolutely would not contact us again and 33% would probably absolutely or probably not recommend contacting us to family member or friend. The BRN continues to consider ways to improve its communication with complainants. Letters are sent at various stages throughout the complaint process, including at the time the complaint is received, at the filing of an accusation and disciplinary action (if warranted), and at case closure. Following are results for FYs 2010/11 through 2013/14 CPEI Consumer Satisfaction Survey.

Question #1	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
How did you contact our Board/Bureau?										
In- person	56%	5	67%	4	67%	2	33%	1	57%	12
Phone	11%	1	17%	1	33%	1	0%	0	14%	3
Email	0%	0	17%	1	0%	0	0%	0	5%	1
Regular Mail	0%	0	0%	0	0%	0	33%	1	5%	1
Website	11%	1	0%	0	0%	0	0%	0	5%	1
No Response	22%	2	0%	0	0%	0	33%	1	14%	3
Totals	100%	9	100%	6	100%	3	100%	3	100%	21

**Section 2**

**Performance Measures and Customer Satisfaction Surveys**

**Question #2**

How satisfied were you with the format and navigation of our website?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Satisfied	0%	0	17%	1	0%	0	0%	0	5%	1
Neither Satisfied nor Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Very Dissatisfied	11%	1	0%	0	0%	0	0%	0	5%	1
No Response	89%	8	83%	5	100%	3	100%	3	90%	19
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #3**

How satisfied were you with information pertaining to your complaint available on our website?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Satisfied	0%	0	17%	1	0%	0	0%	0	5%	1
Neither Satisfied nor Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Very Dissatisfied	11%	1	0%	0	0%	0	0%	0	5%	1
No Response	89%	8	83%	5	100%	3	100%	3	90%	19
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #4**

How satisfied were you with the time it took to respond to your initial correspondence?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	11%	1	0%	0	33%	1	0%	0	9%	2
Somewhat Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Neither Satisfied nor Dissatisfied	11%	1	17%	1	0%	0	0%	0	9%	2
Somewhat Dissatisfied	0%	0	33%	2	0%	0	33%	1	14%	3
Very Dissatisfied	33%	3	17%	1	0%	0	33%	1	24%	5
No Response	45%	4	33%	2	67%	2	33%	1	43%	9
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #5**

How satisfied were you with our response to your initial correspondence?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	11%	1	17%	1	33%	1	0%	0	14%	3
Somewhat Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Neither Satisfied nor Dissatisfied	11%	1	17%	1	0%	0	0%	0	10%	2
Somewhat Dissatisfied	11%	1	17%	1	0%	0	33%	1	14%	3
Very Dissatisfied	33%	3	17%	1	0%	0	33%	1	24%	5
No Response	33%	3	33%	2	67%	2	33%	1	38%	8
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Section 2**

**Performance Measures and Customer Satisfaction Surveys**

**Question #6**

How satisfied were you with the time it took to speak to a representative of our Board/Bureau?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Neither Satisfied nor Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Dissatisfied	11%	1	0%	0	0%	0	0%	0	5%	1
Very Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
No Response	89%	8	100%	6	100%	3	100%	3	95%	20
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #7**

How satisfied were you with our representative's ability to address your complaint?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Neither Satisfied nor Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Dissatisfied	0%	0	0%	0	0%	0	0%	0	5%	1
Very Dissatisfied	11%	1	0%	0	0%	0	0%	0	0%	0
No Response	89%	8	100%	6	100%	3	100%	3	95%	20
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #8**

How satisfied were you with the time it took for us to resolve your complaint?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Satisfied	0%	0	0%	0	33%	1	0%	0	5%	1
Neither Satisfied nor Dissatisfied	0%	0	17%	1	33%	1	0%	0	10%	2
Somewhat Dissatisfied	11%	1	17%	1	0%	0	0%	0	10%	2
Very Dissatisfied	56%	5	67%	4	33%	1	100%	3	62%	13
No Response	33%	3	0%	0	100%	0	0%	0	14%	3
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #9**

How satisfied were you with the explanation you were provided regarding the outcome of your complaint?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	11%	1	17%	1	67%	2	0%	0	19%	4
Somewhat Satisfied	0%	0	0%	0	0%	0	33%	1	5%	1
Neither Satisfied nor Dissatisfied	0%	0	0%	0	0%	0	0%	0	0%	0
Somewhat Dissatisfied	0%	0	33%	2	0%	0	0%	0	10%	2
Very Dissatisfied	56%	5	50%	3	33%	1	67%	2	52%	11
No Response	33%	3	0%	0	0%	0	0%	0	14%	3
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Section 2**

**Performance Measures and Customer Satisfaction Surveys**

**Question #10**

Overall, how satisfied were you with the way in which we handled your complaint?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Very Satisfied	0%	0	0%	0	33%	1	33%	1	10%	2
Somewhat Satisfied	0%	0	0%	0	33%	1	0%	0	5%	1
Neither Satisfied nor Dissatisfied	11%	1	17%	1	0%	0	33%	1	14%	3
Somewhat Dissatisfied	11%	1	33%	2	0%	0	0%	0	14%	3
Very Dissatisfied	44%	4	50%	3	33%	1	33%	1	43%	9
No Response	33%	3	0%	0	0%	0	0%	0	14%	3
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #11**

Would you contact us again for a similar situation?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Definitely	11%	1	50%	3	100%	3	33%	1	38%	8
Probably	0%	0	0%	0	0%	0	0%	0	0%	0
Maybe	11%	1	17%	1	0%	0	33%	1	14%	3
Probably Not	11%	1	33%	2	0%	0	0%	0	14%	3
Absolutely Not	22%	2	0%	0	0%	0	33%	1	14%	3
No Response	44%	4	0%	0	0%	0	0%	0	19%	4
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

**Question #12**

Would you recommend us to a friend or family member experiencing a similar situation?

	FY 2010/11 Response		FY 2011/12 Response		FY 2012/13 Response		FY 2013/14 Response		Total All FY Response	
	%	#	%	#	%	#	%	#	%	#
Definitely	0%	0	33%	2	67%	2	33%	1	24%	5
Probably	11%	1	33%	0	0%	0	0%	0	5%	1
Maybe	0%	0	0%	2	0%	0	33%	1	14%	3
Probably Not	11%	1	33%	2	0%	0	0%	0	14%	3
Absolutely Not	22%	2	0%	0	33%	1	33%	1	19%	4
No Response	56%	5	0%	0	0%	0	0%	0	24%	5
<b>Totals</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>21</b>

# Section 3

## Fiscal and Staff

- Fiscal Issues
- Staffing Issues

### Related Attachments

- Attachment D – Year-End Organizational Charts for Last Four Fiscal Years

## Fiscal Issues

### Current Reserve Level, Spending, and Statutory Reserve Level

The Board of Registered Nursing (BRN) always attempts to spend conservatively and maintain a prudent reserve to meet future potential cost increases, address unforeseen contingencies, and bridge the gap between expenditures and unexpected declines in revenues as happened in Fiscal Year (FY) 2011/12. Revenue has remained stable since then and is projected to remain at this level. The first fee increase in 19 years became effective January 1, 2011, and has increased revenues. Expenditures have increased due to the addition of enforcement staff and costs to process increased discipline cases. The statutory reserve fund limit for the BRN is 24 months (B&P Code Section 128.5).

### Anticipated Deficit, General Fund Loans, and Fee Change

At the end of FY 2013/14, the BRN has a fund balance of \$9.5 million dollars, which is a three month reserve. This reserve is projected to decline to less than one month in FY 2015/16. The goal of the BRN is to maintain a two to four month reserve, and is thus projected to fall below that goal in 2015/16. In FY 2008/2009 the BRN made a \$2 million dollar loan to the General Fund that was repaid in FY 2010/11 without interest. Another loan of 11.3 million was made in FY 2011/12. It is projected that 3 million of this will be repaid in FY 2014/15, but again no interest is anticipated. There has been discussion to have an additional 6 million accelerated for repayment in FY 2014/15 and the remaining 2.3 million in FY 2015/16. However, to date this has not been scheduled so is not included in Table 2. Repayment of the loan is needed to assist in funding the approved Budget Change Proposals (BCPs) that are effective in the same year as well to continue to fund the existing BRN services and keep a minimal reserve.

With reserves anticipated to shrink significantly by FY 2016/17, the BRN is considering a fee increase in FY 2015/16. Even with the loan repayments, the BRN would still need additional funds from a fee increase to ensure future financial stability. A column for FY 2016/17 has been included in Table 2 to show the result if the loan repayment is not received and additional revenue is not obtained. This issue is discussed in detail in Section 11 of this report. If revenues decline further, additional analysis of expenditures and reduction of temporary staff would be considered.

<b>Table 2. Fund Condition</b>							
(Dollars in Thousands)	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance*	15,281	11,170	6,996	8,996	9,558	6,943	812
Adjusted Beginning Balance	--	2,177	416	545	--	--	-
Revenues and Transfers	22,207	32,163	32,123	33,816	31,257	31,225	31,223
<b>Total Revenue</b>	<b>\$39,489</b>	<b>\$34,210</b>	<b>\$39,535</b>	<b>\$43,357</b>	<b>\$43,815</b>	<b>\$38,168</b>	<b>\$32,035</b>
Budget Authority	28,926	28,399	29,277	34,522	36,872	37,356	38,047
Expenditures	28,347	27,214	30,539	33,799	36,872	37,356	38,047
Loans to General Fund	0	11,300	0	0	0	0	0
Accrued Interest, Loans to General Fund	0	0	0	0	0	0	0
Loans Repaid From General Fund	2,000	0	0	0	3,000	0	0
<b>Fund Balance</b>	<b>\$11,142</b>	<b>\$6,996</b>	<b>\$8,996</b>	<b>\$9,558</b>	<b>\$6,943</b>	<b>\$812</b>	<b>-\$6,012</b>
<b>Months in Reserve</b>	<b>4.7</b>	<b>2.9</b>	<b>3.1</b>	<b>3.1</b>	<b>2.2</b>	<b>0.3</b>	<b>-1.9</b>

\* Beginning balance may include prior year adjustment not reflected in the table.

**Expenditures by Program Component**

Table 3 shows the amount of expenditures in each of the BRN's program areas. The BRN does not break out administration costs but distributes them across all program components. During the past four years, as in the past, the BRN has spent over 75% of its budget on enforcement and diversion-related activities. This meets one of the BRN's primary objectives of providing patient protection by removing unsafe Registered Nurses (RNs) from the workplace or restricting their practice. To enhance enforcement activities, the BRN had a significant increase in the number of staff in the Enforcement Division beginning in FY 2010/11 when the BRN was approved for 37 positions that were phased in over two years.

<b>Table 3. Expenditures by Program Component*</b> (list dollars in thousands)									
	FY 2010/11		FY 2011/12		FY 2012/13		FY 2013/14		Average % of Expend
	Personnel Services	OE&E**	Personnel Services	OE&E**	Personnel Services	OE&E**	Personnel Services	OE&E**	
Enforcement	6,254	15,146	5,455	13,436	3,839	14,037	6,318	14,145	67%
Examination	1,604	1,365	2,289	1,611	1,627	1,931	2,095	2,533	13%
Licensing	1,610	1,313	1,858	1,376	1,414	1,923	1,756	1,940	11%
Diversion	686	1,904	605	2,083	526	2,218	733	2,308	9%
<b>TOTALS</b>	<b>\$10,154</b>	<b>\$19,728</b>	<b>\$10,207</b>	<b>\$18,506</b>	<b>\$7,406</b>	<b>\$20,109</b>	<b>\$10,902</b>	<b>\$20,926</b>	<b>100%</b>
* Administration costs are incorporated in each program component.									
** Operating Expenses and Equipment									

**Fees and License Renewal Cycles**

The BRN is a self-supporting, special fund agency that obtains its revenues from licensing fees. Authority for the fees charged by the BRN are from B&P Code Sections 2815, 2815.1, 2815.5, 2815.7, 2816, 2830.7, 2831, 2833, 2836.3, 2838.2, and 2786.5 and CCR Section 1417. Section 2786.5 is new legislation that became effective January 1, 2013, and provides authority for the BRN to collect fees from RN programs for initial and continuing approval of a program established after January 1, 2013, and a processing fee for a substantive change to an approval of a program. The RN license and all certifications, except nurse practitioner (NP) and public health nurse (PHN), are renewable biennially. The primary source of revenues is renewal fees. In order to remain financially stable, the BRN increased many of its fees effective January 1, 2011. Prior to this increase, the fees had remained the same for 19 years. While the RN renewal fee is currently less than the statutory maximum, some of the current fee amounts are at the statutory limit.

The BRN sends out courtesy reminder renewal notices to licensees three months in advance of license expiration. Licenses that are set to expire in FY 2014/15 may be renewed in FY 2013/14. Due to the inability of the current BreZE cashing reports to distinguish this Revenue Collected in Advance (RCA), the revenue reported below for license renewals includes revenue that was collected in FY 2013/14 but historically would be applied to a renewal for FY 2014/15. Thus, renewal revenue received in FY 2013/14 appears higher than historically reported.



<b>Table 4. Fee Schedule and Revenue</b>		(list revenue dollars in thousands)					
Fee	Current Fee Amount	Statutory Limit	FY 2010/11 Revenue	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	% of Total Revenue
RN Application (Exam)	\$150	\$150	1,862	2,328	2,319	2,155	7%
RN Application (Endorsement)	\$100	\$100	696	1,138	1,132	1,126	4%
RN Renewal	\$130	\$150	15,159	23,846	24,068	25,808*	84%
Interim Permit	\$50	\$50	242	238	221	203	1%
Temporary RN License	\$50	\$50	217	286	270	293	1%
Clinical Nurse Specialist (CNS)	\$75	\$150	15	19	18	12	0%
CNS Renewal	\$75	\$100	76	113	115	136*	0%
Nurse Midwife (NMW)	\$75	\$150	3	6	5	5	0%
NMW Renewal	\$75	\$100	33	43	46	49*	0%
Nurse-Midwife Furnishing (NMF)	\$50	\$50	1	2	3	3	0%
NMF Renewal	\$30	\$30	11	11	11	12*	0%
Nurse Practitioner (NP)	\$75	\$150	62	96	105	110	0%
Nurse Practitioner Furnishing (NPF)	\$50	\$50	35	45	96	83	0%
NPF Renewal	\$30	\$30	159	167	177	206*	1%
Nurse Anesthetist (NA)	\$75	\$150	11	14	14	14	0%
NA Renewal	\$75	\$150	52	74	73	85*	0%
Public Health Nurse (PHN)	\$75	\$150	202	242	257	257	1%
Psychiatric/Mental Health Nurse	No Fee	No Fee	No Fee	No Fee	No Fee	No Fee	--
Continuing Education Provider (CEP)	\$200	\$300	52	56	48	48	0%
CEP Renewal	\$200	\$300	325	280	331	282*	1%
Initial Program Approval Application	\$5,000	\$5,000	n/a	n/a	n/a	15	0%
Continuing Program Approval	\$3,500	\$3,500	n/a	n/a	n/a	0	0%
Program Substantive Change	\$500	\$500	n/a	n/a	n/a	5	0%

\* These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY14/15, thus all revenue received in FY13/14 was included in FY13/14 YTD Revenue. As a result, renewals appear higher for FY 2013/14 than historically reported.

### **Budget Change Proposals**

In order to meet its mandated functions, the BRN must have adequate staff and resources while also keeping in mind California's fiscal situation. Thus, the BRN only requests BCPs when workload or legislation require it and make it absolutely necessary. The BRN's BCPs have focused on positions for the Enforcement Division, augmentations for enforcement related expenditures, Nursing Education Consultant (NECs), and staff for the continuing education/renewal program activities. Following is information on each BCP submitted in the past four fiscal years and Table 5 includes the specific request of each BCP submitted.

**Consumer Protection Enforcement Initiative (CPEI)** – The Department of Consumer Affairs (DCA) developed a department-wide BCP as part of the CPEI. These 37 positions were to be added to the Enforcement Division to process complaints, add internal, non-sworn special investigators to the BRN staff, and process discipline cases to improve the enforcement case process timeframes. Positions were also to be added to monitor probationers and assist with the BRN Diversion Program. The BRN received all 37 positions which were added over a two year period in FY 2010/11 and FY 2011/12. Five of the positions were Limited Term (LT) positions which expired on June 30, 2012.

**Continuing Education/Renewal Program** – BCPs for these positions were submitted for both FY 2012/13 and FY 2014/15. Since 1978, the BRN has required RNs to complete a total of 30 contact hours of continuing education (CE) biennially to renew their licenses in the active status. An ongoing competence measurement for RNs is the CE requirement, and it is essential to ensure public safety and protection. The number of audits of RNs for compliance with statutory and regulatory requirements has significantly declined since 2002 due to lack of staffing in this area. Prior to 2002, an average of 2,700 RNs per year were audited. Since 2002, less than 150 RNs on average per year have been audited. The BRN estimated the number of positions needed to audit 5% of the RNs renewing each year. The FY 2014/15 BCP requested three auditing positions. The FY 2012/13 BCP also included a request for additional positions for the BRN Information/Call Center due to the increased volume of incoming telephone calls and visitors who come to the public counter. The BRN did not receive positions from either of the BCP requests.

**Attorney General/Office of Administrative Hearing Augmentation** – For FY 2013/14, the BRN submitted a BCP requesting a \$2,900,000 budget authority augmentation for Attorney General's (AG's) Office and Office of Administrative Hearing (OAH) services. It was not approved because the BRN had funds from open CPEI positions that had not yet been filled and offset these costs. For FY 2014/15, the BRN submitted a BCP requesting the same amount. The BRN's enforcement caseload deals with licensees who have violations related to such matters as incompetence, gross negligence, substance and alcohol abuse, drug diversion, prescription forgeries, sales of controlled substances, and sexual misconduct. Enforcement is the foundation of the BRN's public protection mandate. Failure to ensure prosecution of these incompetent or unsafe RNs could mean the difference between a patient's life and death. The BRN investigates and prosecutes its cases through a legally prescribed process set forth in the Administrative Procedures Act. In following these procedures, the BRN refers cases to the AG's Office which acts as the BRN's attorney. In some cases, a case will be heard by an Administrative Law Judge (ALJ) at the OAH. The BRN must pay for these services, which have increased due to the increased number of cases in the Enforcement Division. For the FY 2014/15 BCP request, the BRN received a \$2,700,000 augmentation.

**Legislative Analyst** – For FY 2013/14, the BRN requested an Associate Governmental Program Analyst (AGPA) to serve as a legislative analyst for the BRN. The Board monitors and provides input into pending legislation and often promulgates regulations to implement legislation. This work requires a variety of tasks

that was currently being done by an NEC, taking valuable time away from the completion of other education and nursing related assignments. The Board's active role in health care-related legislation and regulations is critical in meeting the needs of California consumers and ensuring public protection. The BRN did not receive this requested position.

***Nursing Education Consultants (NECs)*** – The BRN submitted BCPs for FY 2013/14 and FY 2014/15 for four NEC positions. The BRN is required by statute to approve, inspect, and determine ongoing compliance with the regulations by the prelicensure nursing programs in California. The NECs work extensively with the many proposed new programs that wish to begin a prelicensure RN program, and they inspect and monitor the increasing number of newly approved prelicensure programs. The program approval and monitoring process is necessary to ensure nursing programs are adequately preparing nurses to provide competent and safe care to avoid patient harm. NECs also serve as Board Committee liaisons, make presentations, represent the BRN at various health care-related activities, respond to public inquiries, conduct research, and consult with Board members and BRN staff in all program areas. The BRN did not receive positions from either of the BCP requests.

***Enforcement Division Positions*** – The Enforcement Division includes multiple units responsible for various aspects of enforcement where ensuring efficiency is critical to allow for continued public protection from potential unsafe or incompetent RN applicants and licensees and to continue the commitment to meet the CPEI case processing and completion timeframes. For FY 2014/15, the BRN requested 30 positions across all units (Complaint Intake, Investigations, Discipline, and Probation) of the Enforcement Division. The BRN received approval for 28 positions. However, five of these are LT positions (four AGPA that are three year LT positions and one OA that is a two year LT position) leaving the BRN with 23 full time permanent positions.

Table 5. Budget Change Proposals (BCPs)			dollars in thousands					
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E**	
			# Staff* Requested (include classification)	# Staff* Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1110-1A	2010/11 2011/12	CPEI-Enforcement Positions (added over 2 years)	1 SSM III 4 NEC 3 SSM I 24 SI (LT)5 AGPA	1 SSM III 4 NEC 3 SSM I 24 SI (LT)5 AGPA	2,498	2,498	1,584	1,584
1110-17	2012/13	Continuing Education/ Renewal Program	6 OTs	0	378	0	0	0
	2013/14	AG/OAH Augmentation	n/a	n/a	0	0	2,900	0
	2013/14	Legislative Analyst	1 AGPA	0	95	0	0	0
	2013/14	Nurse Education Consultants (NECs)	4 NECs	0	422	0	53	0
1110-34	2014/15	AG/OAH Augmentation	n/a	n/a	0	0	2,900	2,700
1110-35	2014/15	Enforcement Division Positions	5 SI 3 MST 12 AGPA (4 LT-3 yrs) 8 OT 2 OA (1 LT-2 yrs)	5 SI 3 MST 12 AGPA (4 LT-3 yrs) 6 OT 2 OA (1 LT-2 yrs)	2,277	2,149	399	373
1110-36	2014/15	Nurse Education Consultants (NECs)	4 NECs	0	422	0	53	0
1110-37	2014/15	Continuing Education/ Renewal Program	3 OTs	0	177	0	42	0

\*Classification acronyms: SSM – Staff Services Manager; NEC – Nurse Education Consultant; SI – Special Investigator; AGPA – Associate Governmental Program Analyst; MST – Management Services Technician; OT – Office Technician; OA – Office Assistant; LT – Limited Term

\*\* Operating Expenses and Equipment

## Staffing Issues

### Staffing Challenges, Recruitment/Retention, and Succession Planning

The BRN staff members are extremely hard-working and dedicated individuals. Staff turnover and vacancy rates are normally low and have remained very low especially since the state ended furloughs in July 2013. Since 2010, the BRN has received a large number of positions, the majority in the Enforcement Division. As these positions have been integrated into the existing BRN structure, some re-organization has been completed as well as the need for some position reclassifications identified. The biggest challenge the BRN has faced in the employment area has been with DCA's Human Resources (DCA-HR). The turnaround time for an eligibility check for new staff can take one to two weeks. The BRN has also experienced difficulty with DCA-HR in reclassifying positions. They now require very lengthy justifications that include program background in addition to a detailed description of the issue and the justification for re-classifying or re-writing a duty statement. In addition, turnover for our DCA Classification and Pay (C&P) Analyst has been very high. The BRN has had more than four different C&P Analysts since the last sunset report in 2010.

Keeping the NEC positions fully staffed has been especially challenging. These positions have been difficult to recruit for and keep filled in the past. The BRN continues to have challenges in recruiting qualified NECs due to the salary inequity of these positions compared to equivalent jobs inside and outside of state service for RNs. The NEC education requirements (Master's degree level of education) are very high given the low rate of pay. There are state agencies that have RN classifications whose salaries are higher than the NECs. The BRN has requested that DCA address the pay inequity. To date, our requests have not been successful. This issue is discussed in more detail in Section 11.

The BRN promotes staff from within whenever possible in order to retain good employees. Succession planning includes cross training of staff whenever possible to expose them to a variety of work which allows for a well trained workforce as well as provides for staff to have upward mobility opportunities. In addition, desk manuals are kept updated so that when a staff member leaves or retires, there is a smooth transition.

### **Staff Development**

In order for the BRN to meet its mandates and mission, staff must be adequately prepared and trained. Unfortunately, travel and budget restrictions impact staff training accessibility. However, training is available at no cost through DCA Solid, and all staff are encouraged to attend courses that relate to their job and for upward mobility. The BRN has completed extensive in-house customer service training by managers and supervisors to BRN and DCA Call Center and BRN Licensing staff. Each program area at the BRN periodically provides workshops for all staff to provide information on the work of that unit. Off-site training classes are also available upon request and, depending upon budget and DCA's approval, staff may attend.

The annual dollar amount for training varies dramatically from year to year depending upon budget constraints and DCA's approval for travel to seminars and workshops that NECs attend across the state as often as possible. All new managers and supervisors must attend a two week training class at a cost of \$1,320 for each person; however, turnover of managers and supervisors is low so the cost for this varies and is not an annual expense. Enforcement staff have attended the DCA's Enforcement Academy to help develop enforcement skills as well as share information among the various boards and bureaus within DCA. BRN staff helped develop the Enforcement Academy as well as provides the training for specific modules. The BRN hired special investigators, a new classification to the BRN and DCA as of 2010. All special investigators attend training specific to their position. Over the past four fiscal years, the BRN has spent the following on staff training:

2010/11: \$ 8,110  
2011/12: \$13,258  
2012/13: \$ 2,572  
2013/14: \$11,218

Year-end organization charts, including number of staff by classification assigned to each major program area, for the last four fiscal years is included in **Section 12, Attachment D**.

# Section 4

## Licensing Program

- Licensing Program
- Examinations
- School Approvals
- Continuing Education/Competency Requirements

### Related Attachments

- Attachment H – Instructions for Institutions Seeking Approval of New Prelicensure RN Programs
- Attachment I – NCSBN Analysis: A Comparison of Selected Military Health Care Occupation Curricula with Standard Licensed Practical/Vocational Nurse Curriculum

## Licensing Program

The primary objective of the BRN's licensing program is to ensure consumer protection by determining that individuals possess the knowledge and qualifications necessary to competently and safely practice as an RN and in the specialty category for which they are certified.

### Performance Targets

On October 8, 2013, the Board of Registered Nursing (BRN) was one of the Boards in the first phase implementation of the Department of Consumer Affairs' (DCA's) updated computerized system (BreEZe). This new system brings benefits, including the ability to track additional relevant data and provide real time licensing verification to the public, thus furthering our mission of protection. A benefit for applicants includes the ability to apply for licensure online. However, with the implementation of BreEZe, the Licensing Program and other units within the BRN have experienced dramatic delays and workload challenges. Workload in cashiering, licensing, licensee maintenance, and renewals increased due to the number of extra steps needed to input data in multiple screens, multiple workarounds, and problems inherent in the system.

The BRN's performance targets for its licensing program are identified in CCR Section 1410.1 which mandates:

- The Board will inform applicants in writing, within 90 calendar days of receipt of an original application for registered nurse, that their application file is either complete or that it is deficient and the specific information or documentation that is required to complete the application.
- Within 390 calendar days of receiving a complete application, the Board will inform the examination applicant in writing of its decision regarding the application.
- Within 365 calendar days of receiving a complete application, the Board will inform the endorsement applicant in writing of its decision regarding the application.
- Incomplete applications are abandoned after one year.

### Processing Timeframes

While the BRN is currently meeting its target timeframes, this was not the case when BreEZe was first implemented. In mid-November 2013, the Licensing Program began to experience major workflow issues creating bottlenecks in the processing of applications. Immediately, management began a complete revision of all processes. The Board utilized the DCAs training program to map the new processes in order to fully utilize current staff time and continually met with the DCA Information Technology BreEZe team to identify shortcuts and to eliminate duplicate data entry.

Even with the new processes, BRN staff could not complete an initial review of applicant files within the timeframe specified by the regulations. In BreEZe, data entry time increased from two minutes to ten minutes per file. This significant difference increased the initial evaluation time from two weeks to more than twelve weeks. Examination applicants were not receiving their Authorization to Test documents due to a lack of computer interface between BreEZe and the testing vendor (Pearson VUE). BRN staff were making applicants eligible to test, but the systems were not communicating. BRN staff worked overtime during the week and on weekends for six months and, although every effort was made to redirect Licensing staff as well as cross-training other BRN staff, this redirection was not sufficient to meet the operational needs.

In February 2014, DCA approved the BRN to borrow 15 staff from other agencies within DCA's bureaus and administrative program. Although the BRN was operating on a tight personnel budget, other sacrifices were made to allow for temporary staff, including five youth aids and three seasonal clerks. This additional borrowed and temporary staff, along with the BRNs cross-trained and redirected staff, allowed the BRN to once again be in compliance with the regulation timeframes and to respond to applicants within four to six weeks. This still exceeded previous timeframes, but was well within regulation. Without the assistance of the additional staff, the BRN would have been unable to meet these timelines, thus delaying the licensing of qualified Registered Nurses (RNs).

The increase in processing timeframes with BreEZe implementation is apparent when reviewing the cycle times in Tables 7a and 7b. The average processing times from receipt of application to examination eligibility for RN examination applicants doubled from 40 days for FY 2011/12 and 37 days for 2012/13 to 82 days for October through June in FY 2013/14. While the actual amount of increase in processing timeframes for all license/certification types varies, which include time from the receipt of application to issuance of a license or certification, the trend for increased processing time post-BreEZe is consistent.

The additional staff remained with the BRN through the busiest time period (April through June). The Licensing Program became self-sufficient with BRN staff at the end of June 2014. BRN staff are now fully trained in BreEZe and have become accustomed to the system. BRN staff continue to work with DCA's BreEZe team as everyone works to obtain a full understanding of the systems operations and needs of the users. Because BreEZe continues to impact data entry and processing timeframes in each area of the Licensing Program, the BRN is requesting additional staff through a FY 2015/16 Budget Change Proposal (BCP). Approval of the BCP will allow a manageable workflow through the licensing program in order to efficiently process applications and abide by the applicable BRN rules and regulations.

The BRN always strives to improve its performance to license RNs as quickly as possible and to be responsive to the public. The BRN values excellent customer service. However, with the BreEZe implementation, unfortunately, customer service suffered in all areas. As a result, the BRN has taken many steps in a variety of program areas to improve the customer service provided, and, in many cases to assist to shorten processing timeframes:

#### **BRN and DCA Consumer Information Call Centers**

- Weekly staff meetings to provide updated processing timelines, customer service suggestions/requirements, and training information.
- Development of standard scripts to provide consistent and accurate information to callers.
- Cross training of staff in the application review process to improve understanding.
- Routine random call monitoring by supervisors/managers.
- BCP Concept Paper submitted in April 2014 requesting additional positions for FY 2015/16.

#### **BRN Licensing**

- Standardized voice mail scripts letting callers know we are experiencing high volumes of calls, and that a return call can be expected within 3-5 days.
- Improved manual tracking of fingerprint information.
- Updated deficiency letters to improve clarity and processing in licensing.



- Hard copy standardized letters available on the desktop for faster processing because it eliminates multiple steps in BreZE.
- Improved process for referring and reviewing licensing files to and from Enforcement.
- Continuous evaluation to improve mail processing and locating files.
- BCP Concept Paper submitted in April 2014 requesting additional positions for FY 2015/2016.

#### **BRN Website**

- Regular updates of processing timeframe notifications.
- Step-by-step tutorial for the license renewal process is now on the BRN home page.
- Easily accessible and updated Frequently Asked Questions (FAQs) related to the application and renewal process.

#### **Licensing Activity**

The BRN Licensing Program is responsible for initial California RN licensure by examination or endorsement and for issuance of BRN specialty certificates. RN licensure and specialty certification requirements for each area are summarized below:

**Licensure by Examination Requirements** – The licensure requirements for applicants seeking RN licensure for the first time include successful completion of specified RN education requirements (B&P Code Section 2736; CCR Sections 1420-1429), which is verified through review of official school transcripts and/or the review of the nursing program curriculum; passage of the national examination; and fingerprint background clearance.

**Licensure by Endorsement Requirements** – Applicants who are already permanently licensed in another state or U.S. territory are eligible for licensure by endorsement if they passed either the current national examination or its predecessor; possess an active, current and clear RN license in another state or U.S. territory and the license has been validated through National Council of State Boards of Nursing's (NCSBN) NURSIS database or directly from the state where the applicant holds the license; successfully completed specified RN education requirements (B&P Code Section 2736; CCR Sections 1420-1429) which is verified through review of official school transcripts and/or the review of the nursing program curriculum; and fingerprint background clearance. Applicants for licensure by endorsement are not required to complete additional education unless there was insufficient theoretical and/or clinical experience obtained during prelicensure education. Applicants licensed in other countries who have not passed the national examination are not eligible for endorsement and may become licensed through the examination process.

**Clinical Nurse Specialist Certification** – Clinical nurse specialists (CNSs) are RNs with advanced education who participate in expert clinical practice, education, research, consultation, and clinical leadership as the major components of their role (B&P Code Sections 2838 through 2838.4). BRN certification may be obtained by successful completion of a master's program in a clinical field of nursing or a clinical field related to nursing with coursework in the areas mentioned above. There is an equivalency method for applicants who have successfully completed a master's program in a field other than nursing and have participated in all five areas. Applicants applying for the equivalency method must meet the same educational standards as graduates of an approved master's program.

**Nurse Anesthetist Certification** – Nurse Anesthetists (NAs) are RNs who provide anesthesia services at the direction of a physician, dentist, or podiatrist (B&P Code Sections 2826 through 2827). To be considered for BRN certification, the applicant must provide evidence of certification by the Council on Certification of Nurse Anesthetists and Council on Recertification of Nurse Anesthetists. The Council has developed standards for certification as well as core competencies that are used nationally as well as by the California BRN. There is no equivalency method for certification as a NA as the national standards have been in place since 1945; therefore, an equivalency route was deemed unnecessary.

**Nurse-Midwife Certification** – Nurse-midwives (NMs) are RNs who are authorized, under the supervision of a licensed physician and surgeon, to attend normal childbirth and provide prenatal, intrapartum and postpartum care, including family planning care, for the mother and immediate care for the newborn (B&P Code Section 2746.5). BRN certification may be obtained by successful completion of a BRN-approved nurse-midwifery program or certification as a nurse-midwife by the American Midwifery Certification Board. There is an equivalency method for applicants who completed a non BRN-approved midwifery program and who are not nationally certified. These applicants must provide evidence that any deficiencies have been corrected in a BRN-approved nurse-midwifery program or through successful completion of specific courses approved by the BRN.

NMs in California may also apply for a NM furnishing number, enabling them to write a medication order to a pharmacy to fill and thereby furnish a drug to a patient. To obtain a furnishing number, the NM must satisfactorily complete physician and surgeon supervised experience in the furnishing or ordering of drugs or devices. The extent of the supervision is determined by the physician and surgeon. The NM must also have completed an advanced pharmacology course. NMs also have the ability to furnish or order drugs and devices that include Schedule II drugs. The NM must complete a BRN approved continuing education (CE) course that includes Schedule II drug content. Upon completion of the course and notification to the BRN, the NM then applies to the Drug Enforcement Administration (DEA) to obtain a DEA number.

**Nurse Practitioner Certification** – Nurse Practitioners (NPs) are RNs who possess additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care (CCR Section 1480). BRN certification can be obtained by successful completion of a program which meets BRN standards or by certification through a national organization whose standards are equivalent to those of the BRN. Beginning on or after January 1, 2008, an applicant for initial certification as a NP, who has not been qualified or certified as a NP in California or any other state, must possess a master's or other graduate degree in nursing, or in a clinical field related to nursing (B&P Code Section 2835.5). There is an equivalency method for RNs who have completed a NP program that does not meet BRN standards. These applicants must submit verification of clinical competence and experience verified by a NP or physician. In addition, documentation of remediation of any areas of deficiency in the required course content or clinical experience is required.

NPs in California may also separately apply for a NP furnishing number, enabling them to write a medication order for a pharmacy to fill and thereby furnish a drug to a patient. To obtain a furnishing number, the NP must satisfactorily complete physician-supervised experience in the furnishing of drugs or devices, preceded by an advanced pharmacology course. The extent of the supervision is determined by the physician and surgeon. Beginning January 1, 2004, NPs have the ability to furnish or order drugs and devices that include Schedule II drugs. The NP must complete a BRN approved CE course that includes Schedule II drug content. Upon completion of the course and notification to the BRN, the NP then applies to the DEA to obtain a DEA number.

**Psychiatric/Mental Health Nurse Listing** – Pursuant to the Health and Safety Code Section 1373(h)(2) and the Insurance Code Section 10176, the BRN maintains a listing of RNs who possess a master’s degree in psychiatric/mental health nursing and two years of supervised experience as a psychiatric/mental health nurse. To be eligible for the listing, RNs must complete and submit verification of the required education and experience to the BRN. The BRN also accepts American Nurses Credentialing Center certification as a clinical specialist in psychiatric/mental health nursing because the requirements for national certification are the same as the requirements in the Insurance Code. Legislative acknowledgement of the psychiatric/mental health nurse function occurred in 1992 (AB 3035) when these practitioners were added to the definition of psychotherapist in Health and Safety Code Section 1010, regarding patient-psychotherapist evidentiary privilege. This voluntary listing enables the psychiatric/mental health nurse to receive direct insurance reimbursement for counseling services.

**Public Health Nurse Certification** – Public health nurses (PHNs) provide direct patient care as well as services related to maintaining the public and community’s health and safety (B&P Code Section 2818). To be considered for BRN certification, the applicant must hold a baccalaureate or entry-level master’s degree in nursing awarded by a school accredited by a BRN-approved accrediting body such as the Accreditation Commission for Education in Nursing (ACEN, formerly the National League for Nursing Accrediting Commission) or the Commission on Collegiate Nursing Education (CCNE). Equivalency methods are provided for individuals whose baccalaureate or entry-level master’s degree in nursing is from a non-ACEN or non-CCNE accredited school and for those who have a baccalaureate degree in a field other than nursing.

**Continuing Education Provider Approval** – The BRN regulates and approves RN Continuing Education Providers (CEPs). RNs are required, upon renewal, to have completed 30 contact hours of direct participation in a course or courses offered by a CEP approved by the BRN (B&P Code Sections 2811.5 and 2811.6). As part of the CEP application process, the applicants provides information about one course that is proposes to offer under its issued CEP number. Courses are expected to enhance the knowledge of the RN at a level above that required or licensure. The course is reviewed by BRN staff to ensure that it contains post-RN licensure content and it not for self-improvement, financial gain, or for lay people.

### **Licensee Population Data**

Following are the licensee population data for each of the licenses and certifications issued by the BRN. Two sets of data are presented for FY 2013/14. One column is from reports generated from the BreEZe system, which, based on historical data and spot checking, the BRN does not believe to be accurate numbers. The last column includes best estimates by adding to the previous FY numbers a percentage increase based on historical and trend data. The BRN believes these numbers are closer to the actual numbers and shows that **California has over 414,000 licensees as of June 30, 2014.**

**Table 6. Licensee Population**

Population Description	License Status**	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14 BreEZe***	FY 2013/14 BRN Estimates****
Registered Nurse	Active	366,815	377,095	387,478	388,835	398,134
	Inactive*	19,730	17,438	15,960	14,087	16,025
	Out-of-State	52,671	54,130	55,514	53,047	56,825
	Out-of-Country	1,707	1,596	1,529	1,865	1,885
	Delinquent	81,878	92,834	89,163	120,465	92,819
Clinical Nurse Specialist	Active	3,099	3,243	3,375	3,415	3,507
	Inactive*	25	25	27	41	29
	Out-of-State	182	181	192	194	202
	Out-of-Country	2	5	7	8	8
	Delinquent	375	422	451	578	480
Nurse Anesthetist	Active	2,047	2,113	2,202	2,230	2,290
	Inactive*	47	41	36	31	41
	Out-of-State	609	616	631	598	645
	Out-of-Country	2	2	3	1	3
	Delinquent	619	711	720	930	729
Nurse-Midwife	Active	1,191	1,229	1,234	1,246	1,239
	Inactive*	29	25	26	22	27
	Out-of-State	133	135	135	133	135
	Out-of-Country	6	5	5	7	7
	Delinquent	230	249	258	343	267
Nurse-Midwife Furnishing	Active	761	782	817	852	852
	Out-of-State	48	47	52	55	50
	Inactive*	7	9	9	8	9
	Out-of-Country	0	0	0	1	0
	Delinquent	109	121	125	170	129
Nurse Practitioner	Active	16,181	17,071	17,968	19,045	18,866
	Inactive*	460	422	398	284	368
	Out-of-State	1,398	1,509	1,612	1,730	1,705
	Out-of-Country	29	30	37	44	42
	Delinquent	1,798	1,991	2,016	3,057	2,056
Nurse Practitioner Furnishing	Active	11,701	12,321	13,740	15,041	15,155
	Inactive*	107	100	109	128	118
	Out-of-State	602	665	740	843	801
	Out-of-Country	14	13	14	22	20
	Delinquent	1,281	1,478	1,546	2,132	1,614
Psychiatric Mental Health Nurse	Active	361	353	356	357	359
	Inactive*	25	22	18	11	14
	Out-of-State	23	25	25	24	24
	Out-of-Country	1	2	2	1	2
	Delinquent	60	68	57	98	55

**Table 6. Licensee Population (continued)**

Population Description	License Status**	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14 BreEZe***	FY 2013/14 BRN Estimates****
Public Health Nurse	Active	49,484	51,613	53,854	55,473	56,116
	Inactive*	3,029	2,733	2,510	2,074	2,315
	Out-of-State	2,595	2,707	2,743	2,639	2,808
	Out-of-Country	53	54	57	90	70
	Delinquent	4,684	5,166	5,186	9,498	5,207
Continuing Education Provider	Active	3,437	3,468	3,438	3,213	3,408
	Inactive*	n/a	n/a	n/a	n/a	n/a
	Out-of-State	800	819	846	802	875
	Out-of-Country	12	12	12	25	20
	Delinquent	679	862	861	1,289	860

\* Inactive licensees are current in fee payment but not CE requirements. They must submit proof of meeting the CE requirement prior to practicing in California.

\*\* The Out-of-State and Out-of-Country categories are a subset of the Active and Inactive population.

\*\*\*Numbers provided by BreEZe reports which, based on historical data and spot checks, the BRN believes do not currently provide accurate data.

\*\*\*\*Estimated licensee population numbers provided by the BRN based on historical data and trend analysis and believed by the BRN to be the best estimate of actual numbers. Currently the BRN believes there are between 414,000 to 420,000 licensed active and inactive RNs in California. Due to the reporting limitations of the current BreEZe system, the BRN is unable to obtain the exact number.

Included in the 7a Tables below are data for each of the licenses, certifications, or approvals issued by the BRN. For FY 2013/14, with the exception of CEP approval, data is provided in two separate date ranges along with the FY totals. The date ranges include pre-BreEZe (7/1/13-9/30/13) and post-BreEZe (10/1/13-6/30/14) implementation. The reporting capabilities available prior to BreEZe implementation is no longer available to the BRN as of October 1, 2013. The data generated by these reports was accurate and was used for the prior two year's data. Since the BreEZe implementation, the BRN has been working closely with DCA on developing reports that accurately identify the BRN workload and statistics. However, currently the reporting system is limited and cannot provide the detail of data requested and in some instances, for a variety of reasons, does not appear to be providing accurate data. Pending application and cycle time data is provided when available.

The BRN sends out courtesy reminder renewal notices to licensees three months in advance of license expiration, thus licenses that are set to expire in FY 2014/15 may be renewed in FY 2013/14. Due to the inability of the current BreEZe cashiering reports to distinguish this Revenue Collected in Advance (RCA), the revenue reported below for license renewals includes revenue that was collected in FY 2013/14 but historically would be applied to a renewal for FY 2014/15. Thus, the number of renewals received in FY 2013/14 appears higher than historically reported. For FY 2013/14, the numbers provided for "Received" are from the cashiering totals which the BRN considers to be the most reliable at this time.

**Table 7a. Licensing Data by Type**

Registered Nurse License		Received	Approved	Closed	Issued	Pending Applications***	Cycle Times**** (Initial Applications)
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam*	26,016	13,088	--	13,088	4,725	40 days
	Endorsement	11,381	9,591	--	9,591		48 days
	Renewal	183,432	183,432	n/a	183,432		n/a
FY 2012/13	Exam*	23,784	12,250	--	12,250	10,668	37 days
	Endorsement	11,321	9,429	--	9,429		45 days
	Renewal	185,140	185,140	n/a	185,140		n/a
FY 2013/14	Exam*	22,343	20,208**	--	20,208**	n/a	--
	Endorsement	11,260		--			--
	Renewal++	198,525	198,525	n/a	198,525		n/a
Pre- BreEZe 7/1/13- 9/30/13	Exam*	--	4,517		8,068	n/a	22 days
	Endorsement	--	3,551				26 days
Post BreEZe 10/1/13- 6/30/14	Exam*	--	12,140**	--	12,140**	***	82 days
	Endorsement	--		--			69 days

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Exam applications include initial and repeater/reapply exam applicants except for cycle times which include initial applicants only.

\*\* With the limited reporting capabilities available to the BRN, we are not able to differentiate the licenses approved/issued between exam applicants and endorsement applicants. A combined total for both applicant groups is provided.

\*\*\* Pending applications include initial and repeat exam and endorsement applications where the initial evaluation is complete but Additional documentation is required to complete the file or the exam applicant has been found eligible for the exam and they still need to register with the testing vendor. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of the close of FY 13/14. A report was run on August 18, 2014, and it reported the number pending to be 6,576. However, a random audit found inaccuracies in the data, and the BRN has been unable to confirm the accuracy of this count.

\*\*\*\* Exam cycle times: receipt of application to exam eligibility; Endorsement cycle times: receipt of application to licensure.

**Table 7a. Licensing Data by Type**

Clinical Nurse Specialist Certification		Received	Approved	Closed	Issued	Pending Applications*		Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)		combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification	252	198	--	198	101		27 days
	Renewal	1,512	1,512	n/a	1,512			--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification	236	192	--	192	118		28 days
	Renewal	1,532	1,532	n/a	1,532	n/a		--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification - FY Total	165	157	--	157	*		--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	61	--	61	--		35 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	96	--	96	--		54 days
	Renewal++	1812	1812	n/a	1812	n/a		--

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 76.

**Table 7a. Licensing Data by Type**

Nurse Anesthetist Certification		Received	Approved	Closed	Issued	Pending Applications*		Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)		combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification	185	161	--	161	31		35 days
	Renewal	988	988	n/a	988	n/a		--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification	182	173	--	173	60		32 days
	Renewal	967	967	n/a	967	n/a		--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a		n/a
	Certification - FY Total	192	172	--	172	*		--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	33	--	33	--	--	26 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	139	--	139	--		50 days
	Renewal++	1134	1134	n/a	1134	--	--	n/a

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 35.

**Table 7a. Licensing Data by Type**

Nurse-Midwife Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	76	58	--	58	21	25 days
	Renewal	577	577	n/a	577	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	62	49	--	49	22	36 days
	Renewal	611	611	n/a	611	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification - FY Total	62	55	--	55	*	--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	27	--	27	--	21 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	28	--	28	--	51 days
	Renewal++	650	650	n/a	650	n/a	--

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 22.

**Table 7a. Licensing Data by Type**

Nurse-Midwife Furnishing Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	37	37	--	37	4	26 days
	Renewal	363	363	n/a	363	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	60	48	--	48	13	21 days
	Renewal	380	380	n/a	380	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification - FY Total	61	69	--	69	*	--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	34	--	34	--	14 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	35	--	35	--	54 days
	Renewal++	413	413	n/a	413	n/a	--

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 11.



**Table 7a. Licensing Data by Type**

Nurse Practitioner Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	1,282	1,152	--	1,152	248	23 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	1,404	1,196	--	1,196	199	25 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification - FY Total	1,465	1,611	--	1,611	*	--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	662	--	662	--	28 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	949	--	949	--	59 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 179.

**Table 7a. Licensing Data by Type**

Nurse-Practitioner Furnishing Certification		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	903	857	--	857	149	21 days
	Renewal	5,563	5,563	n/a	5,563	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	1,917	1,620	--	1,620	174	23 days
	Renewal	5,898	5,898	n/a	5,898	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification - FY Total	1,657	1,794	--	1,794	*	--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	696	--	696	--	30 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	1,098	--	1,098	--	51 days
	Renewal++	6,869	6,869	n/a	6,869	n/a-	--

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY 14/15, thus all revenue received in FY 13/14 was included in FY 13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 136.

**Table 7a. Licensing Data by Type**

Psychiatric Mental Health Nurse Listing		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Listing
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Listing	2	2	--	2	10	15 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Listing	3	3	--	3	18	70 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Listing-FY Total	18	12	--	12	*	--
	Listing-Pre BreEZe (7/1/13-9/30/13)	--	1	--	1	--	1 day
	Listing-Post BreEZe (10/1/13-6/30/14)	--	11	--	11	--	38 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A manual count of actual files was completed on August 27, 2014, and reported the number pending to be 26.

**Table 7a. Licensing Data by Type**

Public Health Nurse Certificate		Received	Approved	Closed	Issued	Pending Applications*	Cycle Times – Initial App Receipt to Certification
						Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	3,221	2,853	--	2,853	474	23 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification	3,430	3,144	--	3,144	840	40 days
	Renewal	n/a	n/a	n/a	n/a	n/a	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a
	Certification - FY Total	3,431	2,804	--	2,804	*	--
	Certification-Pre BreEZe (7/1/13-9/30/13)	--	1,237	--	1,237	--	22 days
	Certification-Post BreEZe (10/1/13-6/30/14)	--	1,576	--	1,576	--	98 days
	Renewal	n/a	n/a	n/a	n/a	--	--

\* Pending applications include those applications that are incomplete and those that have been abandoned. The current reporting system does not have the capability to obtain a number for a past point in time so we are unable to provide a pending count as of close of FY 13/14. A report was run on August 18, 2014, and reported the number pending to be 824.

**Table 7a. Licensing Data by Type**

		Continuing Education Provider Approval	Received	Approved	Closed	Issued	Pending Applications*	Cycle Times*
							Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Exam	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Approval	282	214	--	214	--	--	--
	Renewal	1,399	1,399	n/a	1,399	n/a	--	--
FY 2012/13	Exam	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Approval	242	212	--	212	--	--	--
	Renewal	1,655	1,655	n/a	1,655	n/a	--	--
FY 2013/14	Exam	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Approval	242	224	--	224	--	--	--
	Renewal++	1,415	1,415	n/a	1,415	--	--	--

++ These totals include Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY14/15, thus all revenue received in FY13/14 was included in FY13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Pending and Cycle times are not available for Continuing Education Provider Approvals.

**Table 7a. Licensing Data by Type**

		Temporary License (TL-Endorsement) and Interim Permit (IP-Exam)	Received	Approved	Closed	Issued	Pending Applications	Cycle Times***
							Total (Close of FY)	combined, IF unable to separate out
FY 2011/12	Temporary License (TL)	5,712	2,063	--	2,063	--	--	
	Interim Permit (IP)	4,751	3,983	--	3,983	--	--	
	Renewal	n/a	n/a	n/a	n/a	n/a	n/a	
FY 2012/13	Temporary License (TL)	5,408	1,993	--	1,993	--	--	
	Interim Permit (IP)	4,416	3,719	--	3,719	--	--	
	Renewal	n/a	n/a	n/a	n/a	n/a	n/a	
FY 2013/14	Temporary License (TL)-FY Total	5,868	1,020	*	1,020	*	--	
	TL-Pre BreEZe (7/1/13-9/30/13)	--	640	--	640	--	--	
	TL-Post BreEZe (10/1/13-6/30/14)	--	380	--	380	--	--	
	Interim Permit (IP)-FY Total	4,070	3,107	**	3,107	**	--	
	IP-Pre BreEZe (7/1/13-9/30/13)	--	633	--	633	--	--	
	IP-Post BreEZe (10/1/13-6/30/14)	--	2,474	--	2,474	--	--	
	Renewal	n/a	n/a	n/a	n/a	n/a	n/a	

\* The BRN is unable to track or obtain separate data for those truly pending and those closed. Applications and payments are received for TLs, however, if at the time of initial review the applicant was approved and issued their renewable RN license, a TL would not be issued and that file would be considered closed.

\*\* The BRN is unable to track or obtain separate data for those truly pending and those closed. Applications and payments are received for IPs, however, because the applicant may examine within a few days of being made eligible to test they may be issued a renewable RN license before their IP. An IP would not then be issued and that file would be considered closed.

\*\*\* Cycle times are not available for TLs and IPs.

<b>Table 7b. Total Licensing Data</b>	FY 2011/12	FY 2012/13	FY 2013/14	
<b>Initial Licensing Data:</b>				
Initial License/Initial Exam Applications Received*	54,100	52,465	50,834	
Initial License/Initial Exam Applications Approved*	34,257	34,028	31,233	
Initial License/Initial Exam Applications Closed	--	--	--	
License Issued*	34,257	34,028	31,233	
<b>Initial License/Initial Exam Pending Application Data:</b>				
Pending Applications (total at close of FY)**	5,763	12,122	**	
Pending Applications (outside of board control)	--	--	--	
Pending Applications (within the board control)	--	--	--	
<b>Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):</b>			<b>Pre-Breeze 7/1/13-9/30/13</b>	<b>Post-Breeze 10/1/13-7/1/14</b>
Average Days to Application Approval (All - Complete/Incomplete) Initial App Receipt to Exam Eligibility/Licensure/Certification	40 days	39 days	24 days	75 days
Average Days to Application Approval (incomplete applications)	--	--	--	
Average Days to Application Approval (complete applications)	--	--	--	
<b>License Renewal Data:</b>				
License Renewed	193,834	196,183	210,818++	

++ This totals includes Revenue Collected in Advance (RCA) as current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 13/14 and applied to renewals for FY 13/14 or FY14/15, thus all revenue received in FY13/14 was included in FY13/14 YTD Revenue. As a result, renewals received appear higher for FY 13/14 than historically reported.

\* Exam applications include initial and repeater/reapply applicants, except for cycle times which include initial applicants only.

\*\* Pending applications include those applications that are incomplete and those that have been abandoned. Currently the BRN is unable to obtain a report that differentiates between the two types. Also, there is not the capability to obtain a number for a past point in time so are unable to provide a pending count as of the close of the FY (June 30, 2014) for all licenses/certifications issued.

### **Verification of Applicant Licensure Information**

All applicants for RN licensure by examination must provide evidence, i.e., official school transcripts, of meeting the curriculum requirements (CCR Section 1426). An additional method for validating an applicant's education is to request a copy of the nursing program curriculum that was completed by the applicant. This documentation enables the BRN to evaluate the contents of the nursing program to ensure that all curriculum requirements are met. BRN Licensing staff review official documents carefully for authenticity and often are in contact with international governmental and educational agencies for verification. In May of 2014, BRN Licensing staff were instrumental in assisting with identifying seven individuals involved in using false and forged nursing school transcripts from the Philippines. The individuals plead guilty and were sentenced. Protecting patient safety continues to be the BRN's top priority.

For endorsement applicants, along with the school transcripts that verify that the applicant meets the required curriculum requirements (CCR Section 1426), the BRN must receive validation of an active, current and clear RN license and verification of passing the national examination through either the NCSBN NURSUS database or directly from the state where the applicant holds the license. All examination and endorsement applicants must submit fingerprints which the BRN submits to both the Department of Justice (DOJ) and the Federal

Bureau of Investigations (FBI). The fingerprinting process is used to check prior criminal history as well as receive future notifications of criminal activity. Any prior disciplinary action of endorsement applicants is available from the NCSBN NURSYS database or directly from the state board where the applicant is licensed.

### **Fingerprinting**

Beginning in 1990, all RN applicants were required to submit fingerprints. In October 2008, emergency regulations were enacted requiring, upon renewal, fingerprinting of all licensed RNs who were not previously fingerprinted by the BRN. However, the BRN has a population of licensees from 1990 through 2005 that may require re-fingerprinting in order for the BRN to obtain subsequent arrest notifications. The reason for this is that, during this period of time, the board submitted hard card fingerprint cards to DOJ. In 2005, DOJ transitioned to a new electronic Livescan fingerprint system, and started accepting electronic fingerprint submissions. The prior hard card fingerprint data may not be on the existing system. The BRN is working with DOJ to determine if they have data for all licensees from this time period. If the BRN identifies RNs whose fingerprint data are missing, a plan will be developed to obtain the fingerprints again.

### **National Databank and Reporting of Prior Convictions and Disciplinary Information**

The BRN is a member of the NCSBN computerized discipline information exchange system called NURSYS. NCSBN is the BRN's agent to supply disciplinary information to the national database, the National Practitioners Data Bank (NPDB), from the data provided to them through NURSYS. The licensing unit checks all endorsement applicants (applicants who are currently licensed in another state) in NURSYS for any previous disciplinary action taken against the RN in another state. If something is found, the application and all documentation are forwarded to the enforcement unit for review.

For nurses already licensed in California, their records are supplied to the NURSYS database. Any disciplinary actions in another state would automatically notify the BRN, thus it is not necessary for the BRN to check renewal applicants through the NURSYS database. Upon renewal of an RN license, the BRN requires RNs to indicate if they have had any license disciplined by a government agency or other disciplinary body; or, have been convicted of any crime in any state, the U.S. and its territories, military court, or other country since they last renewed their license. RNs are notified that failure to disclose all or part of their convictions may be grounds for disciplinary action because failure to disclose this information is considered falsifying information.

All applicants are notified that they are required under law to report all misdemeanor and felony convictions as well as all disciplinary action against any nurse or health care related license or certificate, and they are asked questions to report this information. In addition they are asked questions requiring them to disclose previous RN, Licensed Vocational Nurse (LVN) or any health care licensure/certification or application for licensure either in California or in another state or territory as well as any disciplinary actions against such a license.

### **Primary Source Documentation**

The BRN requires the following primary source documentation:

- Education transcripts from their school institution in order to verify education requirements are required from all applicants.
- License verification directly from the Board of Nursing where the RN holds an active license or from the NCSBN NURSYS database for states that do not provide their own verifications is required for all endorsement applicants.

**Legal Requirements and Process for Out-of-State and Out-of-Country Applicants**

According to Section 1426, the licensing program verifies that all RN and advanced practice applicants have met California's educational requirements no matter where they attended school. Examination applicants who were educated in another state or U.S. territory have no other requirements. Licensing staff do carefully review their educational transcripts to ensure they meet California standards. Internationally educated applicants must provide additional documentation in order for the Board to determine if their education is comparable to that of California graduates. The additional documentation may include a breakdown of the curriculum, including the number of hours taken for clinical and theory, concurrency, and dates of enrollment. According to CCR Section 1414, an additional requirement may also include an examination to demonstrate English language comprehension to a degree sufficient to permit the applicant to discharge duties as an RN in California. Out-of-state nurses who endorse their licenses into California must also provide verification of their active out-of-state license (B&P Code Section 2732.1(b)).

**Military Veteran Applicants**

The BRN and NCSBN support veterans entering the nursing profession, and would like these hard working individuals to succeed and experience long and rewarding careers in the field of nursing. The BRN realizes the importance of assisting in assuring veterans have a safe and smooth transition into a career in nursing. The BRN has and continues to work with the RN educational programs, the Department of Veteran Affairs, the Governor's Interagency Council on Veterans (ICV), and the DCA to assist in this effort of military veterans becoming registered nurses. BRN staff have been involved with the ICV by regularly attending meetings and encouraging the RN nursing programs in California to work with the military veterans in assessing and assisting their RN education.

**Identification/Tracking of Applicants** – B&P Code Sections 114.5 and 115 requires each board, commencing January 1, 2015, to inquire in every application for licensure whether the applicant is serving in, or has previously served in, the military. For the past two years, the BRN has spent a significant amount of staff time and resources with DCA on the implementation of the BreZE system, including massive changes to the license application and renewal processes. As a result, DCA and the BRN did not make any changes to the existing application documents or process as all resources were being used for the development and implementation of BreZE. However, the BRN has requested, and DCA is already working on programming, for the online examination application to include this question by January 1, 2015. Also, by this date, the BRN examination and endorsement application documents will include a question to identify if the individual applying for licensure is serving in, or has previously served in the military. The BRN will continue to work with DCA on this issue to ensure that the system has the ability to track this information, and that the BRN has access to this information both individually and in aggregate.

**Consideration of Military Education, Training and Experience** – B&P Code Section 35 is a general statute that directs boards to develop regulations to provide for methods of evaluating education, training and experience obtained in the armed services when they can be used to meet licensing requirements "if applicable". The following year (effective January 1, 2012), the legislature amended a statute specific to nursing (B&P Code Section 2736.5) which specifically addresses military education received in becoming a "medical service technician – independent duty", and requires that the BRN establish regulations on how to evaluate such education for potential educational credit towards satisfying RN licensure requirements. The BRN has been advised by legal counsel that since these provisions are more specific than B&P Code Section 35 and came later in time, B&P Code Section 2736.5 supersedes Section 35 for the BRN's purpose. In a broad sense, B&P Code Section 2736.5 and any regulations adopted thereto may be seen as satisfying B&P Code

Section 35's general requirement. The bill analysis for SB 943 shows that the Legislature determined that training and experience did not apply to BRN's licensure process. As a result, it is "not applicable" to the BRN.

Currently, the evaluation process for military education is done on a case-by-case basis as more information is generally needed from their military medic education program to identify if the program curriculum is comparable to California prelicensure nursing programs. BRN existing regulation (CCR Section 1430) requires approved nursing programs in California to have a process for students to obtain credit for previous education or other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. If an applicant believes his or her military education and training are comparable to CCR Section 1426 Required Curriculum, she or he may submit an application with supporting documents. If deficiencies are identified, the applicant is referred to a California registered nursing program that can review their education and training and may be able to provide college credit as stated in CCR Section 1430.

The BRN and NCSBN have worked on the issue of military education and preparation for RN nursing practice for many years. The military educational program tends to concentrate on specialized knowledge and skill of the care of the injured and does not include the breadth of information relative to care to patients during their life cycle. **Military personnel have told the BRN staff that they do not educate the military medical personnel to the RN level.**

The BRN has found the education, training and experience of the military veterans to have more similarity in Licensed Practical Nursing/Vocational Nursing (LPN/VN) levels of education. This is documented in an analysis conducted by NCSBN in 2013, in consultation with military personnel and leading experts in the areas of nursing and military education. An in-depth analysis and comparison was conducted of the Army health care specialist (medic), corpsman (Navy and Air Force), Air Force medical technician (airman curricula), and Army LPN program with a standard LPN/VN curriculum comparable to LPN/VN curricula approved by U.S. Boards of Nursing. The elements of the standard curriculum developed for this comparison are considered minimal core requirements for an LPN/VN program. The entire report summarizing this analysis is included in **Section 12, Attachment I**. The report can also be found at:

[https://www.ncsbn.org/13\\_NCSBNAlyiss\\_MilitaryLPNVN\\_final\\_April2013.pdf](https://www.ncsbn.org/13_NCSBNAlyiss_MilitaryLPNVN_final_April2013.pdf)

The following findings were reported from the NCSBN analysis:

- The Army LPN program is comparable to a standard LPN/VN program approved by boards of nursing.
- Significant differences in content were identified in the health care specialist (medic), corpsman, and airman curricula. These differences require additional LPN/VN coursework and clinical experience before meeting LPN/VN licensing requirements. While the courses offered in these military programs are comprehensive and rigorous, the veteran must learn the role of the nurse, the nursing process, and the science of nursing care. This includes learning the role of the LPN/VN, the scope of practice and the principles of delegation in order to practice competently and safely. This is acquired through formal education, both clinical and didactic, and must be integrated throughout the course of study.
- Each veteran leaves the military with varying levels of experience; therefore it is recommended that the knowledge, skills, and abilities of all veterans entering an LPN/VN program should be formally evaluated prior to beginning a program. If proficiency is demonstrated, this should be accounted for in the program to assist in accelerating the education process.

- Formal bridge programs based on individual assessment of each veteran and geared towards helping these individuals acquire the knowledge, skills, and abilities needed to practice as an LPN/VN safely without repeating previously acquired content would be helpful to these veterans.
- The roles and responsibilities of RNs are different from that of health care specialists (medics), corpsmen, and airmen. Thus, the training for these military occupations is different from that of nursing education programs.

Due to their training and experience as summarized above, the BRN frequently refers these military veterans to the California Board of Vocational Nursing and recommends they first become licensed as an LVN and then proceed to RN education. The BRN is aware that some military veterans may not want to follow this path and want to move directly to the RN curriculum. The BRN is currently collecting information from RN educational programs in California to determine what resources and programs are planned or currently in place to assist military veterans in their RN education.

**Waived Renewal Fees and Continuing Education Requirements** – Beginning July 1, 2013, B&P Code Section 114.3 requires the BRN to waive renewal fees and CE requirements for any licensee called to active duty service as a member of the U.S. Armed Forces or the California National Guard if certain requirements are met. In FY 2013/14, the BRN has waived fees and requirements for 52 licensees who met this exemption. This had a negligible impact on the BRN revenues.

**Expediting of Applications** – B&P Code Section 115.5 requires the BRN to expedite the licensure process for an applicant who is a spouse, domestic partner or in another legal union with an active duty member of the U.S. Armed Forces who is assigned to active duty and meets certain other requirements. Since being in effect January 1, 2013, the BRN has successfully expedited and licensed 91 applications for individuals who qualified for this expedited processing.

#### **No Longer Interested Notifications to DOJ**

The BRN sends No Longer Interested notifications to DOJ on a regular and ongoing basis via U.S. Postal Service mail and there is no backlog in this processing.

### **Examinations**

In California and throughout the U.S. and its four territories, eligible applicants seeking RN licensure for the first time must successfully pass the National Council Licensing Examination for Registered Nurses (NCLEX-RN). There is no California specific examination required, thus Table 8 includes data for the national examination only for first-time U.S. educated candidates and compares national and California data. Data on repeat candidates is also included. Effective 4/1/13, the test plan and passing standard were updated and the difficulty level required to pass was increased. These changes typically lead to a temporary decline in passing standards while educational programs and candidates adjust to the changes in the requirements.



<b>Table 8. Examination Data</b>				
<b>National Examination (include multiple language) if any:</b>				
License Type		Registered Nurse		
Exam Title		National Council Licensing Examination Registered Nurse (NCLEX-RN)		
		National Data* 1 <sup>st</sup> Time Candidates	California Data* 1 <sup>st</sup> Time Candidates	California Data** Repeat Candidates
FY 2010/11	# of Candidates	145,613	11,183	2,189
	Pass %	87.73	87.64	51.94
FY 2011/12	# of Candidates	151,135	10,733	2,019
	Pass %	88.92	88.99	52.45
FY 2012/13	# of Candidates	152,243	10,875	1,847
	Pass %	87.03	87.96	46.13
FY 2013/14	# of Candidates	155,335	10,370	Data not available
	Pass %	82.56	82.41	Data not available
Date of Last Occupational Analysis		Conducted in 2011, Effective 4/2013		
Name of Occupational Analysis Developer		National Council of State Boards of Nursing		
Target Occupational Analysis Date		Conducted in 2014, Effective 4/2016		

\* Data Source: NCSBN Exam Statistics Reports; data does not include repeat candidates or exam candidates educated outside the United States or United States territories.

\*\* Data Source: BRN database. Currently the BRN is unable to obtain a reliable report of only repeat candidate data.

### **Examination Statistics**

California's pass rates have been at the same rate as the national pass rates for the past four fiscal years. For FY 2013/14, California had the highest pass rate in comparison to three other states with a similar number of first time candidates (Florida 11,760, 75.05%; Texas 11,711, 81.28%; New York 9,431, 77.09%). California's success in maintaining high annual pass rates can be attributed to widespread and consistent implementation of many strategies:

- Testing via the computer during the nursing program to better prepare students for the NCLEX-RN.
- Nursing programs encouraging students to attend NCLEX-RN review courses and to take the examination within three months of graduation.
- Nursing programs implementing the use of NCLEX-RN preparation materials and standardized predictive examinations to clearly pinpoint areas of needed nursing content review and remediation.
- Close monitoring of each nursing program's pass rate by Nursing Education Consultants (NECs), and the requirement that programs maintain annual pass rates at or above 75% for first time test takers. Effective October 2010, the BRN had a regulatory change that increased the annual pass rate percentage from 70% to 75%.
- Collaboration between NECs and the nursing programs that have a lower than 75% pass rate, and a BRN requirement that the program develop an action plan to improve the pass rate.

Pass rates of around 50% for repeat candidates has historically been lower than those for first time candidates which is apparent in the data in Table 8 above. Data for repeat candidates includes all candidates taking the

examination for the second or more times. The BRN does not have a limitation on the number of times a candidate may take the examination or additional requirements for retaking the examination.

### **Examination Methodology and Administration**

The NCLEX-RN is developed by the NCSBN and administered by the approved test vendor Pearson VUE. Since April 1994, the NCLEX-RN has been administered via Computerized Adaptive Testing (CAT) methodology, which is an individualized multiple-choice computerized examination. All testing candidates receive a different examination, depending upon their performance. Every time a question is answered, the computer re-estimates their ability based on all previous answers and the difficulty of those questions. The computer then selects the next question based on that information. The goal is to get as much information as possible, as efficiently as possible, about the candidate's true ability level. Advantages of CAT methodology include:

- Reduces the number of "easy" questions that high-ability candidates receive that tell little about a high performing candidate's ability.
- Reduces the number of "difficult" questions that low-ability candidates receive; candidates tend to guess on questions that are too difficult, which can skew results.
- Reduces item exposure and subsequent security risks.
- Improves precision of measurement of the candidate's ability related to nursing
- Provides a valid and reliable measurement of nursing competence.

The NCLEX-RN is constructed to measure entry-level RN skills, knowledge, and abilities. An occupational analysis (OA) is completed by the NCSBN every three years in which a survey is sent to a random sample of practicing RNs nationwide to obtain current information about nursing practice. The most recent OA was completed in 2011, and the next scheduled analysis will occur in 2014. The results of the OA serve as the basis for the development of the Test Plan that is used as the blueprint to develop the NCLEX-RN. As the results of the OA warrant, the Test Plan is revised and, if necessary, the examination passing standard as well. NCLEX-RN information is readily available at [www.ncsbn.org](http://www.ncsbn.org). The practice analysis and subsequent reviews of the Test Plan and passing standard meet the BRN mandated requirements as outlined in B&P Code Section 2786(d). The NCLEX-RN is currently offered at testing centers throughout the U.S. and its districts and territories as well as in ten other countries. There are currently 22 testing centers in California. Examination administration appointments are available to candidates year round, seven days a week.

### **Existing Statutes Related to Processing of Applications and Examinations**

Differences in nursing education, practice, medical treatment options, and technology throughout different countries makes the review of applications from internationally educated applicants a challenge. While the BRN has an effective long standing history of in-house international evaluations, there are constant issues that arise in this area. In order to assist with this issue, the BRN is considering incorporating language in the Nursing Practice Act (NPA) requiring internationally educated applicants to submit proof of their ability to practice as an RN in the country in which they were educated. This is discussed in more detail in Section 11.

## School Approvals

### Requirements for School Approval and Role of Bureau for Private Postsecondary Education

In order to protect the public by ensuring RNs obtain the necessary training to provide safe and competent patient care, the BRN reviews RN nursing programs in California for compliance with required standards as authorized by B&P Code Section 2786 and CCR Sections 1421 through 1432. The BRN manages mandatory approval of RN prelicensure nursing programs that include Associate Degree (ADN), Baccalaureate Degree (BSN), and Entry Level Master's (ELM) Degree programs. New RN prelicensure nursing programs are evaluated and considered for approval in accordance with the process described in the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-I-01 Rev 3/10)* that is incorporated by reference in CCR Section 1421. This document is included in **Section 12, Attachment H**. The BRN's NECs work with proposed new schools and monitor already approved nursing programs according to B&P Code Section 2788. NP and NM programs may also seek program approval from the BRN if they meet requirements of B&P Code Section 2835.5 and CCR Section 1484 for NP and B&P Code Section 2746.2 and CCR Section 1462 for NM programs.

The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The Bureau for Private Postsecondary Education (BPPE) is responsible for ensuring that the academic institution presenting the nursing program meets regulatory standards for institutions of post-secondary education. The BPPE is required by California Education Code Section 94899 to ensure that when an institution offers an educational program in a profession that requires licensure in the state, the institution shall have educational program approval from the appropriate state licensing agency to conduct the educational program. This ensures that a student who completes the educational program is eligible to take the required licensure examination. The BRN is required according to B&P Code Section 2786.2 to ensure that a private postsecondary school of nursing approved by the BRN complies with the Education Code. The BRN is also required to, and does, have a Memorandum of Understanding (MOU) with the BPPE that outlines the powers of the BRN to review and approve schools of nursing and the powers of the BPPE to protect the interest of students attending institutions governed by the California Private Postsecondary Education Act of 2009, Chapter 8 (commencing with Section 94800) of Division 10 of Title 3 of the Education Code.

Full approval of a nursing program offered by a private post-secondary institution requires that the institution meets BPPE regulatory standards and that the nursing program meets BRN regulatory standards. The BRN works closely with the BPPE when considering the approval of a new RN program because each approval is dependent upon the other. According to CCR Section 1421(b)(2), the BRN approval requirements of an RN nursing program include that the academic institution has authority to grant a degree which must be confirmed by BPPE in the case of private post-secondary institutions. BPPE approval for issuance of a nursing degree is dependent upon BRN approval of the RN program (Education Code Section 94899).

A school proposing to start a new nursing program must apply to BPPE for evaluation at the time the school also submits a Letter of Intent to the BRN. The BRN relies upon the BPPE to verify degree-granting authority of the school and that the school meets other regulatory standards of post-secondary education. Once the BPPE has confirmed this and written notification is provided, the BRN can proceed with evaluation of the proposed new nursing program to determine its compliance with regulatory standards specific to nursing education.

programs. When the BRN is satisfied that the proposed program will be operated in compliance with the applicable regulations, BRN Board approval is granted and notification sent to the BPPE so that BPPE final approval can also be conferred.

### **Number of Programs, Frequency of Reviews, and Withdrawal of BRN School Approvals**

As of June 30, 2014, there are 142 prelicensure nursing programs approved by the BRN. They include:

- 89 Associate Degree (11 private and 78 public schools)
- 37 Baccalaureate Degree (18 private and 19 public schools)
- 16 Entry Level Master's Degree (8 private and 8 public schools)

Advanced Practice RN programs currently approved by the BRN include:

- 22 Nurse Practitioner (8 private and 14 public schools)
- 3 Nurse-Midwifery programs (all 3 public schools)

In June 2011, a temporary moratorium was enacted to suspend review of new program proposals due to a lack of adequate NEC staff to review proposals and oversee additional new programs. Additionally, sunset of the BRN on December 31, 2011 and the time required to re-appoint the Board from January through August of 2012 prevented consideration of new program proposals. The moratorium was lifted in April 2013, and processing of new program proposals was resumed after additional NEC staff were in place and the Board was fully functioning.

Approval of new programs is accomplished through a multi-step process during which the institution's ability to successfully present a program is evaluated in increasing detail. A school first submits a Letter of Intent to the BRN. In response, the BRN provides the school with instructions regarding requirements for the new program proposal process. In the next step, the institution is required to submit a Feasibility Study to present information that will generally demonstrate the need for a new program and the school's ability to deliver a program in compliance with the BRN rules and regulations. The Feasibility Study is reviewed by an NEC, and when it is complete, it is presented to the Board for determination, at which time it can be accepted or rejected. The third step of the process is the Self-Study which presents the school's plan for program delivery with detailed evidence that addresses all resources needed and other elements required according to BRN rules and regulations. The program is assigned an NEC who helps to guide the school through this step. Once an acceptable plan is developed, it is presented to the Board who makes a determination to either grant or not grant initial program approval. Failure to present a program plan that meets all requirements of the BRN rules and regulations may result in the Board deciding not to grant approval.

The following new program approval activity occurred during the period of July 2010 through June 2014:

- 63 programs submitted a Letter of Intent
- 25 programs submitted a Feasibility Study; 10 were approved by the Board
- 8 schools are currently in the Self-Study/Initial Approval phase (two have had no recent contact with the BRN)
- 3 ADN prelicensure programs were approved for enrollment of students
- 1 nurse practitioner program was approved for enrollment of students

Newly proposed and approved nursing programs have multiple visits conducted by the NEC staff. They are reviewed prior to initial admission of students, at completion of the first academic year, just prior to the graduation of the first admitted cohort, five years from the date of first student admission, and then every five years thereafter. Regularly scheduled continuing approval visits to established nursing programs are currently conducted every five years. The BRN has attempted various visiting schedules, and has determined this to be a good compromise of frequency and use of NEC resources. Additional focus review visits are also performed as needed for reasons that may include: follow-up on findings of a scheduled approval visit; receipt of specific complaints regarding the program; substandard NCLEX-RN examination results; and other types of failure to comply with BRN rules and regulations. NECs must perform a significant number of these visits each year that are in addition to the regularly scheduled visits. NECs are always available to their assigned programs to answer questions and offer consultation and guidance when requested. This is especially the case when new program directors are hired because the BRN has seen an increasing rate of turnover in nursing program directors in the past five years.

When a regularly scheduled visit is planned, the program is notified of the planned visit during the academic year preceding the visit to allow time for the program to develop and submit a written self-study. NEC staff review the self-study documents and curriculum and then conduct an on-site visit to the school for validation of the program's compliance with all applicable regulatory requirements. Following are the number of regularly scheduled continuing approval visits that were conducted during each of the past four academic years:

2010-2011 – 20  
2011-2012 – 26  
2012-2013 – 32  
2013-2014 – 25

The Board can withhold or withdraw approval of a nursing program when that program does not demonstrate operation in compliance with the BRN's rules and regulations, according to the authority of B&P Code Sections 2786.6 and 2788 and CCR Sections 1421, 1422, 1423, 1431, and 1432. Following a program visit by an NEC, findings are presented to and reviewed by the Board. NECs summarize the program and the findings. It is noted if they found and reported to the program any areas of noncompliance with BRN rules and regulations, any recommendations that the NEC made to the school, or both. After consideration, the Board will then generally make one of the following decisions:

- Continue Approval if all is in order.
- Defer Action to Continue Approval and allow the program up to one year for correction of the issues if some less serious areas of noncompliance are identified. The Board, at its discretion, may extend this time when a school is showing progress toward appropriate corrective actions.
- Warning Status with Intent to Withdraw Program Approval if noncompliance issues are of a serious nature or a large quantity of noncompliance issues that are not promptly addressed were found. Imminent and specified deadlines are set for follow-up progress reports and for correction of issue.

When any status is conferred, other than Continued Approval, the NEC closely monitors the school and provides ongoing guidance, reviewing progress reports from the program, consulting with the program, and conducting additional program visits as needed. Failure to correct areas of noncompliance as directed by the Board could result in withdrawal of program approval. There has been no withdrawal of any program's approval in the past four fiscal years, although some programs have been placed on Warning Status

with Intent to Withdraw Approval or on Deferred Action to Continue Approval. As of June 30, 2014, there are two programs in warning status and three in deferred action status.

### **International Nursing Programs**

The BRN only has the authority to approve RN nursing programs that have a resident physical presence in California.

## **Continuing Education/Competency Requirements**

Continued competence measurements for RNs and APRNs are essential to ensure public safety and protection. Mandatory CE is the primary method used by the BRN as an indicator of ongoing competence for RNs with active licenses. CE courses must have been completed during the preceding two years to ensure currency of information. The BRN's CE program was established on July 1, 1978. Requirements are found in B&P Code Sections 2811.5 and 2811.6 and the regulations governing this program are found in CCR Sections 1450 through 1459.1. These statutes and regulations provide the basis for the BRN to approve CEPs and require an RN who wants to maintain an active license to complete 30 hours of CE biennially as a condition for license renewal. Exceptions to these requirements are outlined in CCR Section 1452.

The primary route for completion of the contact hours required for license renewal is taking courses offered by one of the over 3,400 BRN-approved CEPs, although the RN is not limited to using only these providers. The BRN also recognizes contact hours acquired by attending an out-of-state conference presented by a national nursing association or courses approved by another state's board of nursing. Units awarded for nursing-related academic coursework as part of enrollment in a baccalaureate or higher degree program that can also satisfy the requirement for continuing education. There are no restrictions on the number of contact hours that the RN may acquire via online or home-study courses.

### **Verification of CE Requirements and Random Audits**

The application for renewal requires that the RN attest that she or he has completed the CE requirement. The certificates of completion given by the BRN-approved CEPs, renewal information provided by the BRN, and information on the BRN website instruct RNs that they are required to retain certificates or grade-slips for a minimum of four years. The certificates would serve as documentation of course completion in the event of an audit. Random audits may be conducted of both RNs and CEPs to verify compliance with the regulations.

The audits are done by random selection of licensees. In the past, the BRN completed an average of 2,700 RN and 282 CEP random audits per year. However, due to unavailability of staff because of other workload demands, random CEP audits have not been completed since January 2001, and only approximately 200 RN random audits have been completed since the last sunset report. The BRN has made multiple Budget Change Proposal (BCP) requests to obtain additional staffing to complete consistent auditing, but to date all have been denied at various levels of the process. Due to lack of staffing in this area, specific counting of audits completed and the outcomes have not been able to be maintained.

The majority of audited RNs provide documentation of acceptable course content and CE contact hours. Those in noncompliance are referred to the Enforcement Division. Since 1996, the BRN has issued citations and fines to RNs who knowingly violate the CE requirements. The fine amounts are \$1,500 for submitting fraudulent CE certificates and \$250 for indicating compliance with the CE requirement at the time of renewal but cannot

produce evidence that, in fact, they did complete the CE. Serious violations are referred to the Attorney General's (AG's) Office for disciplinary action.

### **Continuing Education Provider Applications, Approval, and Random Audits**

The BRN approves CEPs, not the individual CE courses. When the initial CEP application is reviewed or when an audit of the provider is conducted, the BRN reviews content for a course to ensure it complies with the regulations as outlined in CCR Section 1456. Instructor qualifications and information are also reviewed. Course content is reviewed by an NEC to ensure that the content is above prelicensure education for an RN, and that it is relevant to the practice of registered nursing for either direct or indirect patient care. The information about the individual course and the instructor's information is considered when approving the provider. Once a CEP has been approved, the expectation is that the CEP will award contact hours to RNs for only those courses they offer which meet the regulations for course content.

As discussed previously, due to lack of staffing the BRN has not completed random CEP audits since January 2001; however, any complaints that are received are investigated. The BRN has authority to withdraw a CEP's provider number under specified circumstances. CEP audits are similar to the initial application process where content for a course and instructor(s) information is reviewed to ensure compliance with BRN regulations. Below is information related to CEPs for the last four fiscal years.

CATEGORY	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14*
CEP Applications Received	261	264	242	242
CEP Applications Approved	282	214	212	224
CEPs Renewed	1,625	1,399	1,655	1,415**
CEP Complaints Received	4	3	1	4
CEP Complaints Referred to Enforcement	0	2	0	0

\* The current reporting system was not able to provide the BRN with accurate and reliable data for FY 2013/14. The data was obtained from staff "best estimates" based on workload data and revenue totals.

\*\* These totals include Revenue Collected in Advance (RCA). Current reporting capabilities available to the BRN are not able to distinguish between revenue collected in FY 2013/14 and applied to renewals for FY 2013/14 or FY 2014/15, thus all revenue received in FY 2013/14 was included in FY 2013/14 YTD Revenue. As a result renewals received appear high for FY 2013/14 than historically reported.

### **Policy Reviews for Considering Performance Based Assessments for CE**

The BRN currently relies on the existing CE regulations as the primary method of assuring continued competence of its licensees, and compliance with the mandatory continuing education will continue to be a requirement. The BRN recognizes, as have other medical and health care boards, the complexity of determining continued competence, especially for those who function in non-direct care professional roles. Assessment of continued competence is a national issue facing all professional healing arts licensing boards. Both the American Nurses Association and the NCSBN have researched and provided documents that

incorporate support for nurses' efforts at lifelong learning, especially those efforts made toward acquisition of new knowledge and skills.

The NCSBN has been exploring methods of evaluating continued competence. Data collection for a pilot study began in March 2014. The study will examine four methods for assessing continued competence, completing continuing education being one of the methods, to determine if any of the methods adequately measure continued competence. The BRN will continue to review and evaluate this study and other research related to evaluating continued competence, and will recommend changes, as appropriate.





# Section 5

## Enforcement Program

- Enforcement Division
- Cite and Fine
- Cost Recovery and Restitution

## **Enforcement Division**

The Board of Registered Nursing (BRN) places high priority on protecting the public through an effective Enforcement Division. The Enforcement Division includes multiple units that are responsible for various aspects of the enforcement process. These units include Complaint Intake, Investigations, Discipline, Probation Monitoring, and Diversion. These units work to fulfill the purpose of the Enforcement Division to protect consumers by investigating and disciplining licensees who violate the Nursing Practice Act (NPA), monitoring Registered Nurses (RN) nursing practice while on probation to ensure safe patient care, denying licenses to applicants who are unsafe to practice, and seeking prosecution for the unlicensed practice of RNs. Since the last sunset report, the Enforcement Division has been significantly expanded and reorganized. Thirty-seven staff were added in Fiscal Year (FY) 2010/11 and 2011/12, including internal investigators, to assist with the increasing workload that was a result of many improvements made to the Division such as: the fingerprinting of all licensed RNs; California licensee data comparison to national discipline data; and identifying an increasing number of applicants with prior convictions. This section provides information on the work of the Enforcement Division since the last sunset report in 2010.

### **Performance Targets**

The BRN's performance targets as outlined in the Department of Consumer Affairs' (DCA's) Consumer Protection Enforcement Initiative (CPEI) includes the goal to improve discipline case processing timeframes so that cases are completed in an average of 12 to 18 months. While the BRN has made significant improvements in the processing timeframes, it has not been able, as yet, to meet this goal. The BRN staff and Board have worked diligently over the past five years and continue to work to improve performance in this area. Currently the BRN is completing disciplinary cases on average in less than two years at approximately 22 months. This is a significant improvement to three years or more in 2010. Specific efforts to improve performance in this area include:

- Implementation of procedural changes and streamlining many internal processes to be more efficient.
- Per a BCP request, 28 additional staff was approved effective July 1, 2014. To date two of the positions have been filled and employees have begun work at the BRN.
- Cross training of staff is being conducted to improve processing and provide staff development.
- The BRN is increasing outreach to stakeholders by providing presentations at health care facilities, nursing educational programs, and substance use disorder forums. A table providing information about the enforcement and diversion programs is set up at each Board meeting, and staff participate in a variety of work groups and task forces related to various health care issues.

### **Enforcement Volume, Timeframes, Trends, and Improvements**

Workload has increased in all areas of the Enforcement Division over the past three years. The average time to close at the different steps in some cases has decreased, but in some cases has increased. However, the average time to close cases at various stages of the process and case aging data for FY 2013/14 should be interpreted with caution as there is concern of the accuracy due to the reporting limitations in the BreEZe system. It appears that aging timeframes do not take into consideration cases that are closed for various reasons and then re-opened at a later date. Instead of the counting of days stopping when it is closed and then beginning again when it is re-opened, the days in-between are counted for these cases. This overinflates the average time to close a case at various stages of the process and case aging data.

The number of complaints the BRN receives from the public and conviction information increased slightly from FY 2011/12 to 2012/13 but appears to have returned to the FY 2011/12 number in 2013/14. The average time to close at the various stages generally declined or remained stable between FY 2011/12 and 2012/13. As discussed above, the closing times for FY 2013/14 are not considered reliable at this time so should not be used for comparisons. The number of accusations filed with the Attorney General's (AG's) Office almost doubled from FY 2011/12 to 2012/13 and increased another 24% in FY 2013/14. Numbers in all areas of discipline and the number of probationers have increased. The cases at the Office of Administrative Hearings (OAH) are backlogged and timely hearings have not been scheduled, which has impacted the discipline completion timeframes. Even though the Enforcement Division has received additional staff, the volume of the workload has continued to increase. In addition, staff furloughs were in place until July 1, 2013. The addition of 28 staff effective July 1, 2014 should help significantly in this area.

The Diversion Program's participants and successful completions have remained stable over the past three FYs. The Diversion Program is discussed in more detail in Section 13 of this report.

Data for investigations provided in Table 9c for FY 2013/14 is limited because the reporting capabilities currently available to the BRN are not providing accurate data for desk investigations and thus the ability to calculate a total for all investigations. Other reports were able to provide data for sworn and non-sworn investigations. However, this data should be reviewed with caution. Data between FYs 2011/12 and 2012/13 show a slight increase (5%) in the number of assigned investigations, but a significant increase in the number closed (n=2,560, 39%). This increase in closures is across all areas of investigations (desk, sworn and non-sworn), but the largest increases is with the non-sworn which is most likely the result of the addition of BRN internal non-sworn special investigator staff.

Some challenges that continue in the enforcement area include that the BRN and the Division of Investigation (DOI) continue to have problems obtaining documents and records, including consents for release of medical records, and to receive court and arrest records timely and cost effectively. These delays significantly impact the investigation completion time frames. The BRN is making a recommendation to amend Penal Code Section 830.11 to include the BRN and grant the BRN special investigators limited peace officer status as a public officer. This would allow the BRN special investigators the authority to more effectively and efficiently complete their investigations without adding expanded retirement pension benefits or a salary increase to these positions. This is discussed in further detail in Section 11.

The BRN has not had the opportunity to update the Disciplinary Guidelines due to length of time it had to function without a Board in place and the need to address other backlogged work. Recently, the Board has been reviewing and addressing the existing Disciplinary Guidelines and the Uniform Standards for Substance Abusing Licensees at Board meetings and has had staff collect background and additional data. The Board will continue to address these documents at future meetings.

**The BRN has implemented various process efficiencies that include:**

- The reorganization of the Enforcement Division to create units for Complaint Intake, Investigations, Discipline, Probation Monitoring, and Diversion. This was done in part because of the addition of staff provided in the FY 2008/09 fingerprint Budget Change Proposal (BCP), and the FY 2010/11 CPEI BCP.
- The BRN obtained delegated subpoena authority to obtain medical and employee records from facilities as part of a legislation change.

- A regulation amendment to CCR Section 1419(c) became effective April 22, 2014, that increases the level of reportable traffic infraction fines from \$300 to \$1000 for RN renewal applicants. This decreases some of the workload for these violations without negatively impacting the public. This also enhances consumer protection by allowing staff to focus on other, more critical enforcement related activities.
- Other amendments to CCR Sections 1403, 1441 and 144.5 became effective July 23, 2014 that increase the timeliness and efficiency of some of the processes and include:

**CCR Section 1403** allows delegation of certain functions to the Executive Officer and shortens the timeframe for some cases, thus adding to consumer protection by allowing orders to become effective in a timelier manner.

**CCR Section 1441** specifies certain acts related to investigations and failure to disclose constitute unprofessional conduct. Defining these activities as unprofessional conduct and grounds for Board disciplinary action facilitates and expedites obtaining records, which accelerates the resolution of disciplinary cases.

**CCR Section 1444.5** requires an Administrative Law Judge (ALJ) to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Because of the seriousness of sex offenses and sexual misconduct and the potential threat to consumers, the Board has determined that revocation of the RN license is the appropriate disciplinary action.

### **Disciplinary Action Statistics**

As discussed in the previous section, all disciplinary actions have increased over the past three years, and they have increased significantly since the last review in 2010. Prior year's data was obtained from the Consumer Affairs System (CAS) reports referenced in the tables. However, as a result of the implementation at the BRN of the BreEZe computer system in October 2013, these reports were no longer available for FY 2013/14, and data from the new computer system is required. Due to the limited reporting capabilities of the current computer system, the FY 2013/14 data should be viewed with caution and should not be used for comparison with data from previous years. In some instances, data has been obtained from other sources, including other reports, manual counts, or spreadsheets kept by staff. The data presented in the following tables for FY 2013/14 are what the BRN staff consider to be the best estimates of the work at this time, but may change in the future when more reliable sources of capturing data can be determined. Some data is not reported as accurate data could not be obtained from the new computer system. Footnotes are provided when necessary with each table to explain these omissions or to better explain the data being provided.

<b>Table 9a. Enforcement Statistics</b>			
	FY 2011/12	FY 2012/13	FY 2013/14
<b>COMPLAINT</b>			
Total Complaints/Notifications Received	7,844	8,330	7862
Intake-Consumer Complaints (Use CAS Report EM 10)			
Received	2,735	2,876	3,244
Closed	605	508	***
Referred to Investigation	2,273	2,406	***
Average Time to Close	24	19	***
Pending (close of FY)	97	106	***
Source of Complaint (Use CAS Report 091)			
Public	564	503	831
Licensee/Professional Groups	1,028	977	835
Governmental Agencies	6,135	6,677	6,013
Other	151	189	183
Conviction/Arrest Notifications(Use CAS Report EM 10)			
Conviction Received	5,109	5,454	4,618
Conviction Closed	5,204	5,456	***
Average Time to Close	10	9	***
Conviction Pending (close of FY)	49	74	***
<b>LICENSE DENIAL (Use CAS Reports EM 10 and 095)</b>			
License Applications Denied	72	90	121
Statement of Issues (SOIs) Filed+	132	131	111
SOIs Withdrawn	0	6	1
SOIs Dismissed	0	0	0
SOIs Declined	0	0	1
Average Days SOI	438	444	282
<b>ACCUSATION (Use CAS Report EM 10)</b>			
Accusations Filed	644*	1,164	1,448
Accusations Withdrawn	15	14	33
Accusations Dismissed	6	4	9
Accusations Declined	30	46	28
Average Days Accusations	848	663	689
Pending (close of FY)	**	**	**

+ Statement of Issues (SOIs) are formal charges against applicants filed by the AG's Office.

\* Prior FY numbers have been corrected/updated from those previously published.

\*\* Close of FY pending accusations are included in Table 9b "AG Cases Pending".

\*\*\* Accurate data is not available. The BRN has requested and is waiting for a response from DCA for a correction of these data breakdowns.

<b>Table 9b. Enforcement Statistics (continued)</b>			
	FY 2011/12	FY 2012/13	FY 2013/14
<b>DISCIPLINE</b>			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions	317	415	1,333***
Stipulations	382	544	
Average Days to Complete	692	755	782
Attorney General Cases Initiated	1,070	1,773	1,555
Attorney General Cases Pending (close of FY)	1,448	2,110	2,060
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	227	304	531
Voluntary Surrender	128	167	302
Suspension	2	0	1
Probation with Suspension	1	1	2
Probation*	268	360	458
Probationary License Issued	n/a	n/a	n/a
Public Reproval/Reprimand**	79	81	96
Other	3	2	15
<b>PROBATION</b>			
New Probationers	159	222	287
Probations Successfully Completed C = Completed ET = Early Termination	70 C 10 ET	80 C 19 ET	117 C 20 ET
Probationers (close of FY) A = Active T = Tolled (on hold as moved out-of-state)	682 A 180 T	763 A 226 T	846 A 248 T
Petitions to Revoke Probation	55	77	65
Probations Revoked	18	26	22
Probations Modified	3	1	3
Probations Extended	9	10	14
Probationers Subject to Drug Testing	344	410	474
Drug Tests Ordered	7,524	9,259	8,740
Positive Drug Tests	1,191	1,235	1,149
Petition for Reinstatement Granted	6	24	18
<b>DIVERSION</b>			
New Participants	190	210	193
Successful Completions	102	110	114
Participants (close of FY)	486	474	460
Terminations	55	37	45
Terminations for Public Threat	32	23	30
Drug Tests Ordered	12,616	12,311	12,416
Positive Drug Tests	464	534	472

\* Prior FY numbers have been corrected/updated from those previously published.

\*\* Public Reproval/Reprimands are considered disciplinary action by the BRN. They have been added to the Disciplinary Outcomes list and not reported as "other" since there is a significant number.

\*\*\* Due to the limited reporting capabilities currently available to the BRN, correct data could not be obtained so manual total counts kept by staff are being reported and are thought to be the most accurate. A breakdown of the data is not available.

<b>Table 9c. Enforcement Statistics (continued)</b>			
	FY 2011/12	FY 2012/13	FY 2013/14
<b>INVESTIGATION</b>			
All Investigations (Use CAS Report EM 10)			
First Assigned	8,195	8,633	*
Closed	6,600	9,160	*
Average days to close	152	188	*
Pending (close of FY)	4,160	3,702	*
Desk Investigations (Use CAS Report EM 10)			*
Closed	5,925	8,107	*
Average days to close	106	130	*
Pending (close of FY)	3,029	2,601	*
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	27	251	449
Average days to close	798	770	695
Pending (close of FY)	280	473	309
Sworn Investigation			
Closed (Use CAS Report EM 10)	648	802	592
Average days to close	554	593	387
Pending (close of FY)	851	628	495
<b>COMPLIANCE ACTION (Use CAS Report 096)</b>			
Interim Suspension Order (ISO) Issued	0	4	7
Penal Code (PC) 23 Orders Requested	8	23	27
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	0	1	1
Referred for Diversion	1,053	1,004	1,304
Compel Examination	4	5	34
<b>CITATION AND FINE (Use CAS Report EM 10 and 095)</b>			
Citations Issued	412	769	963
Average Days to Complete	380	358	457
Amount of Fines Assessed	\$241,725	\$326,325	\$451,850
Reduced, Withdrawn, Dismissed	\$39,950	\$18,930	\$37,750
Amount Collected	\$115,605	\$241,163	\$270,182
<b>CRIMINAL ACTION</b>			
Referred for Criminal Prosecution	9	54	43

\*Due to the limited reporting capabilities currently available to the BRN, accurate data is not currently available.



<b>Table 10. Enforcement Aging</b>						
	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	Cases Closed FYs 2010/11 through 2012/13	Average % FYs 2010/11 through 2012/13
<b>Attorney General Cases (Average %)</b>						
Closed Within:						
1 Year	221	166	89	*	476	20%
2 Years	207	300	458	*	965	40%
3 Years	143	116	271	*	530	22%
4 Years	162	117	141	*	420	18%
Over 4 Years	0	0	0	*	0	0%
Total Cases Closed	733	699	959	1,333*	2,391	100%
<b>Investigations (Average %)</b>						
Closed Within:						
90 Days	4,183	4,081	5,308	**	13,572	60%
180 Days	1,092	698	946	**	2,736	12%
1 Year	759	876	1,040	**	2,675	12%
2 Years	589	708	1,351	**	2,648	12%
3 Years	166	175	371	**	712	3%
Over 3 Years	40	62	143	**	245	1%
Total Cases Closed	6,829	6,600	9,159	**	22,588	100%

\* Due to the limited reporting capabilities currently available to the BRN, correct data could not be obtained. Manual total counts kept by staff are being reported and are thought to be the most accurate. A breakdown of the data is not available.

\*\* Due to the limited reporting capabilities currently available to the BRN, accurate data is not currently available.

### **Complaint Prioritization**

Complaints received by the BRN are prioritized according to the DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (March 2010). These guidelines outline, by the type of complaint, the priority which should be placed on them. At the BRN, complaints are immediately reviewed by a staff person to determine the appropriate course of action. Depending upon the facts, a different level of priority may be warranted. Complaints warranting urgent or high attention are reviewed to determine whether immediate interim action, such as an Interim Suspension Order or a Penal Code Section 23, may be necessary.

### **Mandatory Reporting Requirements and Statute of Limitations**

There is no mandatory reporting required of RNs or from other health care practitioners against RNs. Nursing homes participating in the Medicare/Medi-Cal Programs are required to report resident abuse and neglect to the BRN (Welfare & Institutions Code Section 15630). Under B&P Code Section 801, settlement or arbitration awards exceeding \$3,000 must be reported to the BRN if related to death or personal injury due to an RN's negligence, error, or omission in practice.

The BRN regularly refers complaints to other allied health boards within DCA, the Department of Social Services, the Department of Mental Health (DMH), the Department of Public Health (DPH), and other state agencies when there are issues in the complaint that may apply to those agencies. The BRN also receives complaint information from these agencies when they relate to an RN. These cross reporting procedures are not mandated or formalized at this time. The BRN also reports disciplinary actions to the National Council of

State Boards of Nursing (NCSBN) which acts as our agent to report mandated information to federal agencies and databanks. If the BRN is aware that a RN holds a license in another state, a copy of the disciplinary action is sent to that state when the decision becomes effective. The lack of mandatory reporting by other agencies and employers leaves the public at risk because the BRN is unable to investigate potential violations. In the past the BRN has attempted to be added in various code sections as an agency where mandatory reporting would be required but has yet to be successful.

The BRN does not operate under a statute of limitations for processing disciplinary cases. In addition, the BRN may proceed with any investigation, disciplinary proceeding, or decision against an RN with a lapsed, suspended, or surrendered license (B&P Code Section 2764). There are maximum and minimum time periods outlined for various disciplinary actions. For example, license suspension cannot exceed one year, a surrendered license may be petitioned for reinstatement after one year, etc.

### **Unlicensed Activity**

The BRN has authority to cite, fine, and issue an order of abatement for the unlicensed practice of registered nursing (CCR Section 1435.2, 1435.3 and 1435.4). Individuals are also referred to law enforcement for possible criminal charges, and while charges may be filed in some instances, district attorneys do not generally pursue these cases unless they are egregious. The BRN includes information about unlicensed practice on its website under the Enforcement Section, including B&P Code Sections 2795 and 2796, which describes what is unlawful unlicensed activity. The website page also includes a listing of individuals who have been issued citations and fines for unlicensed practice to make the public aware of these individuals. The BRN is usually made aware of these individuals through complaints from the public.

## **Cite and Fine**

### **How it is Used and Types of Violations**

The BRN uses its cite and fine authority on a consistent basis to provide notice to RNs whose violations of the NPA do not rise to the level of formal discipline such as:

- Continuing Education (CE) violations, including not being able to produce education certificates when requested by the BRN or not responding to a CE audit
- Failure to notify the BRN of a change of address
- First time violations or minor criminal convictions that do not meet exceptions in CCR Section 1435.1

Since the previous sunset report, there have been no regulatory updates or significant changes. However, the BRN has increasingly used its citation and fine authority for a growing number of RNs. The amount of fines assessed in FY 2013/14 has almost doubled from FY 2011/12. The BRN actively enforces payment of citation fines by placing a hold on a license renewal until the citation fine is paid, according to CCR Section 1435.6(d). These procedures have significantly increased the amount of money collected by the BRN. In FY 2013/14 the BRN collected 60% of the fines ordered compared to 48% in FY 2011/12. The BRN has regulatory authority to issue citations up to a maximum fine of \$5,000. The most common violations for which citations are issued include:

- DUI

- Petty theft
- Failure to submit an address change
- Simple battery

### **Informal Conferences, Disciplinary Review Committee Reviews, and Appeals and Franchise Tax Board Collections**

In FY 2013/14, the Board imposed 963 citations. The average pre-appeal fine was \$475 and the average post-appeal fine was \$444. From July 1, 2010, through June 30, 2014, the BRN has held 349 informal office conferences or Administrative Procedure Act appeals. The RN is notified of the citation. Once she or he has been served with three follow-up notices and not yet complied, the RN's identifying information and the amount owed the BRN is transferred to the Franchise Tax Board (FTB) for collection. The BRN receives notification from the FTB when funds have been collected on its behalf. Once a record is flagged that it has been referred to the FTB, it remains flagged until the funds are collected and the RN is unable to renew her or his license upon its expiration until the citation has been resolved. The BRN verifies the validity of the flagged records with the FTB on a regular basis.

### **Cost Recovery and Restitution**

There have been no significant changes to the BRN cost recovery processes since the last review. The cost recovery is completed through the Enforcement Division's Legal Desk, and is agreed upon through the stipulated agreement and/or probation requirements. The probation monitoring staff actively ensures compliance with the cost recovery and follows protocol for violations. Consequences implemented for RNs not completing cost recovery include extended probation or a hold placed on the license until the cost recovery is paid in full. The BRN does not have the authority to utilize FTB for cost recovery as it does for citation fines. The amount of cost recovery ordered remained fairly consistent until FY 2013/14 when it increased 53% to over 1.8 million. The amount collected had increased from 48% in FY 2010/11 to over 60% in FYs 2011/12 and 2012/13 and 51% in FY 2013/14.

The BRN does not have statutory authority and thus does not seek cost recovery for any cases involving applicants or for licensees who are Board-ordered to have a mental or physical competency examination to assess for an impairment that may impact their ability to practice safely according to B&P Code Section 820. In addition, the BRN does not have the statutory authority to order restitution for consumers

<b>Table 11. Cost Recovery</b> (list dollars in thousands)				
	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14
Total Enforcement Expenditures	\$13,769	\$10,803	\$11,523	\$12,769
Potential Cases for Recovery *	1,165	1,448	2,110	2,060
Cases Recovery Ordered	264	215	279	428
Amount of Cost Recovery Ordered	\$1,097	\$958	\$1,197	\$1,836
Amount Collected	\$529	\$634	\$736	\$930
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

<b>Table 12. Restitution</b> (list dollars in thousands)				
	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14
Amount Ordered	n/a	n/a	n/a	n/a
Amount Collected	n/a	n/a	n/a	n/a

# Section 6

## Public Information Policies

- Website and Internet
- Board of Registered Nursing Website Satisfaction Survey
- Public Information Policies and Procedures

## **Website and Internet**

### **Board of Registered Nursing Website and Internet**

The Board of Registered Nursing (BRN) uses its website [www.rn.ca.gov](http://www.rn.ca.gov) to provide updated and helpful information to the public. The site records an average of 54,000 visitors a day. The website is updated on a daily basis to reflect the most current information. Urgent information is posted immediately on the home page with links to additional pages or information if needed. Links are provided at the top of the home page to assist the public with the current processing timeframes and hot topics or trends that the BRN needs to communicate. The most frequently visited pages are those for permanent license verifications; list of approved Registered Nurse (RN) educational programs; endorsement and examination applications and information; and renewal information. The online license verification feature for RNs and Continuing Education Providers (CEP) continues to assist the public with almost 1.9 million license look-up/verifications completed in FY 2013/14.

### **Board Meeting Materials and Webcast on the BRN Website**

The BRN posts many ongoing activities on the website including Board and Committee meeting materials. The materials include an annual meeting calendar, an agenda is posted at least ten days prior to the meeting, and the materials for the meeting. The meeting materials include approved and draft minutes of previous meetings. The BRN began regularly providing access to Board meetings through a live webcast in 2009, and plans to continue. Previous webcasts and meeting materials can be viewed on the BRN website for up to two years.

## **Board of Registered Nursing Website Satisfaction Survey**

In an effort to have the website be as helpful, efficient and user friendly as possible, in November 2011 the BRN staff formed a workgroup that included at least one staff representative from each of the program areas to work on a complete review of the information available on the BRN website. The goals included making frequently visited pages and needed information easier to locate, and overall navigation more efficient, so information can be found quickly and easily. The workgroup developed and implemented a website satisfaction survey in May 2012 to obtain feedback and suggestions from those who use the website. As a result, the workgroup made many content and format changes in an attempt to help better serve the needs of consumers, licensees, applicants, employers, educators, and the public. Following are results of the website satisfaction survey for FYs 2011/12 through 2013/14.

The majority of survey respondents are either, or both, current licensees (49% to 60%) and current or future applicants (19% to 27%). Another approximately 20% indicate "other" to describe their reason for contacting the BRN website. Approximately half of the visitors (43% to 50%) indicate they visit the BRN website infrequently (less than once a month) and 25% to 30% visit the website daily or weekly. One third or more visit the website seeking renewal information (30% to 45%), another one third (31% to 34%) for verification of an RN license. Because this question is a "check all that apply", many visitors indicate they visit the website to do both. Almost 20% are seeking application information, followed by approximately 10% seeking name/address change information. Information about fingerprinting, nursing education and/or practice, continuing education, and the current fee schedule are also sought on a regular basis.

The success of visitors finding the information they were seeking declined from 76% in 2011/12 to 41% in 2012/13 to 30% in 2013/14. The satisfaction of various aspects of the website, including: the format/layout; navigation/ease of use; information provided; and, website links provided has also seen a decline from the low to mid 70% in 2011/12 to the 30-40% in 2013/14. Insight on the declining satisfaction can be found in reviewing comments from the respondents and understanding what has been transpiring at the BRN, which include increasing frustration with some of the processing issues since the implementation of BreEZe in 2013 and the public having difficulty contacting the BRN staff. Some of the processing issues have included the interface with the examination vendor that caused significant delays of applicants receiving their authorization to test letters, delays in licensing renewals due to licensees having difficulty accessing their information or using the online renewal system, BRN staffing issues, etc. – all of which significantly delayed processing timeframes. Many of these issues are not necessarily directly related to the BRN website itself but the survey does allow a place for the public to provide feedback and express their issues and concerns. Some positive comments are occasionally received that do include some saying “thank you” for timely responses and/or providing helpful information.

The BRN plans to reconvene the staff website workgroup in early 2015 at which time this feedback will be reviewed and used to consider changes to improve the efficiency and effectiveness of the BRN processes and procedures as well as the usefulness of the website. The workgroup had planned to complete a major revision of the website in alignment with a statewide template. However this has been delayed as priority for staff time has been on the implementation of BreEZe. This revision of the website will be considered when the workgroup reconvenes. Below are results for the BRN Website Satisfaction Survey for FYs 2011/12 (the survey began in May 2012, thus FY 2011/12 includes only May and June results) through 2013/14:

## Question #1\*

Which of the following best describes you and your reason for contacting the BRN website?	FY 2011/12 Responses (# Responded=438)		FY 2012/13 Responses (# Responded=865)		FY 2013/14 Responses (# Responded=1,127)		Total All FY Responses (# Responded=2,430)	
	%	#	%	#	%	#	%	#
Current Licensee	60%	261	49%	422	58%	653	55%	1,336
Applicant for Licensure/Student	19%	82	27%	236	20%	230	23%	548
Educator	16%	71	4%	37	2%	28	6%	136
Employer	5%	20	4%	31	2%	24	3%	75
Recruiter	1%	5	1%	4	1%	5	1%	14
Consumer of RN Services	5%	24	4%	32	3%	31	4%	87
Other	18%	79	21%	178	20%	230	20%	487
Totals	--	542	--	940	--	1,201	--	2,683

\*Question indicated to “check all that apply” so number of responses is greater than number of respondents, thus percentages do not total 100%.

## Question #2

How often do you visit the BRN website?	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
First Visit	8%	35	12%	105	13%	145	12%	285
Daily	7%	32	14%	124	15%	162	13%	318
Weekly	21%	92	14%	117	11%	127	14%	336
Monthly	21%	92	9%	82	9%	104	11%	278
Infrequently (less than once a month)	43%	187	51%	437	52%	589	50%	1,213
Totals	100%	438	100%	865	100%	1,127	100%	2,430

## Question #3\*

What information were you seeking during your most recent visit to the BRN website?	FY 2011/12 Responses (# Responded=438)		FY 2012/13 Responses (# Responded=865)		FY 2013/14 Responses (# Responded=1,127)		Total All FY Responses (# Responded=2,430)	
	%	#	%	#	%	#	%	#
Renewal	32%	141	30%	257	45%	502	37%	900
Application	18%	77	21%	184	18%	201	19%	462
Fingerprint	8%	35	6%	52	4%	48	6%	135
Name/Address Change	12%	53	11%	98	9%	100	10%	251
Verification of an RN License	34%	148	32%	280	31%	346	32%	774
Review/Refresher Course	4%	19	2%	18	1%	13	2%	50
Nursing Education	20%	87	6%	49	3%	34	7%	170
Nursing Practice	21%	91	6%	51	3%	32	7%	174
Filing a Complaint About an RN	2%	7	2%	15	1%	9	1%	31
Discipline and/or Conviction	6%	28	3%	27	2%	17	3%	72
Diversion Program	2%	9	1%	12	0%	2	1%	23
Legislation/Regulation	17%	76	3%	29	1%	16	5%	121
Board Publications	14%	62	2%	21	1%	8	4%	91
Interest in an RN Career	6%	28	2%	21	1%	14	3%	63
Fees	12%	52	7%	63	5%	61	7%	176
Continuing Education	16%	71	5%	47	4%	46	7%	164
General (Board Address, Directions, Meetings, etc)	7%	32	3%	22	2%	17	3%	71
Other	14%	63	18%	158	18%	206	18%	427
Totals	--	1,079	--	1,404	--	1,672	--	4,155

\*Question indicated to "check all that apply" so number of responses is greater than number of respondents, thus percentages do not total 100%.

## Question #4

Were you successful in finding the information you were seeking on the BRN website?	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Yes	76%	332	41%	356	30%	336	42%	1,024
No	24%	106	59%	509	70%	791	58%	1,406
Totals	100%	438	100%	865	100%	1,127	100%	2,430

## Question #5a

Please rate the Format/Layout of the website:	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	34%	150	24%	213	17%	187	23%	550
Satisfactory	41%	179	33%	285	29%	323	32%	787
Neutral	14%	63	22%	191	22%	246	20%	500
Unsatisfactory	6%	25	8%	66	12%	144	10%	235
Very Unsatisfactory	5%	21	13%	110	20%	227	15%	358
Totals	100%	438	100%	865	100%	1,127	100%	2,430

Question #5b Please rate the Navigation/Ease of Use of the website:	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	35%	152	23%	199	15%	165	21%	516
Satisfactory	35%	153	27%	237	23%	263	27%	653
Neutral	14%	61	19%	165	19%	212	18%	438
Unsatisfactory	9%	42	13%	112	16%	186	14%	340
Very Unsatisfactory	7%	30	18%	152	27%	301	20%	483
Totals	100%	438	100%	865	100%	1,127	100%	2,430

Question #5c Please rate the Information Provided on the website:	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	39%	171	21%	179	15%	166	21%	516
Satisfactory	34%	147	23%	201	15%	171	21%	519
Neutral	11%	49	16%	139	17%	193	16%	381
Unsatisfactory	9%	38	16%	142	21%	233	17%	413
Very Unsatisfactory	7%	33	24%	204	32%	364	25%	601
Totals	100%	438	100%	865	100%	1,127	100%	2,430

Question #5d Please rate the Links provided on the website:	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	35%	151	22%	186	13%	152	20%	489
Satisfactory	35%	154	23%	199	19%	216	24%	569
Neutral	18%	78	24%	212	23%	276	23%	566
Unsatisfactory	6%	27	12%	105	14%	160	12%	292
Very Unsatisfactory	6%	28	19%	163	29%	323	21%	514
Totals	100%	438	100%	865	100%	1,127	100%	2,430

Question #6 Are you currently registered on the BRN e-mail subscriber list to receive announcements and website updates?	FY 2011/12 Responses		FY 2012/13 Responses		FY 2013/14 Responses		Total All FY Responses	
	%	#	%	#	%	#	%	#
Yes	69%	301	20%	170	20%	228	29%	699
No	31%	137	80%	695	80%	899	71%	1,731
Totals	100%	438	100%	865	100%	1,127	100%	2,430



## **Public Information Policies and Procedures**

### **Complaint Disclosure Policy and Policy on Internet Discipline Document Retention**

The BRN Complaint Disclosure Policy was originally adopted by the Board on September 7, 2001. It was reviewed in 2010 by Enforcement Division managers who determined no revisions were needed. The policy was then approved and adopted by the Board at its November 2010 meeting. In addition, at that time the Board began addressing the development of a policy on Internet discipline document retention. This policy was finalized and approved by the Board in June 2011. These policies are consistent with DCA's recommendations for complaint disclosure and website posting of accusations and disciplinary actions.

Current and past BRN Board members have expressed concern, and believe it is vitally important, that the public be made aware of nurses who may pose a danger to the public. B&P Code Section 2708.1 states *"Protection of the public shall be the highest priority for the Board of Registered Nursing in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."* In order to uphold the Board's statutory mandate and mission, while keeping up with advances in technology, the BRN has provided information regarding disciplinary actions taken against RN licenses on its website since 2005.

The BRN releases complaint information once an accusation is prepared by the Attorney General's (AG's) Office and filed by the Board. There are certain exceptions where complaint information is disclosed in lieu of or prior to the filing of an accusation. These exceptions are outlined in the Complaint Disclosure Policy on the BRN website <http://rn.ca.gov/pdfs/regulations/npr-b-36.pdf>. The Board members vote, adopting a final decision (outcome of the accusation), is also public information. A summary of a complaint may be provided to the subject of the complaint or their attorney under B&P Code Section 800(c). The BRN may elect not to disclose investigative files under Section 6254(f) of the Public Records Act. Section 6254 (c) exempts disclosure of certain personal information. The BRN has based its disclosure policy on legal advice and concerns about consumer protection, investigative integrity, and basic privacy issues. The table below outlines the type of disciplinary information and whether or not it is available to the public.

TYPE OF INFORMATION PROVIDED	YES	NO
Complaint Filed		X
Citation	X	
Fine	X	
Letter of Reprimand *	X	
Pending Investigation		X
Investigation Completed		X
Arbitration Decision		X
Referred to AG' Office: Pre-Accusation		X
Referred to AG's Office: Post-Accusation (Accusation Filed)	X	
Settlement Decision**	X	
Disciplinary Action Taken	X	
Civil Judgment***	X	
Malpractice Decision	N/A	
Criminal Violation:		
Felony***	X	
Misdemeanor***	X	

\* A public reprimand is considered disciplinary action.

\*\* This is considered disciplinary action.

\*\*\* If resulting in accusation or disciplinary action.

The BRN has been unable to provide all discipline documents on the website due to limited staff resources and ability to access records quickly. While all current disciplinary actions are added to the website as they occur, historical information is not comprehensive. However, discipline documents that may not be available on the website are requested on a regular basis by members of the public. When staff requests and obtains these documents, the documents are added to the website when they are sent out to the requestor. All documents considered public record are provided at any time upon request.

Any disciplinary action taken against a licensee is visible on the BreZE License Verification system. Employers may subscribe to a service called e-notify available from the National Council of State Boards of Nursing's (NCSBN) NURSIS system which automatically notifies employers of publicly available discipline and license status updates for nurses they request. Below is a summary of the discipline document retention timeframes as outlined in the BRN's Policy on Internet Discipline Document Retention. This entire policy can be found on the BRN website at <http://rn.ca.gov/pdfs/enforcement/disclosure.pdf>.

Action / Time Record Retained	3 years from date of resolution	3 years from date of completion	10 years from date of completion	Indefinitely
Final Decision Upholding Citation and/or Fine Administrative Hearing	X			
Final Decision Upholding Citation and Fine involving Unlicensed Individual				X
Final Decision Resulting in Public Reprimand		X		
Final Decision Resulting in Probation (with or without license suspension)			X	
Final Decision Resulting in Probation (Tolled: on hold because moved out-of-state)			X	
Final Decision Resulting in License Revocation or Surrender				X
Final Decision, Other			X	

NOTE: License status will remain on the BRN website indefinitely. All documents above are considered public records and will be provided when requested.

### **Licensee Information Available to the Public**

The following licensee information is available to the public through the BreZE License Verification system:

- Name
- License Number
- License Type (e.g., RN, Nurse Practitioner, Public Health Nurse, etc.)
- Status (e.g., Active, Inactive, Voluntary Surrender, etc.)
- Expiration Date
- Original Issue Date
- Disciplinary Actions
- Court Orders
- Public Letter of Reprimands

In addition to this information, licensees address and prelicensure education information are available for a fee from the Department of Consumer Affairs (DCA) Consumer Information, Public Sales Office.

### **Consumer Outreach and Education**

- **BRN Website, [www.rn.ca.gov](http://www.rn.ca.gov)**---The website has been operational since 1999, and currently has almost two million hits per month. The BRN continues to update and improve its website on a daily basis so it is responsive to the public's needs.

- **The *BRN Report***---The BRN's official newsletter is published annually. Recent and past issues are available to the public online at the BRN website. The most current issue was posted in February 2014.
- **Webcast of Board Meetings**---In 2009, the BRN began regularly providing access to Board administrative meetings through a live webcast. Previous webcasts can be viewed on the BRN website along with agendas, meeting minutes, and materials.
- **Presentations**---Board members and staff regularly give presentations to consumers, RNs, student nurses, governmental agencies, and professional organizations. The Executive Officer (EO) and Nursing Education Consultants (NECs) present information annually to deans and directors of RN programs to review information on some of the critical things expected of them and their programs and to review any recent changes. A directors handbook is provided to them that includes forms and information on the BRN requirements for approved RN programs. In addition, the EO and NECs conduct presentations at various conferences including the California Organization of Associate Degree Nursing Program Directors (COADN), the California Association of Colleges of Nursing (CACN), Magic in Teaching for nursing educators, the Association of California Nurse Leaders (ACNL), and California chapters of the American Assembly for Men in Nursing, to name a few.

Diversion program staff provide presentations about the Diversion Program at various employment settings. Investigators meet with various administrative and law enforcement agencies to establish relationships that educate them on the BRN processes and procedures and encourages information sharing as it relates to our licensees. Investigative staff also attend workshops and conferences, when able, to stay current on issues such as medication and drug testing fraud, substandard residential care, and unlicensed activity, and to establish contacts with other agencies. Probation staff periodically meet with the AG's Office to provide training regarding the disciplinary guidelines.

- **Discussions with Employers Regarding Nurses on Probation**---NECs that work with the Enforcement Division to verify appropriate employment for RNs on probation speak regularly with employers regarding the supervision requirements for the RN, the amount and type of work the RN will be doing, etc. The NECs are able to use this opportunity to educate employers about the BRN functions, requirements, and importance of public protection.
- **Information Table at Board Meetings**---BRN staff have a table set up at each Board meeting with information about BRN programs and with applications for Diversion Evaluation Committee membership and Expert Witness opportunities. BRN staff provide information and answer questions from the public attending the Board meeting.
- **Public Inquiries**---The BRN responds to questions about nursing practice, BRN programs, and related issues from consumers who reach the BRN via telephone, mail, e-mail, and the webmaster.



# Section 7

## Online Practice Issues

- Online Practice and Education Regulation

## **Online Practice and Education Regulation**

### **Online Practice Issues**

Telenursing is a subset of telehealth that focuses on the delivery, management, and coordination of nursing care and services using telecommunications technology. Telehealth nurses use the nursing process to provide care for individual patients or defined patient populations over a telecommunication device. The nursing process (assessing patient needs and symptoms, prioritizing the urgency, collaborating and developing a plan of care and evaluating outcomes) is the same in telenursing as in traditional nursing practice. Telehealth/telenursing are common practice at this time. Registered Nurses (RNs) engaging in this area of nursing are required to follow the Nursing Practice Act (NPA) in the same manner as RNs providing care in other settings. Any RN providing telehealth/telenursing services to a patient in California must hold an active California license. The BRN has not identified any RN Internet practice at this time that requires regulation.

### **Unlicensed Practice Issues**

As discussed in Section 5 of this report, the BRN has authority to cite, fine, and issue an order of abatement for the unlicensed practice of registered nursing (CCR Section 1435.2, 1435.3 and 1435.4). Individuals are also referred to law enforcement for possible criminal charges and while charges may be filed in some instances, district attorneys do not generally pursue these cases unless they are egregious. The BRN includes information about unlicensed practice on its website under the Enforcement Section, including B&P Code Sections 2795 and 2796 which describes what is unlawful unlicensed activity. The website page also includes a listing of individuals who have been issued citations and fines for unlicensed practice to make the public aware of these individuals. The BRN is usually made aware of these individuals through complaints from the public. The BRN is not aware of any significant issues surrounding unlicensed RN practice at this time.

### **Online Education Issues**

Since the 2010 Institute of Medicine (IOM) Report on the Future of Nursing and its recommendations for RNs furthering their education, the implementation of the Affordable Care Act, and the increase in access to and improvements in technology, there has been an increased number of online postlicensure nursing programs, including advanced practice programs. Many programs are outside of California and beyond the BRN's jurisdiction. However, the students residing in California and enrolled in such programs interface with patients in California. These students require monitoring while completing their clinical hours in California during the online programs. In order to protect California residents, the BRN needs to be aware of students in these programs who are working in California. While the postlicensure student is already an RN, and must have a California license, the programs they are taking are often training them for an advanced area of practice for which they are not yet certified.

BRN staff are currently investigating this issue for Advanced Practice Registered Nurse (APRN) postlicensure clinical practicum, and considering the proposal of regulations that would allow the BRN to require that, at a minimum, the online programs notify the BRN of students completing their clinical hours in California facilities. The National Council of State Boards of Nursing (NCSBN) is also developing model regulatory language that outlines the monitoring requirements of these programs by the home state (school offering the online program) and the host state (where student resides and practices). The BRN will continue to work on this issue and consider all available information and resources.

# Section 8

## Workforce Development and Job Creation

- Registered Nursing Workforce in California
- Workforce Development



## Registered Nursing Workforce in California

### **Background**

In 1997, California was ending a period of time during which many analysts thought there was a surplus of nurses. In the previous five years, some employers had laid off workers or reduced hiring dramatically. By 2002, a severe nursing shortage was underway in California. At this time, significant effort and expense was invested to address the nursing shortage including:

- A multi-million dollar initiative through the Governor's Nursing Education Task Force.
- Grants for student success and retention through the California Community College Chancellor's Office.
- Various legislation to increase funding, improve student retention, remove barriers, increase efficiency for transfer students, and increase access to nursing education.
- Increase in Registered Nurse (RN) renewal assessment fee to allow more money for scholarship and loan repayment programs for nursing students.

These efforts to build the RN workforce in the educational programs led to significant results as reported in the Board of Registered Nursing (BRN) 2010 Sunset Report: RN nursing programs increased their educational capacity by 69%; prelicensure RN program graduations increased 88%; and retention rates increased 7%. While retention rates have continued to increase, the new student enrollments and graduations peaked in 2009/10 and has declined since then. The Board has approved three new prelicensure programs since January 2010, all of which are private programs. The majority of growth in new programs since 2006/07 has been in private, for profit, proprietary programs. While adequate educational space is necessary to prepare RNs, ensuring the credibility of programs is of critical importance, and is time-consuming for the BRN Nursing Education Consultants (NECs).

The downturn in the California economy beginning in 2008 has impacted RNs as it has most occupations. New RNs began having difficulty finding nursing employment in California. Discussions began to be heard that perhaps the nursing shortage is over as new RN graduates struggle to find employment. While this appears to be slowly improving, the challenge for newly graduated RNs to find employment has been a concern, and continues to remain a pressing workforce issue for the fourth consecutive year in California. As discussed above, after several years of investing in building the workforce and increasing nursing program educational capacity, the economy is slow to recover, continuing to impact hiring in the short term, and threatening to undermine the progress that has been made. This is occurring as the nursing workforce continues to age, the state's population ages and grows, and increased demand for health care arising from health reform moves forward. It is a widespread belief in the nursing and health care communities that these factors will dramatically escalate the demand for nursing care in the near future, and California will again face a significant nursing shortage.

According to the article *RNs are Delaying Retirement, A Shift that has Contributed to Recent Growth in the Nurse Workforce*, by Auerback, Buerhaus, and Staiger in the August 2014 issue of *Health Affairs*, given the large number of baby-boomer generation RNs currently in the workforce, the size of the RN workforce particularly sensitive to changes in the retirement age. In 1969-1990, for a given number of RNs working at age 50, 47% were still working at age 62 and 9 percent were working at age 69. In contrast, in 1991 to 2012 the proportions were 74% at age 62 and 24% at age 69. However, it is inevitable that retirements will occur, and it is imperative that California is prepared with well-educated RNs ready to work.

Since 2010, however, data have indicated that California's long-standing RN shortage may have ended, at least temporarily. Surveys of California hospital Chief Nursing Officers have reported that they perceive that there is a slightly greater RN supply than demand attributed to expanded nursing school enrollments which would have alleviated the shortage in many regions on its own, but in addition the national economic recession further mitigated the shortage by leading to an increase in workforce participation of RNs who would have otherwise retired or reduced their work hours. The economic recession also has dampened demand for newly-graduated RNs. More recent data suggest the labor market may be shifting again. The Fall 2012 Survey of Nurse Employers found that greater share of Chief Nursing Officers are experiencing some difficulty recruiting RNs for specialized positions, and that on average they believe the labor market is in balance. These data are consistent with the widespread expectation that the economic recovery would lead nurses who delayed retirement, re-entered the labor force, or increased their hours of work due to the economic recession to retire or reduce their employment as the economy recovers. In fact, the 2012 BRN Survey of RNs found that there were increases in shares of RNs, compared to 2010, who plan to retire or to reduce their hours of nursing work within the next five years.

At the same time, the implementation of the most significant components of the Affordable Care Act, an expansion of Medi-Cal and the implementation of a Health Insurance Exchange to facilitate insurance enrollment, is expected to lead to an increase of more than 30 million additional Americans with health care insurance coverage in the near future. These and other changes have introduced uncertainty regarding the future supply and demand for RNs. The 2013 forecasts presented in the *2013 BRN Forecasts of the RN Workforce in California* indicate that supply of and demand for RNs are fairly well balanced, and the market will continue to be balanced in the future if current enrollment and state-to-state migration patterns remain stable. The key here is "current enrollment remaining stable". It is important that after all of the money and resources spent to increase RN student enrollment that a backslide does not occur.

When considering supply and demand data, the forecasts are dependent on the data sources that are used. The BRN forecast presents several alternate supply and demand estimates which provide a range of possible scenarios for the future. A "Best Supply Forecast" is presented, and is based on the midpoints of most of the parameters compared with the different estimates of demand. Readers are cautioned that the 2013 BRN forecasts represent long-term forecasts and are not intended to reflect rapidly changing economic and labor market conditions. They also do not measure variations across regions of California.

Nationwide, as well as in California, there has been an increase in the number of RNs per 100,000 population (per capita). In the previous sunset report, it was reported that according to Health Resources and Services Administration (HRSA) *Initial Findings from the 2008 National Sample Survey of RNs*, California was ranked 48<sup>th</sup> with 638 working RNs per 100,000 population; the national average was 854. According to current HRSA data from the *US Nursing Workforce: Trends in Supply and Education* from April 2013, California is currently ranked 46<sup>th</sup> with 743 RNs per capita and the national average is 921.

## Workforce Development

### Education

The BRN works collaboratively with RN educational institutions to ensure that students are prepared and will provide a safe and competent RN workforce in California. With the exception of the temporary moratorium between June 2011 and April 2013 that suspended review of new program proposals due to lack of adequate NEC staff to review proposals and oversee additional new programs, the BRN has continued activities with new education program development for prelicensure nursing programs. There are currently 142 prelicensure and 25 Advanced Practice Registered Nurse (APRN) nursing programs approved by the BRN. From January 2010 through June 2014, the Board approved three new prelicensure programs and one APRN nurse practitioner (NP) program. In addition, the Board handles letters of intent, feasibility studies, and self-studies from interested new programs. One NEC staff person handles all initial communications with new programs and works with another NEC who reviews all feasibility studies. This process has provided for consistency in the review of documents to ensure fairness to all potential programs. The NECs work closely with the new programs in order to provide them the best chance of success because adding new programs will allow for more students to become RNs upon passing the licensure examination.

The BRN is in constant communication with the approved California nursing programs to inform them of updates, changes or issues related to licensing requirements and processes that they are asked to then pass on to students, the potential licensees. This communication is through a variety of methods including:

- Mass e-mail blasts are sent to program deans and directors on a regular basis.
- Annual meeting held every October with program deans and directors to review BRN and National Council Licensure Examination for Registered Nurses (NCLEX-RN) requirements and procedures, emphasizing any changes and allowing extra time with new directors.
- Every program has an assigned NEC which works very closely with the program director informing and clarifying any questions or issues regarding the program. The NEC is available to assist the program when needed and to be a BRN resource to the program. NECs refer program directors to licensing staff if necessary to avoid any processing delays if the issues are related to licensure.
- The BRN website provides licensing information and regularly posts updates and announcements.

The *2012-2013 BRN Annual School Survey Report* indicates that approximately 62% of qualified applications to California nursing education programs did not enroll. However, since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California. The BRN continues to support work towards seeking funding for RN education in California. The BRN also supports funding and legislation for RN transition or residency programs. These include partnerships between nursing programs and employers that provide postlicensure experience and education to increase the RNs' skills and keep them engaged in the nursing profession.

The BRN encourages collaboration between associate and baccalaureate degree nursing programs to develop a curriculum that provides a seamless transition, without course repetition and other barriers, for RNs to obtain a higher degree. BRN staff have participated in meetings and on committees with community colleges, state universities, and private schools along with other stakeholders, such as those hosted by the California Institute

for Nursing and Health Care (CINHC), so that all parties join to achieve local, state and nationwide goals to increase the number and educational level of RNs to meet the demand of California consumers.

### Licensing

The BRN works diligently to facilitate the licensing of RNs to ensure a flow of qualified nurses to the California marketplace. When issues arise that impact the licensing process, the BRN works to quickly identify the problem, contact other agencies or individuals as needed, and resolve the issue as quickly as possible. The BRN routinely runs internal reports and reviews procedures to assess the licensing process and identify any issues that may be impacting or delaying the issuing of licenses. Whether the issue is internally, as was the case recently with the implementation of the new BreEZe computer system, or externally, such as difficulty in receiving transcripts in a timely way from an educational program, the emphasis is on quick problem identification and resolution. The recent licensing delays, as a result of the new BreEZe computer system, and the measures to rectify the problems, were discussed in detail in Section 4 of this report. The immediate issues have been resolved, and the BRN continues to work internally and with the Department of Consumer Affairs (DCA) staff to continue improving the process.

The BRN understands that timely licensing of RNs is critical, not only for the individual waiting to be licensed, but also for the health care workforce and the consumers of California who rely on educated and qualified medical providers. Delays in the licensing process have an impact on this process. While the BRN has not formally conducted assessments on the impact of licensing delays, staff regularly participate in nursing stakeholder committees and workgroups and communicate with a variety of agencies regarding the RN workforce, which allows the BRN to keep current on relevant issues as well as get input on any impact of licensing delays if they occur. Some of the groups in which the BRN participates and/or has regular communication include:

- Association of California Nurse Leaders (ACNL) – the BRN is in regular communication with this organization, which has access to nurse leaders in California. The Executive Director of ACNL is a member of the BRN's Nursing Workforce Advisory Committee (NWAC).
- California Institute for Nursing and Health Care (CINHC) – the BRN works closely with this organization which engages in a variety of nursing research. The BRN Executive Officer is a member of the Advisory Board. The Executive Director of CINHC is a member of both of the BRN's NWAC and Education Issues Workgroup (EIW).
- California Action Coalition – The Coalition was established in 2010 to implement the recommendations outlined in the Institute of Medicine's (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health*. The Coalition works to implement in California the following eight recommendations included in this report, and BRN staff serve on the workgroup related to recommendation number 8:
  1. Remove scope of practice barriers.
  2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
  3. Implement nurse residency programs.
  4. Increase the proportion of nurses with baccalaureate degrees to 80 percent by 2020.
  5. Double the number of nurses with a doctorate by 2020.
  6. Ensure that nurses engage in life-long learning.
  7. Prepare and enable nurses to lead change to advance health.
  8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

- APRN Coalition – A workgroup related to APRNs was developed as part of the California Action Coalition’s work. BRN staff participate in these meetings.
- California Organization of Associate Degree Nursing Program Directors (COADN) and California Association of Colleges of Nursing (CACN) – BRN staff consult with and regularly attend meetings of these organizations of nursing program directors who collaborate and work on RN education-related topics and issues.
- Health Professions Education Foundation – This Foundation is housed under the Office of Statewide Health Planning and Development (OSHPD) and administers the RN Education Program. The Program provides scholarship and loan repayment programs for RNs, and is partially funded by a \$10 surcharge from RN licensure renewals. BRN staff serve on the Nurse Advisory Committee for this Foundation, which makes recommendations on program policy and scholarship/loan repayment awards to the Foundation’s Board of Directors.
- Governor’s California Interagency Council on Veterans (ICV) – BRN staff regularly attend workgroup and sub-workgroup telemeetings related to resources available in education, employment, housing, and health for California military veterans.
- California Committee on Employment of People with Disabilities – The BRN has recently been working with this agency to assist them in collecting data on disabled nursing students through the Annual School Survey.
- National Council of State Boards of Nursing (NCSBN) – The BRN Executive Officer attends annual meetings of the NCSBN not only as a member to vote on issues pertaining to nursing in California but to keep abreast of national nursing trends and information. Staff also participate in the Education and Practice Workgroup telemeetings to discuss nationally relevant nursing education and practice issues.

### **Data Collected by the BRN**

The BRN contracts with the University of California San Francisco (UCSF), Philip R. Lee Institute for Health Policy Studies to conduct workforce surveys and perform data analysis projects. Below are the ongoing and one-time reports, along with a brief description, that have been completed in the past four years. The reports are available on the BRN website:

**Survey of Registered Nurses in California 2012 (ongoing – biennially):** This is a legislatively mandated (B&P Code Section 2717) biennial workforce study of California RNs. Currently, analysis is being done on the ninth of these studies with previous studies conducted in 1990, 1993, 1997, 2004, 2006, 2008, 2010, and 2012. The studies provide demographic and workforce information about working nurses, and due to the large sample size, data is weighted and an accurate estimate can be made of RNs statewide, as well as regionally, for some data points. Data is also compared with results from previous surveys so trends can be followed. An interactive database is also available online with data from the survey.

**Forecasts of the RN Workforce in California 2013 (ongoing – biennially):** Data from the biennial RN survey and other sources is used to develop this report which provides supply and demand forecasts for the RN workforce in California from 2013-2030.

**2012-2013 Annual Survey of RN Educational Programs (ongoing – annually):** These surveys collect both programmatic and demographic data from BRN-approved prelicensure programs as well as APRN and some other postlicensure programs in California. The annual surveys provide aggregate information on student enrollments, completions, and characteristics of the student population and faculty. Statewide and regional

reports of the prelicensure programs, statewide reports of postlicensure programs, and a prelicensure interactive database are available on the BRN website for data collected over the past ten survey years.

**2012-2013 California New Graduate Hiring Survey (ongoing – annually):** This survey collects employment experiences of newly graduated RNs. The results provide data, from the RN perspective, on the current supply and demand of nurses in different geographic regions and employment settings in California. The BRN partners with CINHC, ACNL, the California Student Nurses Association (CSNA), and the University of California, Los Angeles (UCLA) School of Nursing with funding provided by the Kaiser Permanente Fund for Health Education to complete this survey.

**Survey of Nurses' Educational Experiences, 2013 (one time):** This survey was conducted to assess RNs experiences pursuing education after licensure. The survey asked about postlicensure educational experiences, reasons for pursuing additional education, and intentions regarding future education. The Board commissioned this survey to obtain more extensive data on California RNs postlicensure education.

**The Diversity of California's Registered Nursing Workforce 2012 and 2013 Update (one time):** This report provides information on the current ethnic diversity of California RNs. The ability of RNs to provide culturally competent care to Californians is associated with the language skills and diversity of the RN workforce. Data from a variety of sources including the Survey of Registered Nurses in California and the Annual Survey of RN Educational Programs was analyzed.

**2010 Survey of Clinical Nurse Specialists (one time):** This survey was conducted to describe Clinical Nurse Specialists (CNSs) in California. CNSs are classified as APRNs because they must receive education beyond their initial RN education to work in an advanced or specialized role. Employment, education, and demographic data was collected about CNSs to better understand the role they play in the delivery of health care and to assess their potential to address the care needs of Californians in the future.

**2010 Survey of Nurse Practitioners and Certified Nurse Midwives (one time):** This survey was conducted to describe these two categories of APRNs in California, Nurse Practitioners (NPs) and Nurse-Midwives (NMs). The survey included NPs and NMs who were not also certified as a CNS. This survey collected demographic, education, and workforce data on these APRNs to provide information on who they are, where and how they work, where and how they are educated, why they do or do not work as an APRN, earnings, and future plans. APRNs have received education beyond their initial RN education to work in an advanced and/or specialized role in the delivery of health care services.

### ***The Value of Data Collected by the BRN***

The data collected from these surveys and analyses are used by many stakeholders including nursing organizations, employers, policymakers, researchers, students, and the general public. The BRN collects the most, and in many cases the only, comprehensive and current data on RNs in California. The data is frequently used by CINHC to create RN workforce reports for employers and professional and academic programs. The data informs these groups regarding future trends in employment settings, diversity issues, aging of the workforce, regional differences, and shifting skill sets. Employers review and share reports with funders, human resource staff, recruiters, educators, and strategists for forecasting and planning purposes. The data is also shared with legislators so policies can be made based on current and trended data. The Healthcare Workforce Clearinghouse Program (Clearinghouse) housed at OSHPD also relies on the data collected by the BRN. The BRN has a Memorandum of Understanding (MOU) with the Clearinghouse to provide data to them

from the DCA/BRN licensing database. The MOU also includes UCSF for the results of surveys they perform for the BRN. OSHPD relies on BRN and UCSF for nursing data and does not collect any data directly from licensed RNs. In addition, the BRN and UCSF receive frequent requests from educators, researchers, other governmental agencies, etc. for various data that is included in the reports.

If this data was no longer collected, or not available, there would be a significant impact because there are no other sources for this information. This data is the only accurate and reliable source that describes the nursing workforce in California. Informed decisions could not be made based on data, but decisions would have to be made on assumptions and speculation. The data is needed to make informed policy and programmatic level decisions to deploy nurses in the workforce. It is important to know the quantity and quality of the workforce statewide and regionally. This allows for benchmarking of local data and prediction of future workforce requirements based on past trends. It is data that is necessary and important to understanding and developing the planning necessary to strategically address issues associated with California's nursing workforce, including data needed to prepare and build the workforce during anticipated shortages. California has influenced other states and the NCSBN in its nursing workforce data collection. The BRN data is referenced frequently in reports, articles and presentations by a variety of stakeholders. With the BRN receiving input from stakeholders on the NWAC for the survey documents and data analysis, the data collected is necessary and comprehensive.

### **Nursing Transition and Residency Programs**

While the BRN does not currently participate directly or collect data on the success of RN new graduate training programs, we do keep abreast of the current programs available to newly licensed RNs. Statewide and national interest continues to grow related to RN residencies. Research continues on competence gaps among new nurse graduates and how RN transition programs and residencies can serve as valuable bridges. In response to employment challenges that California new RN graduates began to encounter beginning in 2008, partnerships began to develop with California nursing stakeholders including associations, funding sources, educators, and employers to provide new graduate RNs with additional education, coaching, and clinical experience to improve competence, professional skills, and marketability. BRN staff serve on committees and workgroups that are involved in these transition and residency programs and keep the Board updated on their implementation, progress, and outcomes.

# Section 9

## Current Issues

- Uniform Standards for Substance Abusing Licensees
- Consumer Protection Enforcement Initiative
- BreEZe and Other Technology Issues



## **Uniform Standards for Substance Abusing Licensees**

The Board is currently reviewing and considering the implementation of the Uniform Standards for Substance Abusing Licensees for disciplinary cases and the Diversion Program. In March 2011, a regulation to implement the standards was introduced to the Board. This process was not completed before the Board sunset on December 31, 2011. No Board quorum existed to act upon the regulation package until July 2012 by which time the Board had other priorities in the backlog of enforcement cases and nursing program reviews. Board staff introduced the regulation package to the Board Diversion Discipline Committee (DDC) at its October 2013 meeting. At that time, the Board reviewed and requested a side-by-side comparison of the Uniform Standards with existing disciplinary guidelines and the Diversion Program contract. The comparison was prepared with the Department of Consumer Affairs (DCA) legal counsel assistance and presented at the March 2014 DDC meeting.

When this issue has been discussed at Board meetings there has been public comment indicating that the Board's current guidelines are more effective than parts of the Uniform Standards and that the Board should consider implementing parts of the Uniform Standards but not in its entirety. The BRN has heard from nursing associations, unions, and other stakeholders who oppose implementation of the Uniform Standards in their entirety as it is felt they could potentially negatively impact the Diversion Program. The significant amount of required drug testing for RNs who are not working while in the Diversion Program could be cost prohibitive. The Board has not been presented with any scientific evidence that more frequent scheduled drug testing is more effective than the testing schedule, including random testing, currently done in the Diversion Program. If the Uniform Standards were to be implemented without changes it could potentially negatively impact the current BRN Diversion Program. The Board continues to consider this issue.

## **Consumer Protection Enforcement Initiative**

A regulation to implement the Consumer Protection Enforcement Initiative (CPEI) regulations was introduced to the Board in March 2011. This process was not completed before the Board sunset on December 31, 2011. No Board quorum existed to act upon the regulation package until July 2012 by which time the Board had other priorities in the backlog of enforcement cases and nursing program reviews. BRN staff introduced the regulation package to the DDC at its May 2013 meeting. The DDC made recommendations to the Board at its June 2013 meeting, and public comment was heard. The Board approved a modified version of the regulations. A public hearing was held in September 2013. The Board adopted the DDC and staff recommendations at its September 2013 Board meeting. Staff completed and submitted the final rulemaking file to Office of Administrative Law (OAL). One of the regulation amendments was approved and became effective April 22, 2013, and the others on July 23, 2014.

## **BreEZe and Other Technology Issues**

The Board has been a part of the DCA BreEZe project from the beginning. Up to 17 staff were assigned to the Breeze project throughout the two years from design to implementation. There were subject matter experts (SME's ) assigned from each area of the BRN to ensure we were providing input into the design testing, training, and implementation phases of the BreEZe system. Those areas included: Cashiering, Renewals, Licensing, and Enforcement. Staff was assigned as board testers, data verifiers, and trainers. A manager was assigned to be the single point of contact between executive staff and the DCA BreEZe team and to oversee

the Board of Registered Nursing's (BRN's) BreEZe project staff. This was the first time the BRN has undergone a computer system transition from an older legacy system into a newer version. BRN staff provided detailed business processes, vigorously tested all scenarios offered, provided input throughout development, and developed procedures to the best of their ability given the system limitations. The BRN took every opportunity available to provide input and gain knowledge prior to the BreEZe implementation in October 2013.

All BRN staff attended basic BreEZe training, which was provided by DCA and BRN staff trainers. This training was offered ten months prior to the implementation of BreEZe, and was conducted in the BreEZe training environment. As the implementation date neared, BRN trainers provided additional BRN specific process training and procedure manuals to all BRN staff. While the BreEZe system progressed through development, many internal work process and procedure changes also occurred within the BRN. Staff worked daily in the BreEZe training environment to ensure they understood the basic functionality of the new system and were able to easily move within it.

From the BRN perspective, it was not possible to project the multitude of issues we would face after the system went live. Our staff diligently advised DCA BreEZe team and executive staff about the functionality concerns and issues. The BRN contacted the DCA executive staff regularly when cashiering was not functioning appropriately, when the Pearson VUE interface was not working, about the lengthier work processing times in BreEZe, and the drastic differences between the training, testing and live environments. With the many outstanding system "fix it tickets", DCA has created two user groups for staff consultation. BRN staff is a part of the DCA licensing and enforcement user groups and meet twice a month with other DCA boards and bureaus to discuss outstanding issues, streamlining processes and putting forward fix it tickets for changes to the system that would benefit all. BRN SME's continue in their role as testers of the system and experts to other BRN staff if questions arise or process changes need to be made due to system functionality changes. Management continues to review the flow of work to improve processes and customer service. The BRN continues to initiate requests for statistical reporting information.

One of the major challenges of the system was in obtaining Fiscal Year (FY) 2013/14 data for this sunset report. In many instances, existing reports were unable to provide the necessary and/or accurate data. BRN staff worked with DCA staff requesting special reports with specific parameters. In many instances this took multiple attempts and fine-tuning to obtain data that appeared accurate based on random audits or spot checks of the data produced, in-house workload estimates, and/or historical data. In some instances the data was obtained from other reports, manual counts or spreadsheets kept by the BRN staff, or estimates calculated from historical data.

With the previous computer system, the BRN had the capability to run the reports in-house through the Ad-Hoc reporting system which is, in many instances, where the previous FY data has been obtained. This reporting system is no longer available to the BRN and must be requested through DCA. This significantly increased the time and staff resources needed to obtain this data, and, in many instances, the BRN believes the data provided in this report for FY 2013/14 to be a "best estimate" of the true data. Due to the limited reporting capabilities of the current computer system, the FY 2013/14 data should be viewed with caution and makes it difficult to compare data from previous years. The data presented for FY 2013/14 may change in the future when more reliable sources for capturing data in the BreEZe system can be developed.



# Section 10

## Board Action and Response to Prior Sunset Issues

- Prior Sunset Issues

## Prior Sunset Issues

During the previous sunset review in 2010, the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business, Professions and Consumer Protection provided the Board with 25 Issues to address. These issues are included in this section. Each issue is presented in the following format:

- Issue as it was presented by the Committees.
- Recommendations as they were presented by the Legislative Committees and/or Committee staff for handling the issue.
- Background may include a summary concerning the issue as it pertains to the Board and a synopsis of the Board's response from the prior sunset report.
- Board of Registered Nursing (BRN) Action and Response (2014) includes the actions taken since the 2010 sunset report and the current status or activities of the Board for dealing with the issue, or what has not been addressed.

## BOARD ADMINISTRATION ISSUES

**ISSUE #1: (IS BRN MEETING THE GOALS AND OBJECTIVES OF ITS STRATEGIC PLAN?) Is the BRN meeting the goals and objectives of its Strategic Plan developed in 2006, and should the strategic plan for the Board be updated?**

**Legislative Staff Recommendation:** *The BRN should explain to the Committee whether it believes it is meeting the goals and objectives of its Strategic Plan of 2006 and briefly what efforts it is taking to address the concerns and changes which have been proposed by this Committee and the DCA pursuant to the particular problems identified last year. The BRN should also complete an update of their Strategic Plan as soon as possible.*

**Background:** The BRN had been aware of the problems in the Enforcement Program, including the length of time it takes to process disciplinary cases, for a number of years. Over the years, the BRN attempted to work within the existing system, always aware of the issues and shortcomings, and then in 2008 and 2009 this delay in processing was brought to the attention of the public by the media. Subsequently, improvements were instituted such as one-time fingerprinting of Registered Nurses (RNs) upon license renewal, review of all internal processes, and promulgating regulatory proposals. The BRN, in collaboration with the Department of Consumer Affairs (DCA), developed strategies to enhance the Enforcement Program. However, significant additional staffing was needed to complete the goals of the Consumer Protection Enforcement Initiative (CPEI) to ensure the BRN was working to protect the public as effectively as possible.

The BRN was aware that a review and update of its Strategic Plan was needed. There was a full complement of Board members and the BRN was working on hiring an Assistant Executive Officer (AEO), which is a key managerial position that should have input into the Strategic Plan. The BRN planned to begin work on updating the Strategic Plan when the AEO position was filled.

**BRN Action and Response (2014):** The Board approved an updated Strategic Plan in March 2014. Unfortunately, the sunset of the Board on December 31, 2011, after Governor Brown returned Senate Bill (SB) 538 without his signature, in large part caused the delay of this update. However, the Board has continued work to make improvements throughout the BRN and especially in the Enforcement Division. There was a reorganization of the Enforcement Division to create five major work units including Complaint Intake, Investigations, Discipline, Probation, and Diversion. Many procedural changes have been implemented to streamline internal processes and cross training of staff to be more efficient. There has been a significant increase in the number of enforcement staff with the addition of 37 new positions in 2010 and 2011 and another 28 effective July 1, 2014. Regulatory changes have been completed that include the delegation of authority to the Board's Executive Officer to approve settlement agreements for revocation, surrender, or interim suspension of a RN license (CCR Section 1403), expand the definition of unprofessional conduct and grounds for disciplinary action to facilitate and expedite obtaining records during an investigation (CCR Section 1441), and require an Administrative Law Judge (ALJ) to revoke a license, without a stay order, if a licensee violates codes related to inappropriate sexual contact or misconduct with a patient (CCR Section 1444.5). These changes, improvements, and addition of staff have significantly increased the Board's ability to meet the goals and objectives of its Strategic Plan.

**ISSUE #2: (THE NEED FOR THE CONTINUED WORK OF THE BRN'S ADVISORY COMMITTEES ON EDUCATION AND WORKFORCE ISSUES.)** Should the Education Advisory Committee (EAC) and the Nursing Workforce Advisory Committee (NWAC) of the BRN be combined and meet concurrently with the BRN to address common issues regarding both nursing education, nursing shortages, disparities in the nursing profession and make recommendations to the BRN, the Administration and the Legislature?

**Legislative Staff Recommendation:** *The BRN should combine both these committees, the EAC and NWAC, and begin to address some of the more critical issues regarding both the education of nurses and workforce planning development for the nursing profession. Recommendations and policy direction should be forthcoming from the BRN to the Administration, the Legislature and other state and local agencies pursuant to the work of what would now be a single committee dealing with education and workforce issues. The BRN should also consider if more current information and data is necessary. For example, the last RN Employer Survey was conducted in December 2004. This Survey provided key information regarding the recruiting and retention of RNs and the needs of health care employers. Also, determining where there may be communities in need and lack of nurses in certain geographic locations should also be examined.*

**Background:** While the BRN agreed that education and workforce issues are intertwined and should not be examined separately or in isolation, there are issues and work in each of these areas that benefit from a depth and richness of knowledge and experience that can be obtained from a variety of individuals representing different areas. For example, educators from community colleges may have a different perspective than those from state or university level colleges and public versus private school educators may also have different issues. Similar in the workforce, nurses and/or administrators representing large hospitals may have different needs or perspectives than those from public health clinics or home health agencies; different regions of the state may also have different employment and educational issues. For these reasons, the BRN has found value in having two separate committees, the Education Issues Workgroup (EIW, formerly the Education Advisory Committee) and the Nursing Workforce Advisory Committee (NWAC), so representation from the different areas can be obtained without the committee becoming too large. In order to allow for both groups to

work together and still have a depth of representation, the BRN has continued both of the committees, but has overlap of some members between the two committees.

The BRN agreed that the NWAC should begin meeting again, if possible, considering the travel limitations, budgetary constraints, and limited staff resources. In light of these limitations and restrictions, if it was determined a priority that issues warranted meetings on a regular basis for employment and educational issues and to provide recommendations and policy direction to the Administration, the Legislature, and other state and local agencies, then legislation may be necessary to designate this standing work and provide the BRN spending authority. This would be similar to that provided in Business & Professions (B&P) Code 2717 which mandates collection, analysis, and publication of workforce data. In the meantime, the EIW will continue to meet to maintain the valuable input needed on the Annual School Survey and other important educational issues.

In addition to the Annual School Survey, the biennial RN workforce survey, and the biennial RN forecasting report, the BRN directs or conducts various research and surveys as the need becomes apparent and the monies are available. For example, in 2007, the BRN surveyed nurses endorsing into and out of California when there appeared to be a trend that more nurses were leaving California than moving into the state. In 2010 a workforce survey and report was completed for Nurse Practitioners (NPs), Nurse-Midwives (NMs) and Clinical Nurse Specialists (CNSs). The BRN considered conducting another employer survey similar to the one done in 2004; however, another organization completed a similar survey and, to make best use of resources, the BRN planned to assess the data from this study and consider if, and when, there may be a need for the BRN to conduct another study in the future.

**BRN Action and Response (2014):** As discussed above, the BRN continues to see value in keeping the NWAC and EIW as separate, with some overlap between members. This has and continues to work effectively. In addition to conducting work by e-mail, the EIW has had a face-to-face meeting on an annual basis since the last sunset report, except in 2012, when work was conducted strictly by e-mail. The EIW has focused on the priority task of reviewing the Annual School Survey and discussing relevant educational issues such as faculty, clinical placements, simulation, and military veterans in nursing.

The NWAC membership was updated in July 2011. On October 20, 2011, local members met at the BRN headquarters in Sacramento and, due to travel restrictions, others joined by conference call to review the RN biennial survey document and provide input on other data collection endeavors and recommendations to the BRN for additional research. In October 2012, they were emailed information and their input was requested for the BRN postlicensure education survey. The entire NWAC met again at the BRN headquarters in Sacramento on January 14, 2014, to again review the RN survey document for its 2014 administration and to share other research ideas. Due to the limited travel, budgetary, and staff resources, the BRN has not had the NWAC meet on a more regular basis.

Additional research and analysis projects the BRN has completed since 2010 include a report analyzing recidivism data for nurses on probation in 2011, an analysis of the diversity of the RN workforce in California in 2012 with an update in 2013, and a survey of RNs postlicensure education. The BRN is currently working on a survey of newly licensed RNs and their perceptions of how clinical simulation and clinical experience during their education prepared them for working with patients upon employment. Other organizations have completed employer surveys on a regular basis, including employer past hiring and intentions for future hiring.

Annual surveys of new graduates and their experiences in finding employment have also been completed. Due to these other research projects, the BRN has chosen not to spend our limited resources on another employer survey at this time.

## **NURSING EDUCATION AND PROGRAM APPROVAL ISSUES**

**ISSUE #3: (ADDITIONAL IMPROVEMENTS NEEDED TO THE APPROVAL PROCESS FOR NURSING SCHOOLS/PROGRAMS.)** Are there ways in which the BRN could improve and streamline its approval process for pre-licensure nursing programs and thereby facilitate the approval of more programs and increase access to nursing education?

**Legislative Staff Recommendation:** *The BRN should explore any opportunity to streamline their current nursing program approval process to decrease the amount of time it takes for program approval and to work more closely with those private for-profit programs also seeking approval of their programs to meet the current rules and regulations of the BRN regarding these programs. The BRN should also consider providing training to its staff and NECs involved in program approval so the new rules and regulations are applied consistently to these programs. The involvement of the BPPE in the approval of nursing school programs seems unnecessary and therefore the BRN should assume all responsibility regarding approval of these programs. In doing so, the BRN should be given authority to charge an appropriate fee to cover their costs for reviewing documents, consulting with the program and conducting site visits. This fee should be similar to fees currently assessed by the BPPE for approval of school programs. It should be noted that current student protections provided under the BPPE Act should continue to apply to those nursing programs which are currently approved by BPPE and that the BRN would now assume the responsibility of responding to student complaints regarding a nursing program.*

**Background:** There are many qualified applicants applying for nursing programs and not enough spaces to educate them all. While the BRN realizes this is an important issue and works proactively with nursing education programs and other agencies to assist wherever possible, it is also the responsibility of the BRN to ensure that all RN students receive a quality education that prepares them to practice nursing safely upon licensure. To this end, the BRN must ensure that approved nursing programs meet BRN requirements in their educational programs, and has developed regulations, policies, and procedures for approving new programs that allows appropriate assessment by the BRN.

While revising the education program regulations (CCR Sections 1420 to 1432) which became effective in October 2010, the BRN was able to review the nursing program approval process and consider ways to streamline and improve it. After careful consideration and review of all steps in the process, the Board decided that while the two-step initial approval process may take longer, it should continue because it allows the Board time to provide feedback from the Feasibility Study before the program has expended a great deal of effort, time, and money on the self-study report. When the education regulations were revised, the guidelines for new programs titled, *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, was also revised. The steps and requirements for the feasibility and self-study were revised to increase clarity and provide more detail to eliminate unnecessary delay in completing the initial program approval process.



The average length of time from the initial submission of a Letter of Intent until the program receives final Board approval varies widely. Steps that the BRN has found that delay the process include: the school waiting for degree granting authority from an accrediting agency; school's inexperience with conducting nursing education, specifically prelicensure registered nursing education; shortage of clinical facilities; and shortage of appropriate faculty, including a qualified program director. To provide consistency, the BRN has one Nursing Education Consultant (NEC) who handles communications received from all new schools until the feasibility study report is received. At this time, another NEC assigned to review all of the feasibility study reports takes over the communications with the school until the feasibility study report is accepted by the Board. When the feasibility study report is accepted by the Board, an NEC is assigned to the school as the consultant and assists with the final phase of the approval process and continued monitoring of the program.

Legislative authority would be required for the BRN to take over the Bureau for Private Postsecondary Education (BPPE) responsibilities for institutional approval, handling additional student complaints, and collecting fees. In order to complete these tasks, the BRN would require additional NEC, analytical and support staff, training, and resource support. BPPE's jurisdiction is institutional approval to operate a post-secondary educational institution and grant degrees, including a nursing degree, while the BRN's current jurisdiction is the programmatic approval. While the criteria reviewed have similarities, there are distinct differences that require specific knowledge and experience. The NECs performing nursing program approvals are versed in programmatic requirements, but are not familiar with the rules and regulations for institutional approvals.

**BRN Action and Response (2014):** The BRN continues the procedures described above and in the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*. Processes are running smoothly and efficiently. From July 1, 2010, through June 30, 2014, the BRN has received 63 Letters of Intent from interested RN educational programs. Twenty-five Feasibility Studies have been submitted, and 10 have been approved by the Board. Eight programs are currently in the Self-Study phase (two of these programs have not had recent contact with BRN) and three have been approved to accept students by the Board during this time frame. Due to the high number of existing and new RN programs statewide requiring monitoring and the severe shortage of NECs, the BRN instituted a temporary suspension of accepting and reviewing Feasibility Studies for proposed pre-licensure RN programs. The temporary suspension took place between June 2011 and April 2013 at which time the processing of new program proposals was resumed after additional NEC staff was in place and the Board was fully functioning. The major barriers to program expansion reported by schools on the Annual School report that also applies to new programs are: insufficient clinical sites, insufficient funding for faculty, and insufficient numbers of qualified classroom and clinical faculty. These and many others are considerations the Board must take into account when reviewing new program proposals and the number of students that can be educated and accommodated with existing and shared resources. Many of the new programs are having to use clinical placements during alternative times such as evenings, nights, and weekends and at smaller community hospitals.

Effective January 1, 2013, the BRN implemented a fee structure for new programs applying after the effective date. So the fees only apply to programs who apply after January 1, 2013, and are as follows:

- \$5,000 for approval of a school of nursing
- \$3,500 for continuing approval
- \$500 processing fee for authorization of a substantive change to an approved program

In the past, prelicensure program approval site visit time frames had been every five years. This was changed prior to the previous sunset report to a complete site visit every eight years with an interim visit at four years. In October 2012, the BRN returned to the five year approval visit schedule because it was found that with the longer visit cycle (every eight versus every five years), schools that had issues and/or non-compliance activities developed issues that were more difficult to resolve. Additional focus review visits are also performed as needed, and additional consultation with the school is often required when nursing program director turnover occurs. NECs perform a significant number of additional visits and consultations each year that are in addition to the regularly scheduled visits.

The BRN is responsible for ensuring academic institutions and nursing education programs are in compliance with regulatory standards specific to nursing education. The BPPE is responsible for ensuring that the academic institution offering the nursing program meets regulatory standards for institutions of post-secondary education. However, the BRN and the BPPE work collaboratively as full BRN approval of a nursing program requires that the institution meets the BPPE regulatory standards and the BPPE approval for issuance of a nursing degree is dependent upon BRN approval of the RN program; each approval is dependent upon the other. The BRN is required to, and does, have a Memorandum of Understanding (MOU) with the BPPE that outlines the powers of the BRN to review and approve schools of nursing and the powers of the BPPE to protect the interest of students attending institutions governed by the California Private Postsecondary Education Act of 2009.

**ISSUE #4: (APPROPRIATE OVERSIGHT OF CURRENT NURSING PROGRAMS.) Does the BRN provide appropriate oversight of those schools approved and those which may have potential problems, and take immediate action against those which do not meet the requirements of the BRN or are considered unapproved/ unaccredited?**

**Legislative Staff Recommendation:** *Even though the BRN has not placed a warning status on a nursing program over the past eight years, the BRN should assure that if such a status is accorded a program that it should be reflected on the Board's Website regarding that program. The BRN should continue its active role in trying to assure that troubled nursing programs can continue to meet both the rules and regulations of the BRN to maintain approval of their programs. The BRN must also work more closely with the AG's Office and perform site-visits to assure that a nursing program which is not approved somehow continues to operate in California. In other words, there must be an IMMEDIATE shut down of this program if the BRN or AG becomes aware of its continued operation so that students are not ultimately deceived and waste precious years of their lives attending a bogus program. The BRN should also consider other ways in which it can continue to better inform students about the information it has available regarding nursing programs; those approved and disapproved, the graduation rates of these programs, and potential employment from these programs. It is also not clear if use of the term "unaccredited" is clear when the BRN is also discussing those programs which may be "unapproved." There are nursing programs in California which may not have institutional or program accreditation, which are considered as "unaccredited" but do have approval status from the BRN to operate in California.*

**Background:** It is the responsibility of the BRN to approve nursing programs. In the past, the terminology "approved" and "accredited" were sometimes used interchangeably in reference to the BRN prelicensure nursing program approval process and resulted in confusion. Revisions to the nursing education regulations (Sections 1420 to 1432) in 2010 clarified that the BRN "approves" nursing programs in California. Professional

and other organizations accredit programs and/or institutions. Currently, the BRN does not require prelicensure nursing programs to be accredited.

The BRN strives to keep the public informed about information related to BRN approved nursing programs. Information is provided to the nursing programs themselves, is included in the *BRN Report* Newsletter, and is a prominent tab on the BRN website. A list of approved nursing programs, each program's annual National Council Licensing Examination for Registered Nurses (NCLEX-RN) passing rate for the past five years, and the most current Annual School Report is available on the BRN website. When a California based program or school, which is not approved by the BRN, is brought to our attention through a fraudulent transcript or consumer complaint, the BRN works with the Attorney General's (AG's) Office through our Enforcement Division. Once due process has occurred, every effort is made to publicize the information. The BRN continues to consider different media resources (e.g., list-serve e-mail blast, press release, etc.) as a way to communicate this information to the public, including the addition of other information to the website, as well as other communication methodologies, to keep consumers informed.

**BRN Action and Response (2014):** The Board can withhold or withdraw approval of a nursing program when that program does not demonstrate operation in compliance with the BRN's rules and regulations. When reviewing a program's standing, generally the Board will continue approval, defer action to continue approval to allow time for the program to correct any minor noncompliance issues and report back to the Board, or place on warning status with intent to withdraw program approval if serious issues are identified. A timeline for follow-up visits, progress reports, and corrections are specified. There has been no withdrawal of any program's approval in the past four fiscal years. From July 2010 through June 2014, the following actions were taken by the Board:

- 99 programs were granted Continuing Approval
- 14 programs were placed on Deferred Action to Continue Approval. Ten of these later rectified their issues and were granted Continuing Approval. Two continue on Deferred Action as of this date. Two were later placed and continue on Warning Status with Intent to Withdraw Program Approval
- 4 programs were placed on Warning Status with Intent to Withdraw Program Approval. Two continue this status as of this date. One later rectified their issues and was granted Continuing Approval. One moved to Deferred Action and continues in this status to date

When a program is placed on Warning Status, the Board requires the program to notify all existing students immediately and to inform all prospective students for the duration that this status is in effect. The Board may also direct the program to suspend admissions and may place other requirements deemed necessary for public protection. The assigned NECs follow-up to ensure the program complies with the Board's requirements. To date, the BRN does not post program status as part of program's information or listing on the website, but the information is available through Board meeting agendas and minutes. There is information included with the list of nursing programs cautioning the public to be aware of potential unapproved nursing programs operating in California, how to verify a BRN approved program, and indicators that the program may be unapproved or cannot be deemed equivalent to California education standards.

The BRN takes immediate action when we become aware of any unapproved nursing program or any unlicensed or fraudulent activity. An example of this is the recent conviction of seven individuals for forging fake transcripts to become licensed RNs. The arrest and conviction was a result of a multi-agency investigation

initiated by the BRN. BRN licensing staff were instrumental in assisting to identify the individuals involved and verifying they did not attend the nursing programs listed on the applications for licensure. The BRN worked with the Division of Investigation (DOI), the U.S. Immigration and Customs Enforcement, Homeland Security Investigations, the Internal Revenue Service (IRS), and with the AG's Office to file and serve accusations to revoke licenses.

**ISSUE #5: (REQUIRE ACCREDITATION FOR ALL NURSING PROGRAMS?) Should accreditation be required for all pre-licensure nursing programs to be approved by the BRN?**

**Legislative Staff Recommendation:** *The BRN should carefully consider a requirement for all nursing programs to be accredited in light of recent legal decisions and actions taken by other nursing boards, and by the Legislature, in dealing with the issue of which accrediting organizations would be recognized. It should also carefully consider a timeline for implementing such a requirement so as to not severely impact existing programs or those programs which may be approved by the BRN in the near future.*

**Background:** During the regulatory process in which the education regulations were revised in 2010, the concept of requiring accreditation for schools of all prelicensure nursing programs was considered by the Board. The BRN received several public comments recommending an accreditation requirement. The Board at the time voted to accept the comments and to consider promulgation of a regulatory proposal requiring that schools with BRN approved nursing programs be accredited. This requirement would be for institutional accreditation for the school, not professional nursing program accreditation. The Board decided that it would be in the public interest to hold public forums for the purpose of gathering input prior to developing proposed regulatory language.

**BRN Action and Response (2014):** Public forums were held throughout California in 2011. Input was gathered at the forums or by direct submission to the BRN. Interested parties supported national accreditation for RN programs.

**ISSUE #6: (ADDITIONAL INFORMATION NEEDED REGARDING PROGRAM/SCHOOL PERFORMANCE.) What additional information could be made available by the BRN to students of pre-licensure nursing programs to evaluate the quality of nursing educational programs?**

**Legislative Staff Recommendation:** *The BRN should continue to expand on ways to make this type of school/program data relevant and readily available to potential students of pre-licensure nursing programs. The BRN should consider whether they can provide a breakdown on individual prelicensure programs and provide the additional following information for each program:*

- *Whether a Public or Private Program*
- *If Program is Accredited and by Whom*
- *Possible Transfer for Accreditation Purposes*
- *Student Completion Rates*
- *Student Retention and Attrition Rates*
- *Attrition Rate for Graduates to Employment*

**Background:** The BRN strives to be transparent and provide the public with information whenever possible. Some of the information listed above is already available to the public. Whether the program is public or private is currently indicated on the BRN approved program list on the BRN website. The list on the website includes a link to the school/nursing program website where school accreditation information is generally readily available. Some of the data listed above is collected by the BRN but is not public for each individual program at this time (such as program professional accreditation, program success, retention and attrition rate, and employment of graduates as this is not reported by all schools and, in many cases, are estimates), and some the BRN does not collect, such as transfer credit information. Much of the information listed is generally available from the school or the appropriate Chancellor's (California State Universities and Community Colleges) or Regent's Office (University of California). Collecting, publishing, and maintaining currency of this information is a labor intensive task which would require additional BRN staff resources and possibly additional technological resources to accomplish. While the BRN would like to include as much information as possible by school on the website, the ability to maintain accuracy and currency, and thus reliability, of the information relative to the current level of BRN staff resources must be taken into account.

**BRN Action and Response (2014):** The information provided above remains the same at this time.

### **NURSING WORKFORCE AND DIVERSITY ISSUES**

**ISSUE #7: (NURSING GRADUATES ARE HAVING DIFFICULTY IN FINDING EMPLOYMENT.)** There is currently an unexpected difficulty of new nursing graduates finding employment in California and this hiring dilemma threatens to undermine the progress that has been made, according to the BRN.

**Legislative Staff Recommendation:** *The BRN should continue to serve on the Committee of the CINHC, and with other organizations and agencies to find ways to improve new RN graduates employability and their continued practice in the nursing profession. The BRN should also work with nursing programs, employers, health care facilities, and other agencies and organizations to ensure the availability of clinical training for nursing students and to enhance the employability of RN graduates; this includes promoting the use of transition or residency programs for RN graduates.*

**Background:** A severe nursing shortage was underway in California in 2002 and, at this time, significant effort and expense was invested to address the nursing shortage. The efforts to build the RN workforce in the educational programs led to significant results over the next ten years as the number of RN nursing programs drastically increased, RN nursing programs increased their educational capacity, and RN program graduations and retention rates increased. However, the downturn in the California economy beginning in 2008 has impacted RNs as it has most occupations. RNs, especially new graduates, began having difficulty finding nursing employment in California. The BRN continues to work with and serve on many committees, including those of the California Institute for Nursing and Health care (CINHC), and partners with various organizations that are working on ways to improve the employability of RN graduates, including assisting with a survey of new graduates to assist in gathering information on the extent of the problem statewide. The BRN supports new RN graduate transition and residency programs. The BRN supports funding efforts and legislation for these programs that include partnerships between nursing programs and employers to provide postlicensure experience and education to increase the RN's skills and keep them engaged in the nursing profession. The BRN will continue to support and promote these activities and work with nursing programs, employers and other agencies.

**BRN Action and Response (2014):** Since 2010, data have indicated that California's long-standing RN shortage may have ended, at least temporarily, for a variety of reasons. These include expanded nursing school enrollments and graduations and the national economic recession which led to an increase in workforce participation of RNs who would have otherwise retired or reduced their work hours. The economic recession also has dampened demand for newly-graduated RNs. However, more recent data suggest the labor market may be shifting again. The Fall 2012 Survey of Nurse Employers found that greater share of chief nursing officers are experiencing some difficulty recruiting RNs for specialized positions, and that, on average, they believe the labor market is in balance. These data are consistent with the widespread expectation that the economic recovery would lead nurses who delayed retirement, re-entered the labor force, or increased their hours of work due to the economic recession to retire or reduce their employment as the economy recovers. In fact, the 2012 BRN Survey of RNs found that there were increases in shares of RNs, compared to 2010, who plan to retire or to reduce their hours of nursing work within the next five years.

While employment for new RN graduates appears to be improving slightly, this continues to remain a pressing workforce issue. As discussed above, after several years of investing in building the workforce and increasing nursing program educational capacity, the slow economic recovery continues to impact hiring in the short term, and threatens to undermine the progress that has been made. The BRN continues to serve on committees, monitor and support transition/residency programs, and collaborate on the new graduate survey. There is a link to information about residency programs on the BRN website. A presentation was made at the January 2013 Board Education Licensing Committee meeting related to these programs.

**ISSUE #8: (IS THERE STILL, OR WILL THERE CONTINUE TO BE, A NURSING WORKFORCE SHORTAGE?) Will California continue to experience a critical shortage of registered nurses and what can the BRN do to address this shortage?**

**Legislative Staff Recommendation:** *The BRN should continue its efforts in increasing the number of RN graduates by not only improving on its approval process for nursing programs, but also working with schools, colleges and universities to promote, create or expand nursing programs, provide for more timely matriculation for students, alleviate course repetition through standardized course requirements and find ways to increase access to nursing programs especially for socioeconomically disadvantaged students.*

**Background:** The BRN continues an effort to support increasing the number of RN graduates by working with and supporting the nursing programs. BRN staff have served on the AB 1295 Implementation Group, a committee of educators and nursing stakeholders focused on promoting transfer pathways and consistent course requirements between schools to eliminate students having to repeat coursework when transferring between schools. The BRN's NECs encourage nursing programs to streamline processes, reduce barriers to increase enrollment, and to implement measures to recruit diverse student populations. Many nursing programs have implemented successful programs to increase student retention rates and reduce attrition. The success of these programs is reflected in the increased retention rates reported in the BRN Annual School Report. These types of interventions benefit all students, particularly those who are socioeconomically disadvantaged.

The BRN is aware that the number of qualified nursing program applications exceeds the number of nursing program seats. There is no way to determine the exact number of individuals these applications represent due to the very common practice of the submission of multiple applications to multiple schools by a single student.

The actual number of students is likely less than the number of applications, so the exact number of students impacted is not known. The major barriers to program expansion reported by the nursing programs are insufficient clinical sites, insufficient funding for faculty, and insufficient numbers of qualified classroom and clinical faculty. Some nursing programs have implemented, and are continuing to develop, creative solutions and alternatives (i.e., expanding utilization of clinical simulation, partnering with other programs for shared distance learning, etc.) to allow admission of more students on their increasingly limited budgets. The Board supports these efforts by reviewing and approving these programs, while still monitoring them, to ensure they meet regulatory requirements and prepare students to safely practice registered nursing.

**BRN Action and Response (2014):** The BRN continues to the work as described above. The number of applications continue to outnumber the amount of available spaces. The Board continues to review and approve new RN programs. However, the Board must be mindful of the community and shared resources available for all nursing programs in California. When reviewing new RN programs, the Board also looks carefully at the number of students the new program will be able to accommodate given faculty and clinical space resources. Not displacing students from an existing nursing education program in clinical placements is always a priority. Often times the Board recommends to new programs to begin with lower numbers of student enrollments to avoid this from occurring. Enrollments in public programs, especially associate degree nursing (ADN) programs, have been declining the past five years, while private program enrollments have continued to increase. The number of public RN programs has remained fairly constant while the number of private programs has increased more significantly.

As discussed in the previous question response, recent data have indicated that California's long-standing RN shortage may have temporarily ended due to the increase in California RN graduates and the economic recession. However, as the nursing workforce continues to age, the state's population ages and grows, and increased demand for health care arising from health care reform moves forward, it is a widespread belief in the nursing and health care communities that these factors will dramatically escalate the demand for nursing care in the near future, and California will again face a significant nursing shortage. For many reasons, there is uncertainty regarding the future supply and demand for RNs. The 2013 forecasts presented in the *2013 BRN Forecasts of the RN Workforce in California* indicate that supply of, and demand for, RNs are fairly well balanced. The market will continue to be balanced in the future if current enrollment and state-to-state migration patterns remain stable. Readers are cautioned that the 2013 BRN forecasts represent long-term forecasts and are not intended to reflect rapidly changing economic and labor market conditions. They also do not measure variations across regions of California.

Nationwide, as well as in California, there has been an increase in the number of RNs per 100,000 population (per capita). It was reported in the previous sunset report that according to Health Resources and Services Administration (HRSA) *Initial Findings from the 2008 National Sample Survey of RNs*, California was ranked 48<sup>th</sup> with 638 working RNs per 100,000 population; the national average was 854. According to current HRSA data from the *US Nursing Workforce: Trends in Supply and Education* from April 2013, California is currently ranked 46<sup>th</sup> with 743 RNs per capita and the national average is 921.

**ISSUE#9 (IS THERE STILL A SEVERE LACK OF DIVERSITY IN THE NURSING PROFESSION?)** Is there more that the BRN can do to further diversity in the nursing profession by utilizing its advisory committees, the data it receives, and in its participation and collaboration with other schools, universities, colleges, and nursing programs and with other local and state agencies, nursing associations, groups and nursing research organizations?

**Legislative Staff Recommendation:** *The BRN should continue to focus its efforts on diversity issues, both through its collaboration and participation with a number of state and local agencies, health facilities/employers, educational institutions, nursing programs, nursing associations and groups, and research organizations.*

**Background:** The ability of California RNs to provide culturally competent care to Californians is associated with the language skills and diversity of the RN workforce. The BRN recognizes the value of cultural diversity in the nursing workforce and requires that the curriculum of nursing education programs includes cultural diversity in their instructional content (CCR Section 1426(d)). The BRN works with nursing programs and other stakeholders to support and encourage diversity in the RN workforce. However, efforts to increase ethnic diversity in nursing and other professions requires a total community effort. Community and health care organizations and educational institutions should make workforce diversity a goal, and work toward increasing diversity. A plan that has a lasting solution would also require involvement with the K-12 populations.

**BRN Action and Response (2014):** The BRN continues to support and encourage diversity in the RN workforce and continues participation and collaboration with other stakeholders on this issue. Along with demographic data collected in the biennial RN survey and the Annual School Survey, the BRN contracted with the University of California, San Francisco (UCSF), Philip R. Lee Institute for Health Policy Studies to complete an analysis of data from a variety of existing sources to focus on trends in the diversity of California RNs, statewide and by region, and to compare this diversity to that of the population of California as a whole. Data was examined to identify gaps in representation of racial/ethnic groups both statewide and by region, and estimates of future diversity of the RN workforce were presented. The reports were completed in May 2012 and an update in October 2013. These reports are available on the BRN website. This issue will continue to be reviewed and analyzed by the BRN.

**ISSUE #10 (SHOULD THE FUNDING FOR THE NURSES SCHOLARSHIP PROGRAM BE INCREASED?)** It is unclear how well the Board's scholarship and loan repayment program, which is managed by the OSHPD, is functioning and if moneys available are being fully utilized, and whether the funding should be increased based on the number of potential applicants. Should the BRN be the central source for information regarding available funding for students or a least the first point of contact for students?

**Legislative Staff Recommendation:** *It is not clear what commitment will be made to scholarship programs for nursing students in the future. However, it does appear that there will be more dollars available for repayment of loan programs, especially for those students who commit to serve in medically underserved areas or who want to become nursing instructors and faculty members for nursing programs. The BRN should consider increasing the amount of licensing fee committed to its scholarship program by \$5 to at least increase the availability of funds for those students wishing to attend nursing programs. Prior to any increase, however, the BRN should report to the Legislature on how the moneys are being expended by OSHPD. Since these are licensing fees they must be expended only for those purposes which would further the nursing profession and*



*not be diverted for other purposes. The BRN should also meet and collaborate with OSHPD, Labor and Workforce Development Agency, California Workforce Development Board and other agencies which may be involved in providing scholarship and loan repayment programs for students, and assure that potential and current nursing students have information and access to information regarding these programs.*

**Background:** Biennially, upon license renewal, RNs currently pay a \$10.00 fee which is passed on to the Health Professions Education Foundation under the Office of Statewide Health Planning & Development (OSHPD), for a program that administers the BRN Registered Nurse Education Fund and provides scholarship and loan repayment programs for aspiring and practicing nurses. In 2010, according to the OSHPD RN fund condition, most current monies collected were being awarded. However, the fund was carrying over \$2 million dollars in reserve and there was no need to increase the \$10 surcharge. The BRN was told by the RN Education Fund that unspent funds are returned to the fund (not used for any other purpose) and have built the reserve. The funds are not re-directed to the General Fund.

The need for additional nurses, including faculty, is a statewide, community, and professional issue. Accordingly, funds should come from other sources and not just one to be paid for by the RN community. RNs are already contributing \$10.00 biennially to this effort, and it needs to be reviewed if they should be required to contribute more. The Health Professions Education Foundation is charged with identifying funding sources for all health professions, including registered nursing. The BRN has a representative on the Health Professions Education Foundation's Nursing Advisory Committee, which makes recommendations on Program policy and scholarship/loan repayment awards to the Foundation's Board of Directors. The Board will continue to work with this, as well as other agencies involved in providing similar programs, to assure that nursing students and licensed RNs have information and access to these programs.

**BRN Action and Response (2014):** The BRN continues to have one staff representative on the Health Professions Education Foundation's Nursing Advisory Committee who has indicated there is no plan at this time to recommend an increase to the \$10 surcharge for renewing RNs. The BRN also continues to notify the public in a variety of ways about this and other similar programs by: making the financial aid information more prominent on the BRN website that includes links to the appropriate websites; sending out e-mail blasts; adding information on the homepage under "What's New" when application deadline dates are approaching; and making announcements at Board meetings under the Executive Officer Report. Information and articles are also regularly included in issues of the BRN newsletter, the *BRN Report*.

On July 1, 2013, the Health Professions Education Foundation launched an online application through the Responsive Electronic Application for California's Healthcare (CalREACH). CalREACH gives applicants the opportunity to apply for programs, submit applications, and communicate with program officers online. The postlicensure education survey conducted in 2013 by the BRN included questions regarding financial aid with a service obligation. Just over 15% of RNs currently enrolled have agreed to a service obligation in return for financial aid. Only just over 17% reported they would not consider or did not want financial aid with a service obligation. This data indicates that the majority of students (at least postlicensure students) would consider a service obligation for financial assistance. The BRN will continue to work with and support this and other similar programs to assist in furthering RN education.

## **NURSING SCOPE OF PRACTICE ISSUES**

**ISSUE #11: (SCHOOL PERSONNEL PROVIDING NURSING SERVICES.)** The BRN is concerned that school personnel may be providing nursing services that in other settings would be prohibited.

**Legislative Staff Recommendation:** *This issue will have to be resolved through the Legislature. Special consideration should be given to the nurse's scope of practice and potentially allowing others to perform those procedures which have been traditionally restricted to the practice of nursing. The BRN should continue to provide input and participate in discussions regarding this very important issue.*

**Background:** The BRN works with consumers, the California Department of Education (DOE), school nurses and nursing organizations, as well as other stakeholders, to address school health-related issues as they relate to RN practice. The Board also maintains its position that students should receive all health care services to which they are entitled and which are necessary for them to obtain maximum benefit from their educational program, and that such services must be provided by individuals legally authorized to provide the services.

**BRN Action and Response (2014):** The BRN maintains the same position and activities as described above.

**ISSUE #12: (PROVIDE PRESCRIPTIVE AUTHORITY TO ADVANCED PRACTICE NURSES?)** Should the current terms "furnishing or ordering drugs or devices," as authorized by Section 2746.51 of the Business and Professions Code for certified nurse-midwives and Section 2836.1 for nurse practitioners, be changed to "prescribing drugs or devices," clarifying in effect the prescriptive authority for these advanced practice nurses?

**Legislative Staff Recommendation:** *The BRN continues to recommend that the Nursing Practice Act (NPA) be changed so that the term "furnishing" is replaced with "prescriptive authority." The Legislature should review this issue to determine whether such a change is necessary and to determine if confusion still exists with pharmacists filling medication orders.*

**Background:** The BRN receives inquiries from pharmacists and nurses related to this issue. This has also provided a delay for NPs and NMs in obtaining furnishing authority from the Drug Enforcement Administration (DEA). Whenever "prescriptive authority" is written into federal or state law related to drug classifications, because of the term "furnishing," NPs and NMs must then obtain a change in California laws related to their practice in order to "furnish" these drugs. With California looking to NPs and NMs to fulfill more primary care health roles, having to obtain a change to California law every time the term "prescriptive authority" is used is an unnecessary time and cost burden to California.

**BRN Action and Response (2014):** The BRN continues its recommendation that the Nursing Practice Act (NPA) language be changed from "furnishing" to "prescriptive authority" as the issues described above still exist at this time. The term "furnishing" is confusing to the public and requires a definition to be understood. In addition, California is the only state using the term "furnishing", which adds to the confusion.

**ISSUE #13: (DEFINE “ADVANCED PRACTICE NURSE?”) Should a separate statutory definition for “advanced practice nurse” be created?**

**Legislative Staff Recommendation:** *The BRN should consider whether a separate statutory definition for “advanced practice nurse” should be created similar to other states.*

**Background:** B&P Code Section 2725.5 was added in 2003 and identifies that an “advanced practice registered nurse” (APRN) are those that have met the requirements of the Sections related to Nurse Practitioner (NP), Nurse-Midwife (NM), Clinical Nurse Specialist (CNS), and Certified Registered Nurse Anesthetist (CRNA).

**BRN Action and Response (2014):** APRN definition in B&P Code Section 2725.5 has resolved this issue.

**CONTINUING COMPETENCY ISSUES**

**ISSUE #14: (INCREASE CONTINUING EDUCATION AUDIT OF RNS AND PROVIDERS?) Should the BRN increase the random audits it performs per year on both RNs and Continuing Education Providers (CEPs)?**

**Legislative Staff Recommendation:** *The BRN should submit a Budget Change Proposal to obtain staff dedicated to conducting increased RN audits and begin again audits of CEPs. The BRN should only be required to increase audits of RNs of CEPs if it receives sufficient staffing to conduct such audits. The BRN should also continue to review and evaluate national continued competence research and possible clinical competence based CE and make recommendations for changes, as appropriate.*

**Background:** Since 1978, the BRN has required RNs to complete a total of 30 contact hours of continuing education (CE) biennially to renew their licenses in the active status. An ongoing competence measurement for RNs is the CE requirement and is essential to ensure public safety and protection. The number of audits of RNs for compliance with statutory and regulatory requirements has significantly declined since 2002 due to lack of staffing in this area. Prior to 2002, an average of 2,700 RNs were audited per year. Since 2002, less than an average of 150 RNs per year have been audited. Continuing Education Provider (CEP) audits have only been completed when a complaint is received. The BRN has submitted and been denied Budget Change Proposals (BCPs) requesting additional support staff, and must continue to work with the limited staff and resources currently available. The BRN will not be able to complete the important function of RN and CEP audits, at the necessary levels, if additional staffing is not approved. The BRN continues to be involved with and evaluate national continued competence research, including clinical competency, and will make recommendations for changes as appropriate.

**BRN Action and Response (2014):** Every effort to redirect staff to complete random CE audits has been made; however, due to the lack of staff and the amount of work in other areas of the Renewals unit, the redirection of staff is not feasible to meet the current and projected operational needs of the CE Program. The BRN has continued to submit BCPs requesting staff dedicated to conducting RN and CEP audits. BCPs for these positions were submitted in Fiscal Years (FY) 2012/13 and 2014/15. The BRN has assessed the workload considering the number of renewals received and the average time to process an audit. The total number of staff needed to audit 5% of the RNs renewing each year has been projected at 3.5 positions. However, the Board realized the tremendous budget constraints facing the State of California, and therefore requested 3 positions in the FY 2014/15 BCP. Both BCPs were denied.

The BRN has received approval for an additional 28 staff in the Enforcement Division. If the workload allows, one of these positions can be directed to assist with some of the CE audits. However, this will not be sufficient, and the BRN is still in need of additional staffing to consistently audit RNs for CE and to conduct CEP audits. The lack of staffing in this area puts the public at risk as the Board is not able to verify the ongoing education of licensees and the ongoing quality of CEPs.

### **ENFORCEMENT ISSUES**

**ISSUE #15: (DISCIPLINARY CASE MANAGEMENT TIMEFRAME STILL TAKING ON AVERAGE THREE YEARS OR MORE.) Will the BRN be able to meet its goal of reducing the average disciplinary case timeframe from three years or more, to 12-18 months?**

**Legislative Staff Recommendation:** *It does not appear as if the BRN will be able to meet its goal of reducing the timeframe for the handling of its disciplinary cases for some time. Lack of adequate staffing, reliance on DOI and delays at the AG's Office in prosecuting cases, and OAH in hearing cases, and the inability to obtain necessary records, all contribute to the current average of three years to complete a disciplinary action. The Committee should consider communicating with the Senate and Assembly Budget Committees, with the Department of Finance and with the Governor's Office on the unique circumstances which exist regarding the funding and staffing of the BRN. It was the intent of both Budget Committees last year to assure that the BRN had sufficient staffing and funding to provide for the increased staffing levels it needed. Without this additional staffing, the investigation and prosecution of BRN disciplinary cases and the overall administration of its other programs, including licensing of nurses in an expeditious manner, will be in jeopardy. Backlogs of licensing applications and disciplinary cases will increase and any action on the part of the BRN against a nurse, who has either violated the law or the Nursing Practice Act, will be severely delayed. The BRN should also be granted statutory authority to deal with its need to obtain documents and records it needs pursuant to their investigations, including the need for medical records. The authority currently granted to the Medical Board of California in obtaining medical records should also be granted to the BRN. Provide that failure to furnish information in a timely manner to the BRN or cooperate in any disciplinary investigation constitutes unprofessional conduct. The Committee should also give consideration to auditing both DOI and the Licensing Section of the AG's Office to determine whether improvements could be made to the investigation and prosecution of BRN's disciplinary cases and coordination between all three agencies.*

**Background:** The BRN continued to work toward improving processing timeframes with activities such as regulatory changes, regular meetings and communications with the DOI and AG's Office, streamlining internal procedures, and data capturing improvements. As reported in 2010, these activities shortened the average case processing timeframes. The reductions were a result of many procedural changes, consistent staffing, and BRN staff resolving many complaints. The BRN had done everything possible, within the existing resources, to improve the case processing timeframes. However, even in light of the significant improvements, the BRN would still not be able to meet the CPEI timeframes for handling disciplinary cases in 12 to 18 months without significant changes in staffing, resources, and improved timeframes in case processing within DOI, AG's Office, and Office of Administrative Hearings (OAH). The BRN received approval for 37 new enforcement positions through the CPEI BCP effective in FY 2010-11 and 2011-12. In previous response to this issue, the BRN made several recommendations including:

- Lowering the burden of proof in enforcement cases from clear and convincing to preponderance.

- BRN hire at least one attorney to work with the Enforcement Division to develop better investigative requirements to meet the burden of proof and oversee staff to prepare less complex pleadings or allow BRN staff to perform these functions under the direction of a DCA attorney.
- Provide authority to issue public reprimands without accusation to reduce the number of cases referred to the AG's Office.
- Provide authority to issue warning and educational letters to provide the BRN an additional tool as a lower level of discipline for those licensees whose violations do not rise to the level of formal action.
- Consider having less complex cases be heard by a hearing officer instead of an ALJ, or allow DCA to hire ALJs.
- Allow AG's Office and OAH to hire more personnel to keep up with DCA's and BRN's increasing caseload.
- Recommended and support an audit of DOI and the AG's Office to determine if there are ways to improve processing, coordination of agencies, and billing practices.

**BRN Action and Response (2014):** The BRN has made improvements in the discipline case processing timeframes. However, it has not yet been able to meet the goal of 12 to 18 month average processing time. The average processing time for the BRN is currently less than 2 years (approximately 22 months) so the BRN has made significant progress from the over three year timeframe in the past. The Board and BRN staff have worked diligently for the past five years. Other specific efforts and accomplishments include:

- Implementation of procedural changes and streamlining many internal processes to be more efficient.
- Addition of 28 additional staff approved and effective July 1, 2014.
- Increasing outreach to stakeholders.
- Reorganization of the Enforcement Division and the hiring of additional staff, including internal non-sworn special investigators.
- Through legislation the BRN obtained delegated subpoena authority to obtain medical and employee records from health care facilities.
- Regulation amendments including: CCR Section 1419(c), effective April 22, 2014 to increase the level of reportable traffic infraction fines from \$300 to \$1,000 for RN renewal applicants, allowing the Board to focus on other, more critical enforcement cases; CCR Section 1403 allowing delegation of certain functions to the Executive Officer which will shorten the timeframe for some cases; CCR Section 1441 specifying certain acts related to investigations and failure to disclose as unprofessional conduct and grounds for Board disciplinary action; and CCR Section 1444.5 which requires an ALJ to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. Amendments to CCR Sections 1403, 1441, and 1444.5 were all effective July 23, 2014.

The BRN continues to communicate regularly with the DOI and AG's Office staff regarding case investigation and processing timeframes. The BRN and DOI continue to have problems obtaining documents and records including consents for release of medical records and receiving court and arrest records timely and cost effectively. These delays significantly impact the investigation completion timeframes. The Board continues to review the outdated Disciplinary Guidelines and the Uniform Standards for Substance Abusing Licensees.

**ISSUE #16: (DOES THE BRN RECEIVE SUFFICIENT INFORMATION ON NURSES WHO VIOLATED THE LAW OR HAVE ISSUES REGARDING THEIR COMPETENCY?) Does the BRN receive sufficient information from the courts, other agencies, health facilities, and from the licensee if there is reason to believe they have been involved in criminal activity, violated the Nursing Practices Act, or have issues regarding their competency or ability to continue practice.**

**Legislative Staff Recommendation:** *Require courts to report if there is a judgment for a crime committed or any civil judgment against the licensee for any death or personal injury in excess of \$3,000, or any filings of a felony. The DOJ should also report within 30 days to the BRN any arrests, convictions or other updates on licensees pursuant to their fingerprint file. The BRN should also be allowed to employ a sufficient number of investigators classified as peace officers to receive important criminal justice information regarding their licensees rather than relying on DOI. RNs should also be required to self-report any serious crimes committed. The BRN shall also be required to report any of its enforcement actions against its licensees to the NPDB and the HIPDB and to also query these data banks for those licensed in another state. The BRN should be able to contract with the NURSUS to meet this requirement, and report and retrieve enforcement actions provided on the NPDB and the HIPDB. Prohibit "gag clauses" against patients pursuant to a civil dispute settle agreement. The BRN should begin to explore the use of nursing peer review and mandatory reporting for all health care facilities within California, possibly modeled after the Texas law.*

**Background:** Effective October 2008 the BRN began requiring, upon the renewal of an RN license, the licensees to disclose if he or she has had any license disciplined by a government agency or other disciplinary body or has been convicted of any crime in any state in the U.S. and its territories, military court or a foreign country since his or her last renewal. If a response of "yes" is provided, additional information regarding the matter is requested to determine what, if any, action is needed. The BRN is a member of the NCSBN computerized discipline information exchange system called NURSUS. National Council of State Boards of Nursing (NCSBN) is the BRN agent to supply disciplinary information to the national database, the National Practitioner Data Bank (NPDB) from the data provided to them through NURSUS. The BRN provides data to this system. At its September 23, 2010, Board meeting, the Board members voted for the California BRN to contract with the NCSBN to electronically share licensing information on a daily basis to NURSUS. The BRN is a participating member of NURSUS and this allows the public to verify a nurses license, check discipline status, or see if a nurse is licensed in more than one state. By electronically transmitting licensing information, the NURSUS system is able to timely notify the BRN (and all states) of a disciplinary action occurring that involves a current licensee.

The BRN agrees that court mandated reporting and subsequent arrest and conviction reporting from the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI), as outlined in this recommendation, is needed in order for the BRN to effectively protect the public by being able to track and enforce timely discipline against licensees when warranted. In addition, if the courts provide timely notice of a conviction, along with a certified copy of the documents, it would significantly reduce the amount of time to take disciplinary action.

In 2010, the BRN was approved to hire investigators. However, the hiring restrictions did not allow this to occur immediately so the BRN had two retired annuitant investigators working on only routine case investigations. At that time, there were approximately 635 BRN disciplinary cases pending at DOI for investigation and approximately 400 at the BRN awaiting investigation.

The idea of nursing peer review has not yet been a topic of discussion, but prior boards have discussed the issue of mandatory reporting as a method to improve public protection. However, no formal decision was made due to the staffing resource limitations. Nursing peer review and mandatory reporting would undoubtedly dramatically create an increase in workload because there are between 414,000 and 420,000 licensees.

**BRN Action and Response (2014):** The governor did not approve SB 538 which would have allowed the BRN to hire sworn peace officer investigators. This was a provision in the BRN January 1, 2012, Sunrise legislation. As discussed in response to the previous issue above, the BRN was approved and has hired non-sworn special investigators. Regulations have been implemented dealing with some of the issues of concern. The BRN will continue to review and consider further regulation amendments as needed. As discussed above, the BRN is now a participating member of the NURSIS system and continues to report disciplinary data to national entities as required. Nursing peer review and mandatory reporting are issues that have not yet been addressed by the current Board but may be considered in the future.

The BRN receives conviction information in some cases. The majority of cases require the BRN to request and pay for the records. More courts have started charging for records since the last sunset report. This process is very costly and cumbersome as the court must count the number of pages and send the BRN a bill for that cost Staff must then verify that the records requested were received and that the charge is correct. There are examples of licensees or the public reporting of an arrest or conviction unknown to the BRN which makes us question whether we are receiving all of the arrest information for our licensees.

**ISSUE #17: (PROTRACTED PROCESS TO SUSPEND LICENSE OF RN.) The BRN must go through a cumbersome process to suspend the license of an RN who may pose an immediate threat to patients or who have committed a serious crime and may even be incarcerated.**

**Legislative Staff Recommendation:** *Extend the time constraints placed on the AG to file an accusation thus allowing the AG to utilize the ISO process without having to have their accusation prepared within a very limited time frame (15 days). Pursuant to Section 494 of the B&P Code, the BRN does not have to always rely on an ALJ to conduct the ISO hearing, the BRN also has authority to conduct the hearing and could do so more expeditiously where serious circumstances exist regarding the suspension of the nurses' license. Provide for automatic suspension of a nurses' license if the nurse is incarcerated and mandatory revocation of their license if they are found to be convicted of acts of sexual exploitation of a patient or if they must register as a sex offender.*

**Background:** The Board supports extending the time to file an accusation pursuant to initiating the Interim Suspension Order (ISO) process. The limited timeframe is just one consideration in whether to pursue an ISO. The Board is interested in finding ways to reduce the cost in taking immediate action via the ISO process. The BRN has the authority pursuant to B&P Code Section 494 to conduct a hearing, but needs to research the administrative and legal processes before a determination can be made if and how the BRN can use this authority.

The BRN's regulatory proposal requires that an ALJ's proposed decision must be to revoke the license if there is a finding of fact that a licensee had "sexual contact" with a patient or has been convicted of a sex offense. The proposed decision cannot contain an order to stay the decision. Additionally, the Board may deny an application and revoke the license of an RN who is required to register as a sex offender.

**BRN Action and Response (2014):** As discussed above in Issue #15, an amendment effective July 23, 2014 to CCR Section 1444.5 requires an ALJ to issue a proposed decision revoking the RN license, without a stay order, if the licensee is found to have engaged in sexual misconduct with a patient or was convicted of a sex offense. The BRN should receive subsequent arrest/conviction notifications of licensees which will allow the Board to address incarceration of the licensee. The BRN still utilizes the ISO process for appropriate cases, but, it is costly and time consuming for the AG's Office due to the limited amount of time allowed to complete the process. An AG who is assigned to an ISO case is dedicated to handling that one case.

**ISSUE #18: (DIFFICULTY IN TRACKING DISCIPLINARY CASES.)** The BRN along with other health boards have to rely upon an outdated, limited and cumbersome tracking system called the "Consumer Affairs System" (CAS) that is managed by the DCA.

**Legislative Staff Recommendation:** *With the recent concerns raised by the State Auditor regarding a case management system for California's courts, called the "California Court Case Management System, or CCMS, and its cost overruns and questions about the quality of the system, the DCA should be closely monitored in its efforts to implement an integrated licensing and case management system that could have significant impact on its 40 boards and bureaus. The DCA and the boards and bureaus together manage more than 2.5 million licenses, certificates and approvals in more than 100 businesses and 200 professional categories. The failure of such a new program for DCA could have vast impact on professional licensing and consumer enforcement efforts throughout the state and for those trying to enter the state to practice. There is no doubt that a new system is needed. The DCA over several years has made other attempts to implement a new computer system, but for varying reasons have not been able to move forward. The BRN should continue in its role to work collaboratively with the DCA's Office of Information Services project staff, as well as with any vendor, to assist in creating an efficient and user-friendly integrated computer system.*

**Background:** The BRN continued its work with DCA staff and vendors to assist in DCA's new computer system called BreEZe. Funds for BreEZe were built into the BRN budget expenditures, but it appears that DCA underestimated the costs and is looking into what options are available. This may have an impact on the existing BRN fund condition and drain the limited BRN reserve. The BreEZe system is planned to assist with case and billing tracking, enhanced reporting and data analysis.

**BRN Action and Response (2014):** The DCA and the BRN implemented the updated computer system (BreEZe) on October 8, 2013. A significant number of BRN staff hours from many units were spent on assisting with development, testing, troubleshooting, and preparing for the BreEZe implementation. This new system can provide real time licensing verification to applicants and to the public thus furthering our mission of protection. On April 18, 2014, the BRN announced that Applications for Licensure by Examination were available online as one of the features now available with the implementation of the BreEZe system. There have been a significant number of issues to address with the implementation. The Licensing Program and other units within the BRN experienced dramatic delays and workload challenges. Workload increased in many areas due to the number of extra steps required to input data in multiple screens, many workarounds, and problems in the system. Staff in many units worked overtime during the week and on weekends for six to seven months to try and keep up with the workload. Examination applicants were made eligible to test by BRN staff, but they were not being issued Authorizations to Test (ATTs) from Pearson VUE, the test administration vendor, due to interface issues between BreEZe and Pearson VUE. This delayed many applicants from taking their examination, and may have contributed to lower NCLEX pass rates.



While it was not the case when BreEZe was first implemented, the BRN is now currently meeting target timeframes. Data entry time has increased from two minutes to ten minutes per file which has a significant impact on the initial evaluation time period. BRN staff is now fully trained in BreEZe and have become accustomed to the system and its workarounds and continue to work with DCA's BreEZe team. Because the BreEZe continues to impact data entry and processing timeframes in many areas, the BRN is requesting additional staff through a BCP that would be effective in FY 2015/16. Approval of the BCP will allow a manageable workflow through the licensing program in order to more efficiently process applications.

### **SUBSTANCE ABUSE AND DIVERSION PROGRAM ISSUES**

**ISSUE #19: (EFFECTIVENESS OF DRUG DIVERSION PROGRAMS CALLED INTO QUESTION.)** It is unknown how successful the BRN's Drug Diversion Program is in preventing recidivism of those nurses who may abuse drugs or alcohol, and if the Diversion Program is effectively monitoring and testing those who participate in the program.

**Legislative Staff Recommendation:** *The Committee should consider requiring an audit of the BRN's Diversion Program in 2012, along with the other health boards which have Diversion Programs, to assure that these programs are appropriately monitoring and treating participants and to determine whether these programs are effective in preventing further substance abuse. The BRN should also indicate to the Committee how the Uniform Standards are being implemented and if all Uniform Standards are being followed, and if not, why not.*

**Background:** The Board believes accountability and transparency of the Diversion Program is critical. Evaluations and audits are considered tools to be used to strengthen the Program and enhance public protection. When the contractor, MAXIMUS, is audited, the BRN is also audited because the vendors work cannot be separated from the BRN work. The BRN provided policy and procedural information to the auditors. The BRN staff provides oversight and direction, and determine that the mandates of the contract are being met. All aspects of the monitoring of participants is done through the contractor. The Program was audited in 2009 and 2010 and in an audit report dated April 1, 2010, stated that "MAXIMUS is operating in compliance with contract provisions." MAXIMUS was provided with some recommendations for corrective actions to be implemented. The audit team returned for follow-up visits, the final one in July 2011, and while a final review was not released, verbal reports from the auditors indicated that MAXIMUS had demonstrated evidence that all corrective actions had been implemented. In addition, MAXIMUS has achieved certification from the International Standards Organization, an international quality review organization. The MAXIMUS Diversion Program is visited annually by International Standards Organization auditors, and certification occurs every three years. The reviews focus on the organization's quality standards, attention to client satisfaction, and adherence to policies and procedures that support the contract requirements. The MAXIMUS California Diversion Program is the only program of this type in the world to have achieved this certification.

The NCSBN has done extensive research on diversion programs for nurses and identified criteria for success of a diversion program, which the California Program meets:

- **Large number of referrals** – California has one of the highest in the country.
- **Quick removal from practice** – RNs must immediately cease practice upon entering the program, unless they show documentation of having been monitored for a year under an equivalent program. They must also cease practice if they have tested positive for any prohibited substance, or admit to relapse. A Diversion Evaluation Committee (DEC) must approve the RN returning to practice. Usually the RNs return to work in approximately nine to 12

months, and may return to work only if they have been compliant with all of the terms of their contract, have been testing negative, and have shown signs of embracing recovery.

- **Quickly addressing relapses** – According to the MAXIMUS contract, case managers must notify the RN's work site monitor, the RN, and the BRN within one hour of relapse.
- **Relapses identified** – The BRN receives quarterly reports identifying relapses of all program participants. The latest relapse information available in 2010 was 4.4% for the quarter ending in September 2010. A relapse report is provided to the BRN each month outlining participant relapse details.
- **Low recidivism rates** – Less than 4% of the RNs that have successfully completed the program have relapsed and returned. The BRN keeps a running report as allowed by law.
- **Positive Audit Findings** – The three audits of the contractor in 2009, 2010, and 2011 reported positive findings.

**Positive components of the BRN Diversion Program include:**

- Early and immediate intervention
- Strict eligibility criteria
- Prohibiting an RN from practicing until deemed safe by a panel of experts
- Development of a rehabilitation plan contract between the participant and the Program
- Close monitoring of participants for compliance
- Work site monitor required prior to job approval
- Participant involvement in nurse support groups
- Stringent criteria for determining successful completion

The Program protects the public at a cost savings compared to the disciplinary process. If participants were not in the Program, they may still be working in the health care field with their substance abuse disorder, without being monitored, while waiting two to three years for completion of the discipline process. When RNs enter the Program, even though they are not working, they are drug tested a minimum of 24 times a year. This may be increased at the request of the DEC, the BRN Diversion Program Manager, or the need of the RN. When the RN returns to work, the testing is increased to approximately 36 times per year. Despite the increase in testing, there has been no increase in the amount of relapses occurring.

The Uniform Substance Abuse Standards were developed in large part from the standards that were already incorporated into the MAXIMUS contract. A strict drug testing requirement has always been a part of the Program. The Board reviewed the drug testing requirements in the Uniform Standards and made recommendations for changes. It was questioned whether the number of required drug tests in the Uniform Standards was based on any scientific evidence. The \$10,000 or more per year cost to participants who are not working would be prohibitive, and would be counterproductive to their voluntarily entering the program and to their recovery.

**BRN Action and Response (2014):** As discussed above, MAXIMUS is the only diversion program of this type in the world to have achieved certification from the International Standards Organization, which is an international quality review organization that has auditors visit programs annually. Certification occurs every three years and MAXIMUS's most recent certification was effective April 1, 2014. The Program remains a beneficial tool for the Board as it fulfills two major purposes: it protects the public by providing immediate intervention and removal of the impaired RN from the workplace and, second, it provides a comprehensive program for recovery for the RN to prevent future problems.

The Board is currently reviewing and considering the implementation of the Uniform Standards for Substance Abusing Licensees for disciplinary cases and the Diversion Program. This has been delayed due to the sunset of the Board on December 31, 2011, because there was no Board quorum available to act upon the regulation package until July 2012 at which time the Board had other priorities to address the backlog of enforcement cases and nursing program reviews. The current Board has reviewed the regulation package at multiple meetings and has requested additional information at various times. At Board meetings when this issue has been discussed, the BRN has heard from nursing associations, unions, and other stakeholders who oppose implementation of the Uniform Standards in their entirety because it is felt they could potentially negatively impact the Diversion Program. The significant amount of required drug testing for RNs who are not working while in the Diversion Program could be cost prohibitive. The Board has not been presented with any scientific evidence that more frequent scheduled drug testing is more effective than the testing schedule, including random testing, currently done in the Diversion Program. If the Uniform Standards were to be implemented without changes, it could potentially negatively impact the current BRN Diversion Program. The Board continues to consider this issue.

### **DISCLOSURE POLICY ISSUE**

**ISSUE #20: (INCONSISTENT REPORTING OF PRIOR DISCIPLINARY OR CRIMINAL CONVICTIONS OF NURSES.)** The BRN was criticized by the Media for not providing information on the correct status of the licensee, or if they had a prior disciplinary action or criminal conviction.

**Legislative Staff Recommendation:** *Statutory authorization should be granted to the BRN, similar to that of the Medical Board and other health boards, to disclose all of the above information which it currently provides on its Website, and also provide whether the status of the license of the RN is in good standing, and/or they have been subject to one of the above disciplinary actions or convicted of a crime in California or in another jurisdiction.*

**Background:** The Board agrees that statutory authorization would be helpful in order to continue to disclose disciplinary action on the BRN website. At the time of the 2010 Sunset Report, the Board was reviewing and revising the Complaint Disclosure Policy and considering a timeframe for how long the disciplinary information would remain on the website. The BRN receives requests from previous disciplined licensees requesting that this information be removed, especially in cases where many years have passed, because they are having difficulty finding employment. However, any disciplinary action remains a public document regardless of the amount of time it is available on the Board's website.

**BRN Action and Response (2014):** The BRN Complaint Disclosure Policy, which outlines when the BRN releases complaint information to the public, was originally adopted by the Board in September 2001. It was reviewed and approved in its original form by the Board again in November 2010. The current policy is included in Section 6 of this report and is available on the BRN website at: <http://rn.ca.gov/pdfs/regulations/npr-b-36.pdf>. The Board is currently reviewing the policy once again. The BRN has based its disclosure policy on legal advice and concerns about consumer protection, investigative integrity, and basic privacy issues.

Current and past BRN Board members have expressed concern, and believe it is vitally important, that the public is aware of nurses who may pose a danger to the public. In order to uphold the Board's statutory mandate and mission, while keeping up with advances in technology, since 2005 the BRN has provided on its website information regarding disciplinary actions taken against registered nurse licenses. Disciplinary action taken against a licensee is now visible on the BreEZe License Verification system. Employers may subscribe to a service called e-notify available from NCSBN's NURSUS system which automatically notifies employers of publicly available discipline and license status updates for the nurses for whom they request this information.

The Board began addressing the development of a policy on Internet discipline document retention in 2010. This policy was finalized and approved by the Board in June 2011, and is consistent with DCA's recommendations for compliant disclosure and website posting of accusations and disciplinary actions. The policy is included in Section 6 of this report and can also be found on the BRN website at: <http://rn.ca.gov/pdfs/enforcement/disclosure.pdf>.

## **BUDGETARY ISSUES**

**ISSUE #21: (ARE RECENT INCREASES IN LICENSING FEES SUFFICIENT TO COVER BRN COSTS?) Is the BRN adequately funded to cover its administrative, licensing and enforcement costs and to make major improvements to its enforcement program?**

**Legislative Staff Recommendation:** *The BRN should assure the Committee that with the recent fee increase it will have sufficient funds to cover its administrative, licensing and enforcement costs and to provide for adequate staffing levels for critical program areas if appropriate staffing is provided.*

**Background:** Notwithstanding a significant drop in revenues, and with the return of the loans made to the General Fund, the BRN has sufficient funds to cover costs and to provide for adequate staffing levels for critical program areas as outlined in the 2010 Sunset Review Addendum.

**BRN Action and Response (2014):** The BRN implemented the first fee increase in 19 years effective January 1, 2011. This increased revenues, and has allowed the BRN to operate effectively with the additional enforcement staff obtained in FY 2010/11 and FY 2011/12. The BRN has been approved for additional enforcement positions and BCPs effective FY 2014/15 for which repayment of the \$11.3 million dollar loan made in FY 2011/12 is necessary to fund. However, even with the return of the loans, the BRN is aware of reserves likely shrinking in FY 2016/17, and is considering a fee increase in FY 2015/16 to ensure future financial stability.

**ISSUE #22: (THERE IS STILL A SEVERE LACK OF STAFFING FOR BRN'S ENFORCEMENT PROGRAM.)**

The BRN is still suffering from backlogs in critical program areas and is still having difficulty shortening its time frame for pursuing disciplinary action against licensees because of the lack of staffing and the inability to hire for any new positions, even though additional staffing was granted to the BRN (but put on hiring freeze) and it appears to have sufficient funding to cover any additional staffing needs.

**Legislative Staff Recommendation:** *The BRN should express to the Committee its frustration in being unable to meet the staffing needs of its various critical programs, especially that of its enforcement program, and the impact that it will have on its ability to address the problems identified by this Committee, especially as it concerns its goal to reduce the timeframe for the investigation and prosecution of disciplinary cases.*

**Background:** The Board takes its mandate of public protection very seriously and continuously seeks to improve the effectiveness and efficiencies of all programs to better respond to California consumers. In response to the media attention in 2008 and 2009, the Board members, and BRN and DCA staff worked zealously and diligently to develop a comprehensive plan to address the enforcement issues and meet the CPEI goal of reducing the average disciplinary case processing timeframes from three years to 12 to 18 months. The BRN, in collaboration with DCA, projected and requested 63 additional positions to fully implement the plan. In FY 2010/11 and 2011/12 the BRN received approval for 37 positions (five of which were Limited Term positions that expired on June 30, 2012). Regulations were adopted to increase fees to pay for the additional staffing. Effective August 30, 2010, a hiring freeze was imposed, and the BRN was not allowed to fill the positions until hiring freeze exemptions were processed and approved. In January 2011, the BRN was approved to use the Special Investigator classification. However, due to the hiring freeze, there was a lengthy delay in hiring for these positions. At that time, the tragedy was that in spite of the turmoil, upheaval, and controversy from the media attention, the average case processing timeframe in 2009-2010 was 33 months and was projected to increase with consumers still at risk. The BRN was in desperate need of more staff to meet our mandate to protect the public.

**BRN Action and Response (2014):** Effective July 1, 2014, the BRN was approved for an additional 28 enforcement positions (five of which are Limited Term positions, four for three years and one for two years). With these positions, the BRN is adequately staffed in the Enforcement Division to handle the workload and confident that internal timeframes can be met. The goal of completing discipline cases in an average of 12 to 18 months does rely on other agencies and activities, such as DOI, AG's Office, and OAH, and cooperation in obtaining court and medical records during investigations, which are beyond the control of the BRN. A recommendation is included in Section 11 of this report to grant additional authority to the BRN non-sworn special investigators to assist them in completing investigations in a more effective and efficient manner without increasing salaries or expanding retirement pension benefits for these positions.

Additional activities that have hindered the BRN case processing in the past are the sunset of the BRN in 2011, hiring freezes, and staff furloughs. Since these are no longer an issue, the BRN is hopeful the processing timeframes will continue to improve as enhancements in processing continue to be implemented, reviewed, and refined. Currently the BRN is completing cases on average in less than two years at approximately 22 months.

**ISSUE #23: (IMPACT OF THE RECENT PROPOSED BRN LOAN TO THE GENERAL FUND.) Will the Governor's recent proposed borrowing of \$15 million from the BRN's reserve account have an impact on the ability of the BRN to deal with some of the serious issues raised in this Paper?**

**Legislative Staff Recommendation:** *No more loans from the reserve funds of the BRN to the General Fund, especially in light of the recent fee increase which the RN profession must now absorb. The RN profession will see little if any return on its investment to improve the operation of the BRN, especially in its enforcement program and in providing the resources and staffing it so sorely needs. The BRN should explain to the Committee what the impact will be to its overall Budget and the ability to hire new staff if the loan of \$15 million is made from its reserve fund. This of course is if the BRN is granted an exemption from the hiring freeze, otherwise new expenditures will not be necessary.*

**Background:** A commitment was made to the BRN that the loan would not impact operations, and if the BRN is in need of the monies in the event additional staff are approved, it will be re-paid immediately. The BRN implemented a fee increase in January 2011 to pay for additional staff to handle the additional enforcement workload and to process cases in a timely manner. The BRN will not be able to handle the additional workload or decrease disciplinary case processing without the ability to hire additional staff immediately. A loan to the general fund would leave the BRN with a very small 1.2 month reserve in 2011-12. While this takes into account the 37 new positions being hired, it does not include the additional staff requested in the Sunset Review Report Addendum. The BRN would be relying on the commitment for the funds to be repaid immediately in the event additional staff was approved.

**BRN Action and Response (2014):** With the return of the \$2 million dollar General Fund loan in FY 2010/11, the fee increase in January 2011, and revenues remaining fairly stable since FY 2011/12, the BRN, to date, has been able to maintain financial stability with a three month reserve at the end of FY 2013/14. However, with the approved BCPs effective July 1, 2014, the BRN is in immediate need of the return of the General Fund loan of \$11.3 million that was made in FY 2011/12. Currently \$3 million is scheduled to be returned in FY 2014/15. There has been discussion to have an additional 6 million repayment accelerated for repayment in FY 2014/15 and the remaining 2.3 million in FY 2015/16. However, to date, this has not been scheduled. The BRN is submitting BCPs in FY 2014/15 requesting additional staff for the Licensing, Renewals and Support Services programs of the BRN. Even with the loan repayment, the BRN would need additional funds to ensure future financial stability. The BRN is considering a fee increase in FY 2015/16. If revenues were to decline again, reduction of temporary staff would be considered.

**CONTINUED REGULATION OF THE PROFESSION BY THE  
CURRENT MEMBERS OF THE BOARD OF REGISTERED NURSING**

**ISSUE #24. (CONSUMER SATISFACTION WITH BRN IS LOW.)** A Consumer Satisfaction Survey performed by the BRN over the past four years, shows that on average about 65% of consumers were satisfied with the overall service provided by the BRN. There was a higher satisfaction, almost 70%, if some disciplinary action was taken by the BRN.

**Legislative Staff Recommendation:** *The BRN should explain to the Committee why it believes consumer satisfaction regarding the service of the BRN is still so low and what other efforts the BRN could take to improve its general service to the consumer. Does BRN believe that mediation could be used in certain circumstances to help resolve complaints from the general public regarding health care practitioners?*

**Background:** The BRN found an increase in consumer satisfaction ratings in 2010 from the previous Sunset Report in 2002; however, it was still low. The BRN believed it was low because of the time for disciplinary cases to reach resolution. At that time complainants received a letter when the case was opened, and would most often not hear again until the case was closed, which could be up to three years. The BRN planned to review processes to identify how complainants could be notified at specified times during the process to assure them the complaint was being investigated. To date, the Board has not considered mediation of cases or alternative dispute resolution because we do not believe that the BRN has any types of cases that could be resolved through these methods.

**BRN Action and Response (2014):** The BRN had a very small response rate to the Consumer Satisfaction Survey in the past four fiscal year (n=21). The majority of respondents were dissatisfied with the process and the outcome of their complaint. Letters are sent to complainants at various stages throughout the complaint process, including at the time the complaint is received, at the filing of an accusation and disciplinary action (if warranted), and at case closure. The BRN still believes that it does not have any types of cases that could be resolved through mediation or alternative dispute resolution strategies.

**ISSUE #25. (CONTINUED REGULATION OF RNs BY THE BRN.)** Should the licensing and regulation of the nursing profession be continued and be regulated by the current board membership?

**Legislative Staff Recommendation:** *Recommend that the nursing profession continue to be regulated by the current BRN members in order to protect the interests of the public and be reviewed once again in four years.*

**Background:** In light of the increasing complexity of nursing care, nursing workforce issues, the increasing number of nursing education programs, and the need to protect the public through licensure and enforcement activities, regulation of the profession is more important than ever. The Board concurs with the recommendation that the BRN should be reauthorized.

**BRN Action and Response (2014):** The Board continues to concur with this recommendation.

# Section 11

## **New Issues**

- 2014 Issues and Board Recommendations
- Licensing Program Enhancements
- Nursing Practice and Education Enhancements
- Advanced Practice Registered Nursing Enhancements
- Enforcement Division Enhancements
- Overall Program Enhancements

## **Related Attachments**

- Attachment G – 2014-2017 Board of Registered Nursing Strategic Plan



## 2014 Issues and Board Recommendations

The Board of Registered Nursing (BRN) has identified the following issues that it believes are the most critical at this time and which should be considered during this review of the Board. Some are issues that were addressed under the prior sunset review but continue to be significant, and others are either new issues that have been identified earlier in this report or are being discussed for the first time in this section. These issues reinforce the BRN's Strategic Goals as outlined in the 2014-2017 Strategic Plan, which is included in this report in **Section 12, Attachment G**:

1. **Licensing** – *The Board promotes licensing standards to protect consumers and allow access to the profession.*
2. **Enforcement** – *The Board protects the health and safety of consumers through the enforcement of the laws and regulations governing the practice of nursing.*
3. **Continuing Education** – *The Board establishes continuing education standards to ensure excellence in practice and promote public safety.*
4. **Educational Oversight** – *The Board advances higher education standards to increase the quality of education and ensure consumer protection.*
5. **Laws and Regulations** – *The Board ensures that statutes, regulations, policies and procedures strengthen and support their mandate and mission.*
6. **Organizational Effectiveness** – *The Board builds an excellent organization through proper Board governance, effective leadership, and responsible management.*
7. **Outreach** – *The Board informs consumers, licensees and stakeholders about the practice and regulation of the profession.*

### Licensing Program Enhancements

#### ***Need for Additional Licensing and Overall Program Support Staff and Proposed Fee Increase***

When the Consumer Protection Enforcement Initiative (CPEI) was introduced as a means to improve the enforcement process, it was identified that the Department of Consumer Affairs (DCA) would need a new computer data collection system to replace the older and outdated legacy systems. As a result, the BreEZe data system was selected. When the new system was introduced to the boards and bureaus in Release One in 2010, the BRN believed the system would provide many benefits that included better data integrity, a Web based system, much improved functionality, and better reporting methods, to name a few. The BRN expected the system to be such an improvement that staff would be able to be redirected from some program areas because the processing would change and staff may not have enough work to do. Many BRN staff members were involved in the development and modified customization of the “off the shelf” system. As a result, no new positions were requested or authorized to address the unforeseen impact on BRN operations.

BreEZe went live at the BRN on October 8, 2013. Processing delays were experienced in all areas of board operations in BreEZe including: serious delays in cashing monies received; technological issues causing holds that delay the renewal process; and delays in processing initial applications due to the system's limited functionality. These required a complete overhaul of the business processes in BreEZe. Following is an overview of the BRN programs and the impact of the BreEZe system.

### **Consumer Assistance and Renewal Support**

**Mailroom:** The mailroom processes approximately 170,000 pieces of mail annually. The majority of mail is time-sensitive for the BRN's Licensing and Enforcement Programs. Fifty-five percent of the mail received includes a check, money order, or cash. The majority of the Licensing Program mail includes documents which need to be matched to applicant files awaiting licensure. Legal documents that require action within a certain timeframe are received for the Enforcement Program. Delays in the mail distribution have a direct impact not only on the timely processing of monies but also on the issuing of Registered Nurse (RN) licenses in a timely manner and investigation of complaints that can lead to disciplinary action against unsafe practitioners.

**Cashiering:** The Cashiering Unit depends upon the mailroom for its workflow. Cashiering staff duties include processing all payments for applications, cost recovery, citation and fine receivables, dishonored checks, verification requests, duplicate license requests, fingerprint cards, and refunds. Staff must also process documents received without proper payment and any non-routine renewal requests.

The cashiering module of BreEZe was not fully developed until approximately ten months prior to implementation. Staff tested functionality all the way to the go-live date. Staff have experienced many difficulties with the cashiering process. To complete the cashiering work, there are many workarounds in place which must be navigated and result in a lengthy and complex process.

**License Renewals:** All license renewal processes are now available online. However, the computer system does not require licensees to answer all of the questions on the application in order to move on with the computer processing. If a licensee does not answer all questions, then a hold is placed on the license renewal until the questions have been answered, but this is not flagged to the renewing licensee at the time. The BRN has made many attempts to notify licensees that they must answer all questions and staff continues to monitor renewal holds prior to license expiration. Staff must monitor incoming faxes with responses to the conviction, discipline, and fingerprint questions and run a query each week to review each record and clear the holds. This workload did not exist prior to BreEZe, and the BRN has had to identify staff resources to complete this work. This delay in renewal processing impacts RNs and their ability to continue working as a licensee because they must possess a clear and active license in order to be working. Many licensees have contacted the BRN to inform us they have been called off work and one was demoted and placed on probation because of the renewal delay.

**Continuing Education:** The goal of the Continuing Education (CE) Program is to protect consumers by ensuring that RNs have complied with the statutory and regulatory requirement of completing 30 hours of CE biennially upon renewal. Upon license renewal, RNs are required to verify on the renewal application that they have completed the required 30 hours of Board-approved CE (CCR Sections 1450-1459).

Random audits of RN renewal applications to check for compliance with the CE requirement have significantly declined since 2002 due to lack of staffing for this area. Prior to 2002, there was a staff person dedicated to completing random RN renewal CE audits. This position was transferred to the Consumer Assistance Unit in 2002 due to the high volume of calls received. Due to understaffing in various areas, the BRN has been forced to make such decisions as to which areas are higher priority in terms of public protection and customer service. Doing so often leaves other critical tasks, such as the audit of licensees for CE requirements, undone. CE audits were noted as a top priority during the Board's last sunset review in 2010 because there was a concern with continued competency of RNs in the workforce.

Every effort to redirect staff has been made to complete random CE audits. However, due to the amount of work in other areas of the Renewals Unit over the past two years; including the additional staff time required for BreEZe processing, and the lack of staff in the unit, the redirection of staff was not feasible to meet the current and projected operational needs of the CE program. Budget Change Proposals (BCPs) requesting additional staff for this task were submitted in FY 2012/13 and 2013/14 and both were denied. Provided the BRN receives the necessary staff resources, the BRN is committed to conducting random audits of up to 5% of the RN licensee population.

The BRN also approves Continuing Education Providers (CEPs) and responds to complaints regarding the CEPs. Prior to 2002, periodic audits of CEPs were completed. However, currently staff are not able to perform this function due to more demanding tasks taking priority. Currently one staff person, in addition to other responsibilities such as assisting in the Consumer Assistance Unit and answering daily incoming renewal-related e-mails from the BRN website, processes new CEP applications. A Nursing Education Consultant (NEC) assists with the CEP approvals and handling CEP complaints from the public. The BRN is planning to move the e-mail responsibility to another unit so the CE staff will then be able to audit already approved CEPs.

**Call Center:** The BRN receives, on average, 2,000 telephone calls per day. Workload data indicates an agent may answer approximately 100 low complexity calls per day. The number of calls answered decreases when the complexity of the call increases. It takes several computer “clicks” and viewing of different screens in BreEZe to answer many applicant or licensee questions which decreases the number of calls that can be answered. Depending upon the number of call center agents available, there are days when more than 75% of the BRN’s calls cannot be answered due to the call volume. The current telephone system only allows a certain number of callers to remain in the queue to wait for an agent to answer the call. All others receive a polite message and are then disconnected. Those that remain on the line may wait up to 60 minutes for the call to be answered. The BRN has received countless complaints regarding this telephone system process and is interested in purchasing a new telephone system.

DCA has assigned ten call center agents to assist the BRN in answering its ever-increasing volume of calls. Even with the assistance of these agents, callers hold time may be lengthy. In order to review the BRN’s telephone performance statistics and customer service complaints and to move closer to the goals of the BRN and DCA to provide outstanding customer service to our callers, the BRN has identified the need to request additional staffing in the call center.

**Imaging Unit:** The BreEZe system has the capability of accepting and attaching incoming documents to applicant and RN files. The BRN will be purchasing scanning equipment and will require additional staff to scan incoming mail and attach it directly to existing files located in the BreEZe system. This will facilitate faster turnaround time for those applicant files awaiting missing documents. Currently, the BRN has an interagency contract with DCA to image licensing files. The BRN operating its own imaging system will eliminate outsource contract costs and reduce the time for imaged records to be added to the system. The BRN has a 99 year record retention policy for licensing files.

### **Initial Licensing**

The primary goal of the Licensing Program is to promote licensing standards that protect consumers by preventing unsafe, unqualified applicants from being licensed and practicing as RNs in California. The BRN licenses approximately 21,000 RNs and receives and processes over 35,000 applications per year. When BreEZe was implemented, the Licensing Program experienced a dramatic delay in application processing. Beginning in mid-November 2013, the Licensing Program began to experience major workflow issues and bottlenecks in the processing. Management immediately began a complete revision of all processes. The BRN utilized DCA's training program to map the new processes in order to maximize current staff time and continually met with DCA's Information Technology BreEZe team to identify shortcuts or to eliminate duplicate data entry.

Even with the new processes, BRN staff could not complete an initial review of applicant files within the timeframe specified by regulations (90 calendar days). Processing time increased significantly to key in all data required by BreEZe. This processing difference increased initial evaluation time. Although every effort was made to redirect BRN Licensing Program staff along with cross-training other Board administrative staff to ensure application processing times were met, this redirection was not sufficient to meet the current operational needs.

The BRN was provided 15 borrowed staff from other agencies and DCA's bureaus and administrative programs in February 2014. Although the BRN was operating on a tight personnel budget, other sacrifices were made to allow approval of temporary staff including five youth aids and three season clerks. This additional borrowed and hired staff, along with the Boards cross trained and temporarily redirected staff, allowed the BRN to remain within regulation timeframes for a short period, but are now again very close to the 90 day initial review timeframe.

Throughout the design and testing of the BreEZe system, the BRN was not able to grasp the full impact this new system would have on its staff and work flow. The BRN was not able to predict the added steps it would take for staff to complete a single task. These additional steps throughout the various processes have added additional time for staff to complete their jobs and assist consumers, applicants, and licensees. Processes in the new BreEZe system are taking up to three times longer to the point that existing staff cannot process applications and renewals within an acceptable timeframe. Currently new applications take an extensive amount of processing time, therefore generating thousands of phone calls as well as additional mail because applicants think their original check, application, and/or mail was never received. This creates unnecessary duplicated efforts and many refunds, thus causing the BRN additional staff time and expense from an already tight budget.

At this time, BRN staff is now fully trained in BreEZe and have become accustomed to the system because they have worked with it several hours a day for over ten months. Communication and input is regularly shared among DCA, the BreEZe team, and BRN staff. All of the suggestions, feedback, improvements, and experience have provided the BRN a more thorough understanding of operational needs.

### **Administration Support**

The BRN increased Enforcement staff by 60 positions over the last five years with no increase to administration to support the additional positions. In addition, with the BreEZe system, additional areas of need have been identified to support both BRN staff and the public. The following areas are in need of additional staff resources:

**Personnel Services (Human Resources):** Human resources play a vital role in staff's day to day lives. Life changing events such as marriage, divorce, birth of a child, dependent changes, death of family member, family leave, etc., need to be addressed immediately without delay, as well as do pay check issues, time sheets, and leave balances. In addition, there are position changes that require updates to duty statements, routine promotions, and separations. Vacant position announcements, collecting applications and completing hiring paperwork is also very time consuming. In addition, a growing area of need is for the employee disciplinary process. Currently the BRN has one staff person to address the issues of 159 staff/positions. This does not include any additional staff that the BRN needs as a result of BreEZe. Additional staff assistance is needed for this area of support.

**Business Services (Procurement):** Purchasing, inventory and tracking, and contracts with vendors are handled by one staff person. With the doubling of staff comes doubling of the need for supplies and purchases. The BRN also has 20 staff who live and telework in southern California and the Bay Area. Supplies and equipment routinely need to be packed and shipped to the teleworkers. Staff must ensure all in-house staff have the supplies, adequate furniture, and support they need. Supplies are routinely needed in all areas of the office, at work stations, copiers, printers, front counter, etc. on a daily basis, and when delays occur, they can slow down processing.

**Information Technology (IT):** Desk top and laptop computer support, printers and network copiers, website support, the BRN's phone system, and purchase of data processing supplies and equipment are provided by the BRN's two IT staff. IT support is extremely vital to the daily workflow. Staff cannot work if their computer or printers are not working. Network and phone problems are very common on a daily basis in addition to the many passwords that need to be reset. Support is also provided over the telephone for the teleworking staff that are having network or hardware issues. Additional IT support staff is needed with the addition of the new BreEZe system. It is hoped that our board IT staff can assume the BRN BreEZe workload from DCA's Office of Information Systems to reduce the length of time needed to create reports, make minor changes to system fields, and enhance the BRN's web services.

**Public Information Unit:** The BRN currently does not have a public information unit, but workload has reached the level that one is necessary. With the implementation of the new BreEZe system, consumer complaints and inquiries have risen to a number that existing staff are unable to address. To enhance customer service, the BRN's web site provides the public with e-mail addresses for questions or assistance in different program areas that include: Licensing and Examination; Licensee Services and General Information; Enforcement; Nursing Education; and Technical Problems. Currently, staff within each unit respond to email correspondence generated from the website. With the exception of the Enforcement and Nursing Education areas, the BRN is planning to assign this function to staff in a Public Information Unit where trained staff members will then respond to the e-mail correspondence and telephone calls. This would maximize efficiency and provide the opportunity for consistent information to be provided. Currently alternating staff are taken from their existing workload to address the correspondence and information provided which causes disruption and often the need for follow-up which may span over many days.

In addition to routine webmaster emails, BreEZe has a direct email link for RNs and applicants who have questions while trying to use the BreEZe system and experience difficulties. These needs are not adequately being met with the existing staff resources. The Board is continually looking to streamline processes for the new BreEZe system in order to provide speedy and accurate customer service to applicants and licensees. Given the current lack of functionality of BreEZe, the Board needs additional staff resources.

**Nursing Education & Practice:** The BRN is required by statute to approve, inspect, and determine ongoing compliance with the applicable education regulations by nursing programs in California. Nursing Education Consultants (NECs) inspect and monitor the increasing number of approved nursing programs. They also work with the many proposed new schools that wish to begin a prelicensure nursing program. Curriculum reviews require a considerable amount of time, as creative ideas have emerged that may or may not comply with regulatory requirements. NECs must be knowledgeable of the Board's laws and regulations that govern nursing practice in an ever increasing technological environment that includes electronic charting, medication administration, and patient records. They serve as Board Committee liaisons, make presentations, and represent the BRN at various health care-related activities, respond to public inquiries, conduct research, and consult with Board members and BRN staff in all program areas.

The number of approved RN programs is expected to increase based on an increased number of letters of intent, feasibility studies, and self-studies for initial program approvals received by the BRN. Working with interested and newly approved programs takes a significant amount of NEC time as the NEC works to assist the parties in understanding and navigating the BRN's requirements. In addition, in recent years the BRN has seen an increased turnover in faculty, and especially nursing program directors, for existing programs. This requires NEC time to orient the new director to BRN requirements and update necessary paperwork. In the most recent fiscal year, some of the existing nursing programs began to experience some serious areas of concern. In 2004, the Board changed its prelicensure nursing program review process from a five-year cycle to every eight years, with an interim visit every four years (or more often if needed). This was done, in part, to alleviate some of the workload of the increasingly overloaded NECs. However, this was found to have a negative impact on some programs because it allowed issues to develop that were more difficult to then correct. The BRN has reinstated the five-year cycle which will require additional NECs to absorb the increased workload.

The number of NECs at the Board has not increased in conjunction with the increased workloads. The BRN submitted BCPs requesting additional NEC staff in FY 2013/14 and 2014/15, and both were denied. The BRN is unable to most effectively meet its mandate with the current NEC staffing levels.

### **Enforcement Costs**

With the addition of 28 new enforcement staff effective July 1, 2014, it is anticipated disciplinary cases will be processed more efficiently meeting the DCA and BRN goal of completing cases within 12-18 months. As a result, cases referred for investigation and disciplinary action will increase. It is anticipated BRN investigators will be able to absorb approximately 120-180 additional cases each year. However, it is highly likely the BRN will refer more cases to the Attorney General's (AG's) Office for prosecution. On average, over 100 cases per month were referred for the last two fiscal years. In FY 2007/08 the BRN referred about 36 cases per month which was prior to adding additional enforcement staff. It is anticipated that enforcement related costs will increase including additional AG's Office, Office of Administrative Hearings (OAH), Evidence/Witness, and Court Reporter fees.

The BRN is in need of additional enforcement expense augmentation in the very near future. In FY 2013/14 the BRN exceeded AG's Office costs by \$3,093,000, exceeded OAH costs by \$548,656, exceeded costs for Evidence/Witness by \$214,843. The BRN does not have a budget line item for Court Reporters yet expended \$60,584. A BCP augmentation was approved for FY 2014/15 for \$2,500,000 for the AG's Office and \$200,000 for OAH. However, based on exceeded expenses in FY 2013/14, these augmentations are only a portion of what is actually spent by the BRN on these services.

**BRN Fund Condition**

While the BRN has identified a need for staffing resources to meet mandated processing requirements and improve customer service, the need has outpaced the current resources. With the increase in enforcement staff and related expenditures, along with the BRN's need to hire temporary staff in response to the increased BreEZe workload, the expenditures are projected to exceed revenues with a negative fund balance in FY 2016/17. The BRN increased its licensing and renewal fees on January 1, 2011, in response to increased enforcement-related expenditures for additional staff and for the amount of work processed, including referrals for investigation and prosecution, resulting in higher enforcement related expenditures.

Prior to the fee increase in 2011, the BRN was able to remain within its budget allocation for 19 years without a fee increase. Since 2010, the BRN has increased disciplinary case referrals by 128% and disciplinary actions by 157%. In addition, for a historical workload comparison, in FY 1994/95 there were 252,000 licensed RNs and now there are over 414,000 – a 64% increase. The BRN received 1,200 complaints in FY 1994/95 and currently receive about 8,000 – a 557% increase. In FY 1994/95, the BRN issued over 10,500 licenses and now issues over 20,000 – a 90% increase. It is unreasonable to think the BRN can function with the same level of staff now as were authorized in 2000 when the workload has increased so significantly. The BRN must now address the other business areas which have not had additional positions approved for more than six years. This can be accomplished by adding additional staff in all areas as outlined throughout this section, but will require the statutory fee limits be increased, including the RN renewal fee, and the addition of a Nurse Practitioner renewal fee. The statutory RN license renewal fee limit is currently \$150, which was set in 1991.

The BRN has identified that the following staff are needed for each unit:

Unit Name	Position Classification	Positions Needed
Mailroom	Office Assistant	2
Cashiering	Office Technician	2
Renewals	Staff Services Manager I	1
	Program Technician II	1
	Program Technician	3
Continuing Education	Program Technician II	4
Call Center	Office Services Supervisor III	1
	Program Technician II	8
Imaging	Office Assistant	4
	Office Assistant (LT)	2
Licensing	Staff Services Manager I	1
US Evaluations	Supervising Program Tech. III	1
	Program Technician II	8

Unit Name <i>(continued)</i>	Position Classification	Positions Needed
International Evaluations	Staff Services Analyst	2
Advanced Practice	Program Technician	1
Licensing Support	Program Technician	6
	Staff Services Analyst	1
Administration	Office Technician	1
	Business Service Assistant	2
Information Technology	Programmer	1
	Information Systems Technician	2
Public Information	Information Officer	1
	Staff Services Analyst	1
	Office Technician	2
Nursing Education	Nursing Education Consultant	4
	Office Technician	2
Total Positions Needed		64

While the BRN has identified the need for these positions, we are cognizant that we are unable to add all of these positions immediately. Office space and sufficient funding available to sustain these positions must be considered. The BRN has submitted placeholder BCPs to the Department of Finance requesting the following positions for FY 2015/16:

Unit Name	Position Classification	Positions Requested
Cashiering	Office Technician	1
Renewals	Staff Services Manager I	1
	Program Technician II	1
	Program Technician	3
Continuing Education	Program Technician II	1
Call Center	Office Services Supervisor III	1
	Program Technician II	5
Licensing	Staff Services Manager I	1
US Evaluations	Supervising Program Technician III	1
	Program Technician II	5
International Evaluations	Staff Services Analyst	1
Licensing Support	Program Technician	4
	Staff Services Analyst	1
Total Positions Requested		26

The above request for 26 positions is the minimum needed to meet the statutory mandated processing time frames. The BRN's cost to hire the above staff is approximately \$2,610,000.



### Need for Fee Increases

BRN and DCA budget staff met to identify the amount of money needed to increase the staff levels and pay for any resulting increased expenditures while maintaining a reasonable fund reserve. The RN license renewal fee is the mainstay of the BRN's revenue stream as it makes up approximately 84% of total revenues. If the BRN increases the license renewal fee to the current statutory limit of \$150, it would only be enough to sustain current board expenditures for the next five years, assuming no additional enforcement costs. This is highly unlikely given that the BRN exceeded enforcement expenditures by approximately \$3,917,000 in FY 2013/14.

There are several options to consider for increasing revenue:

1. Increase the statutory ceiling for the RN license renewal fee from \$150. The DCA budget staff projected that, if the license renewal fee was raised from \$130 to \$210 (an \$80 increase), it could cover the costs of all the above positions and a modest increase in AG's Office expenses. If other fees below are added or increased then the renewal fee could be reduced accordingly. (Approximately an additional \$14,800,000 per year for 185,000 RNs to renew at \$210 instead of \$150).
2. Add a Nurse Practitioner (NP) renewal fee. No fee has been charged in the past. All other advanced practice certifications pay \$75 biennially. The BRN should charge NPs the same \$75 biennial renewal fee that all other advanced practitioners pay to maintain their certifications. (Approximately \$637,500 per year for 8,500 NPs to renew each year at \$75)
3. The evaluation of exam applications and endorsement applications consists of the same type of review to determine whether the education meets California's requirements. In fact, the endorsement application evaluation is often more in depth and time consuming due to each state's different educational requirements. The exam application statutory limit and the current fee charged is \$150, and the endorsement application limit and current fee charged is \$100. The statutory limit should be raised to \$300 for both, and the fee should be set at \$150 for both. (Approximately \$550,000 per year for 11,000 endorsement applications at \$150 instead of \$100)
4. International applications require significant analysis and evaluation of education materials prior to granting eligibility to take the National Council of State Boards of Nursing Examination for Registered Nurses (NCLEX-RN) . The Commission on Graduates of Foreign Nursing Schools (CGFNS) charges \$385 for the Credential Evaluation Services Professional Report. The evaluation process conducted by CGFNS is not equivalent to the evaluation completed by international evaluators at the BRN.

Due to the extensive evaluation of transcripts, nursing program curriculums, and clinical rotation schedules, our international evaluators are classified at the Staff Services Analyst and Associate Governmental Program Analyst level. The BRN could establish a new fee code for initial application for licensure via examination and endorsement for international applicants. The new fee limit should be set at \$500, and the initial fee should be set at \$300 for both international examination and endorsement applications. (Approximately \$450,000 per year for 3,000 initial international examination applicants at \$300 instead of \$150).

SB 1159 was recently enacted into law. It will require an applicant for RN licensure to provide either an individual tax identification number or a social security number. This change from requiring only the social security number could result in an increase of several thousand applicants. This could increase the number of applicants to approximately 11,000 which would result in approximately \$1,650,000).

**Recommendation:** The BRN recommends that, at a minimum: the statutory limit for the RN renewal fee and examination and endorsement application fees be increased; statutory authority be provided to the BRN to charge a NP renewal fee; and statutory authority be provided to the BRN to charge a higher fee for international applicants' education evaluation. Additional revenue will then be available to fund needed Licensing Program and support positions necessary, in part, due to the increase in workload from the increasing RN population and the additional workload from the BreEZe computer system.

### **Regulation Amendment Regarding Internationally Educated Applicants Requirements**

The BRN currently requests internationally educated applicants for examination to provide proof of licensure, if applicable, from their country of education. However, this is not outlined in the BRN regulations. As a result, the BRN cannot require this and hold the issuance of a license solely on this missing documentation. By requiring proof of the applicant's ability to practice as an RN in the country of education provides the BRN evaluators more evidence that the applicant completed a regulated and approved school of nursing. The BRN continues to discover the submission of more and more fraudulent documents. Public protection is increased with any steps taken to assist in identification of these fraudulent documents and prevention of issuing a license based on false documents.

**Recommendation:** BRN completes a regulation amendment requiring applicants educated internationally to submit proof of their ability to practice as an RN in their country of education, and issuance of a California RN license may be put on hold without the submission of this documentation.

## **Nursing Practice and Education Enhancements**

### **Nursing Education Consultant Staffing**

The BRN is required by statute to approve, inspect, and determine ongoing compliance with the applicable education laws and regulations by nursing programs in California. NEC staff are employed to complete this mandate. While this is the majority of their work, this is only part of their responsibilities. They also: work with the many new schools that wish to begin a prelicensure nursing program; work with other program areas at the BRN, including advanced practice, enforcement, licensing, and CE; answer consumer questions and educate the public; conduct research; serve as Board Committee liaisons and consult with Board members; make presentations; and, represent the BRN at various health care-related activities. NECs must be knowledgeable of the Board's laws and regulations that govern nursing practice in an ever increasing technological environment that includes electronic charting, medication administration, and patient records, as well as the educational curriculum of RNs and advanced practice nursing. NECs receive inquiries from the public on a wide variety of issues and subjects to which they must respond in a timely manner. This requires the NEC to not only be knowledgeable in a wide variety of subject matter areas, but also be knowledgeable about the resources available to either obtain information or to refer the individual who is making the inquiry.

Due to the nature of the work of the NEC, the minimum requirements include possession of an active, valid California RN license; at least five years of work experience; and education of a Master's Degree in nursing or a related field. Historically, the BRN has had difficulty in attracting and hiring for the NEC positions due to the non-competitive salary compared to RNs in practice and in other state agencies. In June 2010, DCA submitted a request for pay differential to the Department of Personnel Administration. The information provided included a comparison of BRN NEC and Supervising NEC (SNEC) salaries with other similar RN positions in other state agencies. The finding was that the NEC and SNEC salaries were significantly lower. However, the pay differential was not approved. Current data comparisons are below and show that the NEC and SNEC top salaries at the BRN are 45% to 53% lower than the top salaries for equivalent positions in other state agencies. Average salary data for full- and part-time working RNs with Master's Degrees in California is available from the 2012 BRN Survey of RNs. NEC salaries are 13% lower than the average salary for full- or part-time working RNs with Master's Degrees in California. This percentage would likely be higher when compared to only full-time working RNs.

Classification	Department*	Monthly Salary as of 9/25/14**	
		Minimum	Maximum
NEC	DCA-BRN	\$5,838	\$7,306
SNEC	DCA-BRN	\$6,161	\$7,630
Nurse Consultant I (Range S or T)	DMH, DDS, DVA	\$7,612	\$10,555
Nurse Consultant II (Range S or T)	DMH, DDS, DVA	\$8,047	\$10,659
Nurse Consultant III, Specialist (Range T)	DMH, DDS, DVA	\$8,598	\$10,762
Nurse Consultant III, Supervisor (Range P or R)	DMH, DDS, DVA	\$9,345	\$11,699

\* DMH – Department of Mental Health; DDS – Department of Developmental Services; DVA – Department of Veterans Affairs

\*\* Data Source: California Department of Human Resources Pay Scales

Due to the low NEC salary compared to other RN positions, every time the BRN has hired an NEC in the recent past we have had to request authorization to hire above the minimum step. NEC applicants generally have many years of experience, and even hiring them at the top range of the NEC salary scale usually means a decrease in salary. The lower salary keeps many viable applicants from pursuing the NEC position and makes it very difficult for the BRN to keep NEC positions filled. The workload needed to be completed by NECs is challenging even with a full complement of NECs at the BRN. As a result, every effort must be made to make the NEC and SNEC salary more competitive.

**Recommendation:** The BRN recommends that the NEC and SNEC salaries be increased to be equivalent with other equivalent positions in state service. The salary needs to be competitive to ensure the BRN can attract and hire qualified NEC applicants who are needed to complete the mandated tasks and oversee the education and licensing of competent and safe RNs in California.

### **Legislative Amendment to Change Language from “Furnishing” to “Prescriptive Authority”**

In the 1996, 2002, and 2010 sunset reports, the BRN identified the problem related to nurse practitioners (NPs) and nurse-midwives (NMs) using the term “furnishing/ordering” rather than “prescribing” drugs and devices. The terms can be confusing to the public, health care providers, the Drug Enforcement Administration (DEA), and policy makers, and requires a definition to be understood. It has been a barrier to care in some instances with some pharmacist or pharmacy drug stores refusing to fill furnishing transmittal orders because they do not say “prescription”. Research clearly demonstrates that NPs and NMs can safely prescribe medications. To add to the confusion, California is the only state using the term “furnishing”.

Currently NPs and NMs, who have been issued a furnishing number by the BRN, have statutory authority to furnish or order drugs and devices under specific circumstances, including controlled substances classified in Schedule II, III, IV or V under the California Uniform Controlled Substance Act of the Health and Safety Code. NPs and NMs furnishing controlled substances are required to obtain a DEA registration number. All drugs and devices furnished by NPs and NMs are in accordance with approved standardized procedures or protocols. The furnishing or ordering must occur under physician supervision; the physician is not required to be physically present at the time the medication is furnished/ordered.

**Recommendation:** The Nursing Practice Act (NPA) language be changed from “furnishing” to “prescriptive authority” to avoid confusion and delays, and to be consistent with language nationwide.

### **Prelicensure Education of RNs in California**

In the early to mid-2000's with unchanging enrollment in RN programs and impending retirements of large numbers of RNs, there was a severe nursing shortage underway in California. Forecasters were predicting it to continue and even get worse. As a result, significant effort and expense was invested to address this nursing shortage. Efforts to build the RN workforce in the educational programs led to significant results with educational capacity, graduations, and retention rates all increasing. However, the projection of the ongoing nursing shortage has not come to pass as yet. Developments that have impacted this departure from previous expectations include the number of RN graduates that rose significantly and the lingering slow economic growth which began in 2008 which has kept some RNs in the workforce who might have otherwise retired or reduced their working hours.

According to an article *RNs are Delaying Retirement, A Shift that has Contributed to Recent Growth in the Nurse Workforce*, by Auerback, Buerhaus, and Staiger in the August 2014 *Health Affairs*, given the large number of baby-boomer generation RNs currently in the workforce, the size of the RN workforce is particularly sensitive to changes in the retirement age. In 1969-1990, for a given number of RNs working at age 50, 47% were still working at age 62, and 9 percent were working at age 69. In contrast, in 1991 to 2012, the proportions were 74% at age 62 and 24% at age 69. However, it is inevitable that retirements will occur, and it is imperative that California is prepared with well-educated RNs ready to work.

In the *2013 BRN Forecasts of the RN Workforce in California* it is projected that the supply and demand for RNs are currently fairly well balanced. This is projected to continue into the future if current enrollment and state-to-state migration patterns remain stable. The key here is current enrollments remaining stable. It is important that, after all of the money and resources spent to increase RN student enrollment, this continues. The BRN has worked to be actively involved with RN programs and other agencies to assist in assuring RNs are educated at the current rate. Some specific efforts the BRN has made include:

- Keeping the BRN website, [www.rn.ca.gov](http://www.rn.ca.gov), updated to provide: current information to applicants and interested parties about becoming a nurse; applications and forms; a list of BRN-approved nursing programs; and links to other government and professional associations that provide nursing information.
- Since the last sunset report in 2010, the BRN: has approved three prelicensure nursing programs; received Letters of Intent from 63 interested programs; has received Feasibility Studies from 25 programs (ten of these Feasibility Studies were approved by the Board); is assisting eight programs currently in the self-study/initial approval process.

- Supporting existing BRN-approved nursing programs in developing innovative options to shorten or accelerate nursing education programs by eliminating unnecessary coursework repetition, and supporting developing transfer pathways and seamless articulation between programs while maintaining the critical components to ensure all nursing requirements are met.
- Supporting legislation that supports RN education, practice, and funding sources.
- Supporting the Health Professions Education Foundation scholarship and loan repayment programs by collecting the assessment fee from RNs upon biennial renewal. This fund exists to assist in educating RNs who will then work in nursing education and underserved areas in California. A BRN representative serves on the Advisory Committee, which makes recommendations on Program policy and scholarship/loan repayment awards.
- BRN staff serve on various committees that provide recommendations and information related to current nursing workforce and education issues.
- The BRN Education Issues Workgroup (EIW) continues to meet on an annual basis to review and edit the Annual School Survey. The survey is sent to BRN-approved nursing programs each year to collect enrollment, graduation, and faculty data. The EIW also advises on educational issues that need to be surveyed and/or addressed.
- Continue the biennial workforce study which provides employers, educators, policy-makers, and nurses with sound data on the current California RN workforce for planning and trend analysis. In addition, since 2003, data from the report and other sources is used to develop the *Forecasts of RN Workforce in California* report which outlines the supply and demand of the RN workforce in California.

**Recommendation:** The BRN continue to support the education and preparation of RNs in order to help ensure an adequate number of properly educated RNs for the future workforce in California. This is accomplished through:

- Continue to participate in workgroups and committees related to RN education.
- Continue to support legislation that encourages RN education funding.
- Continue RN research surveys, reports and analyses to assist employers, educators, policy-makers, and the public when making health care-related decisions.
- Continue to provide current education and career information and resources on the BRN website.

### **Collaborative and Continued Education of RNs in California**

Many RN programs in California have developed innovative collaborative agreements and programs to facilitate the education of RNs in California and to implement some of the recommendations made in the Institute of Medicine's (IOMs) 2010 report *The Future of Nursing: Leading Change, Advancing Health*. This report includes eight recommendations related to nursing, three of which are directly related to education:

- Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
- Double the number of nurses with a doctorate by 2020.
- Ensure that nurses engage in lifelong learning.

The report expands on these recommendations encouraging nurse leaders to: work together; partner with education accrediting bodies, private and public funders, and employers; add to the number of nursing faculty and researchers; increase the diversity of students; and encourage lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

**Recommendation:** The BRN continues to support the IOM recommendations and collaborative education programs that facilitate smooth transition to higher education and decreasing unnecessary repetition of coursework by continuing to participate in workgroups and committees that encourage and provide ideas to further such programs.

### **Advanced Practice Registered Nursing (APRN) Enhancements**

#### *Legislative Amendment to Remove the Supervision Requirement for NPs and NMs*

California does not allow independent practice of NPs and NMs but requires physician supervision through standardized procedures. In 2014, the Medical Board of California (MBC) removed the supervision requirement for Licensed Midwives (LMs) who are regulated through that Board. In May 2014, a meeting was held with BRN staff and Legal Counsel and MBC staff and attorneys to discuss questions raised by the California Nurse-Midwives Association (CNMA). The meeting was to discuss scope of practice issues for individuals who wish to hold dual licensure as NMs under the BRN and LMs under the MBC. Some issues discussed included:

1. No bar exists that would prevent an individual from holding dual certification/licensure;
2. Currently, no 'fast-track' exists for NMs who wish to be licensed as LMs with the MBC because there is no requirement of supervision. If the MBC wishes to create an abbreviated educational route for NMs to be licensed as LMs, it will have to do so through regulation;
3. Both the BRN and MBC will have disciplinary jurisdiction over an individual holding dual licensure. Practice violations will be evaluated on a case-by-case basis.

Consistency and uniformity of the supervision requirement would support the practice for these dual-licensees. The BRN is not aware of any research or evidence that supervision improves patient safety. In fact, research has found that patient outcomes are similar for patients being treated by a physician or an APRN, and patient satisfaction levels tend to be higher for APRNs. There is a great deal of research in this area, and most often findings indicate the NPs and NMs provide care that results in comparable, and in some ways better, patient outcomes than that of physicians alone. In research comparing NPs and physicians, NPs offer more advice/information, spent longer time with patients, performed a great number of investigations, had more complete documentation, and had better communication skills than physicians. No differences were detected in health status, prescriptions, return visits, or referrals. In addition, economic analysis and literature review show NPs and NMs provide care of equal or better quality at lower cost than comparable services provided by other qualified health professionals, including physicians.

**Recommendation:** The BRN to consider supporting actions to amend the NPA to remove the physician supervision requirement for NPs and NMs.

## Enforcement Division Enhancements

### BRN Investigative Staff

B&P Code Sections 108, 2708.1, and 2750 authorizes the BRN to conduct investigations and take disciplinary actions against licensees and applicants in order to protect the public from unsafe nursing practice. This is the highest priority of the BRN. The BRN was recently authorized and approved to hire special investigators and has developed and implemented policies and procedures for conducting its enforcement investigative activities including field investigations and reports. Additionally, the BRN has made strides to increase the overall effectiveness of its enforcement activities through establishing liaisons with local, state, and federal agencies including the DEA, the California Department of Justice (DOJ), and California Department of Public Health (DPH).

The ability of the BRN investigative staff to conduct the field investigations and take appropriate law enforcement actions necessary to carry out their responsibility is severely restricted because of a lack of law enforcement authority. In carrying out their job related duties, BRN investigative staff have experienced various difficulties including: the lack of ability to ensure the cooperation of individuals that are a subject of or witness to a violation; the inability to take possession of evidence that may substantiate a violation; and the inability to use existing law enforcement databases to locate subjects of a violation and to ensure their personal safety. At times, the BRN has found it necessary to request assistance from other state agencies to assist with conducting interviews, locating subjects, and serving legal documents.

Penal Code Section 830.11 provides limited peace officer status for investigators at the Board of Equalization, the Investigations Bureau of the Department of Insurance, the Consumer Services Division, the Rail Safety and Carrier Division of the Public Utilities Commission, the Office of the Inspector General, and the departments of Food and Agriculture, Insurance, Real Estate and Financial Institutions. This status can only be granted through statutory authority in the Penal Code and cannot be granted through administrative action. Inclusion within Penal Code Section 830.11 would provide BRN investigative staff with the authority and status to:

- Exercise the powers of arrest under Section 836 of the Penal Code, and, specifically, to issue misdemeanor citations per Section 853.5 of the Penal Code;
- Without a warrant, seize and take possession of any evidence found in plain view during lawful observation;
- Criminally charge an individual who obstructs any peace officer from discharging or attempting to discharge any duty of his or her office per Section 148 of the Penal Code;
- Receive state summary criminal history information and shall be furnished that information on the same basis as other peace officers of the state under Section 830.11(c) of the Penal Code; and
- Work effectively with other law enforcement personnel, and promote a reciprocal exchange of information with other law enforcement agencies.

In 2011, Governor Brown returned the Bill without his signature that would have extended the BRN until 2016. The Governor did not sign the Bill due to provisions that would allow the BRN to hire sworn investigators. This would have expanded pension benefits, which the Governor opposed. Persons designated as peace officers under Section 830.11 of the Penal Code are not entitled to peace officer retirement benefits, and may not carry firearms. Including the BRN special investigators under this section would grant them additional authority without expanding pension benefits or increasing salaries.

Though the need for outside law enforcement assistance would diminish, the BRN would continue to utilize the services of the Department of Investigations (DOI) when full peace officer status is needed, and would be involved in cases involving investigative staff safety. The proposal will not lead to unnecessary and intrusive investigations of person or entities who are in compliance with BRN laws and regulations. It would instead strengthen the authority of investigative staff to pursue those who violate the NPA. BRN investigative staff would continue to exercise their high standards for determining if reasonable and probable cause exists to investigate whether or not a violation has been committed.

**Recommendation:** Amend Penal Code Section 830.11 to include the BRN and grant the BRN special investigators limited peace officer status as a public officer and the authority to conduct effective law enforcement activities and complete investigations in an effective and efficient manner. This would occur without adding a salary increase or expanded retirement pension benefits to these positions.

## Overall Program Enhancements

### BreEZe Issues

As discussed throughout this report, the BRN has experienced a variety of issues with the updated computerized system, BreEZe, which was implemented in October 2013 at the BRN. Some of the issues include:

- Additional steps needed for data input and processing which has led to increased processing times for applicant and licensee processing.
- Limited and inaccurate data reporting capabilities.
- Computer interface issues between BreEZe and the examination vendor which caused significant delays in applicants receiving their authorization to test documents.
- Online renewal issues which cause problems with licensees renewing online and the resultant delays in licensees receiving their renewed licenses.

The increase in processing timeframes since the BreEZe implementation is apparent when reviewing the cycle times. The average processing times from receipt of application to examination eligibility, licensure, or certification almost doubled in many instances. The overall average went from 40 days in FY 2011/12 and 39 days in FY 2012/13 to 75 days post BreEZe (October 2013 through June 2014). The processing issues required BRN staff to work overtime, or be re-directed from other areas to assist in clearing the backlog, and required the BRN to borrow staff from other agencies. In addition to these efforts, the BRN is:

- Continuing regular meetings with DCA Executive Staff to provide status and to address new issues and brainstorm solutions.
- The BRN is a participant in all of the BreEZe committee (user group) meetings which are a collaborative effort from the BreEZe team and all Boards to discuss improvements and issues. The user groups include Licensing, Enforcement, Reports, and Cashiering.

### **Recommendations:**

- BRN receive approval for additional staff as described in the first issue presented in this section.
- BRN continue work with DCA to improve the BreEZe functionality.



- BRN continue to work with DCA on accurate data capturing and report features so correct and consistent data may be obtained more easily and expeditiously.
- BRN continue to work with DCA to fix issues with current applications and ensure they are functioning properly and consistently before adding additional features or adding more to the system.

# Section 12

## Attachments

*All the listed Section 12 Attachments are compiled in a separate booklet.*

- Attachment A: Board's Administrative Manual (Orientation Packet)
- Attachment B: Relationship of Committees to the Board and Membership of Each Committee
- Attachment C: Major Studies and Publications
- Attachment D: Year-End Organization Charts for Last Four Fiscal Years
- Attachment E: Sunset Report Form with Questions and Guide for Completing Questions
- Attachment F: Board Member's Attendance
- Attachment G: 2014-2017 Board of Registered Nursing Strategic Plan
- Attachment H: Instructions for Institutions Seeking Approval of New Prelicensure RN Programs
- Attachment I: NCSBN Analysis: A comparison of Selected Military Health Care Occupation Curricula with Standard Licensed Practical/Vocational Nurse Curriculum
- Attachment J: List of Acronyms and Terms



# Section 13

## Board Specific Issues

- Diversion Program
- Diversion Evaluation Committees

## Diversion Program

### **Background**

During the 1970's and 1980's, new models for approaching health care professionals with substance use disorders were developed in order to enhance state boards of nursing's ability to provide public protection and promote earlier identification and intervention into the practice of nurses with substance abuse or substance use disorders. Before the introduction of these alternatives to discipline programs, drug addiction in the health care industry was addressed punitively. This gave no avenue to nurses to seek treatment. The Board of Registered Nursing (BRN) Diversion Program was created in 1985 (B&P Code Section 2770-2770.14 and CCR Section 1446-1449) as an alternative to disciplinary action for Registered Nurses (RNs) whose practice may be impaired due to substance use disorder or mental illness. It was added as another tool to assist the Board in intervening into the practice of those RNs whose substance abuse or substance use disorder had not risen to the threshold of actual harm to the public.

### **Overview**

The BRN Diversion Program fulfills two major purposes. First, it protects the public by protecting the health and welfare of patients by providing immediate intervention in the practice of the impaired RN. This is done by immediately removing the RN from the work place and placing the license in inactive status so the nurse does not work and can focus on recovery. Second, it provides a comprehensive program for the RN that requires immediate evaluation, treatment, close monitoring, support, and recovery to prevent future problems. This program enables the RN to eventually return to practice in a manner that assures patient safety or assists in the permanent removal of the RN from practice if he or she is no longer suitable for the nursing profession.

The Diversion Program has proven to be a successful alternative to the lengthier and costlier disciplinary process. It is a voluntary program that provides public protection by including the BRN, the contractor, Diversion Evaluation Committee (DEC) members, nurse support groups, drug testing laboratories, evaluators, and work site monitors, all working together as a team to provide comprehensive evaluations and monitoring of RNs in the Program. Within ten days of the initial evaluation, all RNs entering the Program are removed from practice, as opposed to the disciplinary process where the BRN is extremely limited on what can be done quickly to remove a substance abusing or potentially impaired nurse from practice. In the disciplinary process, there are considerable legal restraints that impact the BRN's ability to intervene quickly where there is no blatant incident of misconduct. The disciplinary process entails lengthy investigations, review by attorneys, drafting, and editing accusation documents which start the legal process. The public can be at risk for a substantial period of time until the RN's case is heard.

Participants join the Diversion Program either by self- or BRN referral. Since 1985, there has been 4,857 RNs who have entered the Program, the majority (3,547) by BRN referral. BRN referrals include those who are offered the program as an alternative to the discipline process. Approximately 80% of the RNs offered this alternative accept the Program. All RNs entering the Diversion Program are evaluated by an RN with training and background in substance use or mental health disorders and/or is a licensed mental health professional selected by the BRN Diversion Program staff.

### **Outcomes**

Several factors contribute to the success of the Diversion Program that results in the return of safe, rehabilitated nurses to the workforce. Some of these factors include:

- Early and immediate intervention. Research indicates that the earlier the identification and referral of individuals into treatment, the better the treatment outcomes.
- Strict eligibility criteria.
- Prohibiting the RN from resuming practice until deemed safe by the DEC.
- Development of an individualized rehabilitation plan that becomes a contract between the participant and the Diversion Program.
- Close monitoring of participants for compliance with their contract.
- Requirement to have a work site monitor prior to job approval when returning to practice.
- Participants' involvement in nurse support groups.
- Stringent criteria for determining successful completion.

One measure of the Diversion Programs success is the number of successful graduates, 1,893 RNs to date. Another indicator is the relapse or recidivism rate. In order to calculate relapse rate, the number of enrolled participants who relapsed during the year are divided by the total number of Program participants for that year. For Fiscal Year (FY) 2012/13 the relapse rate calculated in this way was 6.7%. For FY 2013/14, the relapse rate was 8.8%.

### **Cost Effectiveness**

The cost effectiveness of alternative programs such as the Diversion Program has been demonstrated in several research studies. The BRN saves the costs of staff time, investigations, Attorney General's (AG's) Office, and administrative hearings. RNs are more quickly referred into a monitoring structure and enter treatment earlier. According to the cost/benefit analysis completed by the BRN as it relates to the Diversion Program, the cost to rehabilitate an RN in the Diversion Program was one-third less expensive than the cost to discipline through the enforcement process. Additionally, by retaining nurses rather than terminating them, the employer saves the cost of recruiting and training new nurses. Allowing RNs to seek treatment for their disease, and resume practice once they are determined to be safe, becomes a win-win approach that enhances patient safety by early intervention while providing the opportunity for rehabilitation and retention of valuable professionals.

The cost of the Diversion Program includes the cost of the vendor contract, DEC members' travel reimbursement, and per diem. The BRN Diversion Program contract is with the vendor MAXIMUS. The cost of the meetings is included in the contract. The BRN is charged \$306 per participant per month through the contract, which includes the meeting costs. Diversion Program participants pay a \$25.00 per month co-pay to help offset the BRN costs thus the BRN pays the vendor \$281 per participant. The total contract cost by FY is in the table below. In addition, the BRN reimburses DEC members for their travel, which is less than \$20,000 per year, because DEC members are recruited throughout California to serve on DEC's near their residences. The BRN also pays DEC members a per diem amount of \$100 per day. The total FY 2013/14 per diem cost for all members for all meetings was approximately \$74,000.

<b>DIVERSION PROGRAM STATISTICS</b>	<b>FY 2011/12</b>	<b>FY 2012/13</b>	<b>FY 2013/14</b>
<b>Total Program Contract Costs*</b>	\$1,352,817	\$1,391,156	\$1,445,958
<b>Total Participants</b>	486	474	460
<b>Successful Completions</b>	102	110	114
<b>Unsuccessful Completions</b>	106	80	93

\* Monies to contractor.

### ***Diversion Program Audits***

The BRN and the vendor MAXIMUS work together. When MAXIMUS is audited, the BRN is also audited because the vendor's work cannot be separated from the BRN work. The BRN provides oversight and direction, and determines that the mandates of the contract are being met because all aspects of participant monitoring is done through the contract. The Diversion Program was audited in 2009 and 2010. MAXIMUS was found to be in compliance with the contract provisions. Some recommendations for corrective actions were provided that were to be implemented. Follow-up visits and reports indicated that MAXIMUS had demonstrated evidence that all corrective actions had been implemented.

MAXIMUS is certified by the International Standards Organization, an international quality review organization. The MAXIMUS Diversion Program is visited annually by International Standards Organization auditors. Certification occurs every three years; the most recent certification was effective April 1, 2014. The reviews focus on the organization's quality standards, attention to client satisfaction, and adherence to policies and procedures that support the contract requirements. The MAXIMUS Diversion Program is the only program of this type in the world to have achieved this certification.

## **Diversion Evaluation Committees**

### ***Overview***

The BRN uses the services of the vendor MAXIMUS through the contract with the Department of Consumer Affairs (DCA) for Diversion Program participants only. Probation monitoring services are not included because that is provided by BRN probation monitoring staff. The role of the DEC is not to monitor the Diversion Program participants, but to evaluate the progress of each participant based on compliance information provided by the vendor. DEC members serve as the rehabilitation planning team and have background and training in substance use or mental health disorders. Many of the DEC members are also in recovery themselves. Their knowledge of mental health and addiction and of the availability of services within the community are extremely valuable to the program. Each DEC brings approximately 150 years of combined cumulative professional experience to the meetings in addition to the BRN staff representative and the MAXIMUS case manager who also attend. This brings a variety and extensive knowledge base of addiction to each DEC meeting.

At each meeting, the DEC evaluates participants to determine their progress in meeting the requirements of their recovery agreement. Research indicates that 70% of nurses with substance use disorders who seek treatment are estimated to successfully return to practice. This indicates that these are treatable illnesses and creation of a supportive environment adds to the effectiveness of treatment. Recovering nurses cite support from their colleagues as the most important factor in their return to work.

### ***Membership/Composition***

The composition of the DEC is outlined in B&P Code Sections 2770.2 through 2770.5. DEC membership is advertised by the BRN. When applications are received, they are reviewed by BRN staff who then make recommendations to the Board. The Board then appoints the DEC members. Appointments are made considering membership needs in the different geographic areas of California. Each DEC consists of five members: three RNs, one physician, and one public member. There are 14 BRN DEC across the state. Each one meets quarterly. There are a total of 70 DEC members (42 RNs, 14 physicians and 14 public members). Physician members are typically psychiatrists or addictionologists. Public members are typically licensed social workers, drug addiction counselors, or therapists who specialize in the field of recovery.

### ***Meetings***

The vendor, MAXIMUS, works with BRN staff on the meeting schedule, and is responsible for scheduling the DEC meetings, procuring the meeting locations, and facilitating the meetings. To date, there have been no difficulties in scheduling the meetings. The 14 DEC each meet four times per year. Each fiscal year, there have been 56 DEC meetings held at various locations throughout the state. Meeting length varies from one to one and one half business days, depending upon the number and type of participants scheduled to be seen. All meetings comply with the Open Meetings Act. They are all posted on the BRN website within ten days in advance of the meeting, and only occur when a quorum of the DEC members is present. The meeting is conducted as an open meeting, is called to order, and the public may attend to make comments and/or ask questions. The meeting then goes into closed session in which individual, confidential participant meetings occur.

Each meeting averages 17 participant cases. This varies depending upon the type of participant. New applicants require additional time for evaluation. Returning participants and those preparing to graduate generally require less time. There is no backlog of participants waiting to be seen. New participants have been evaluated previously by an RN and are seen by the DEC for the first time within the first four months of participation. The frequency of meetings for each participant is determined by the DEC, but occur minimally once a year.

The cost of the meetings is included in the contract with MAXIMUS. The BRN is charged \$306 per participant, per month which includes the meeting costs. Diversion Program participants pay \$25.00 per month to help offset BRN costs which are considered in the contract and deducted from each participant fee in the cost billed to the BRN. The BRN reimburses DEC members for their travel, which is a minimal expense because DEC members are recruited throughout California to serve on DEC near their residences. The BRN also pays DEC members a per diem amount of \$100 per day. The total FY 2013/14 per diem cost for all members for all meetings was approximately \$74,000.



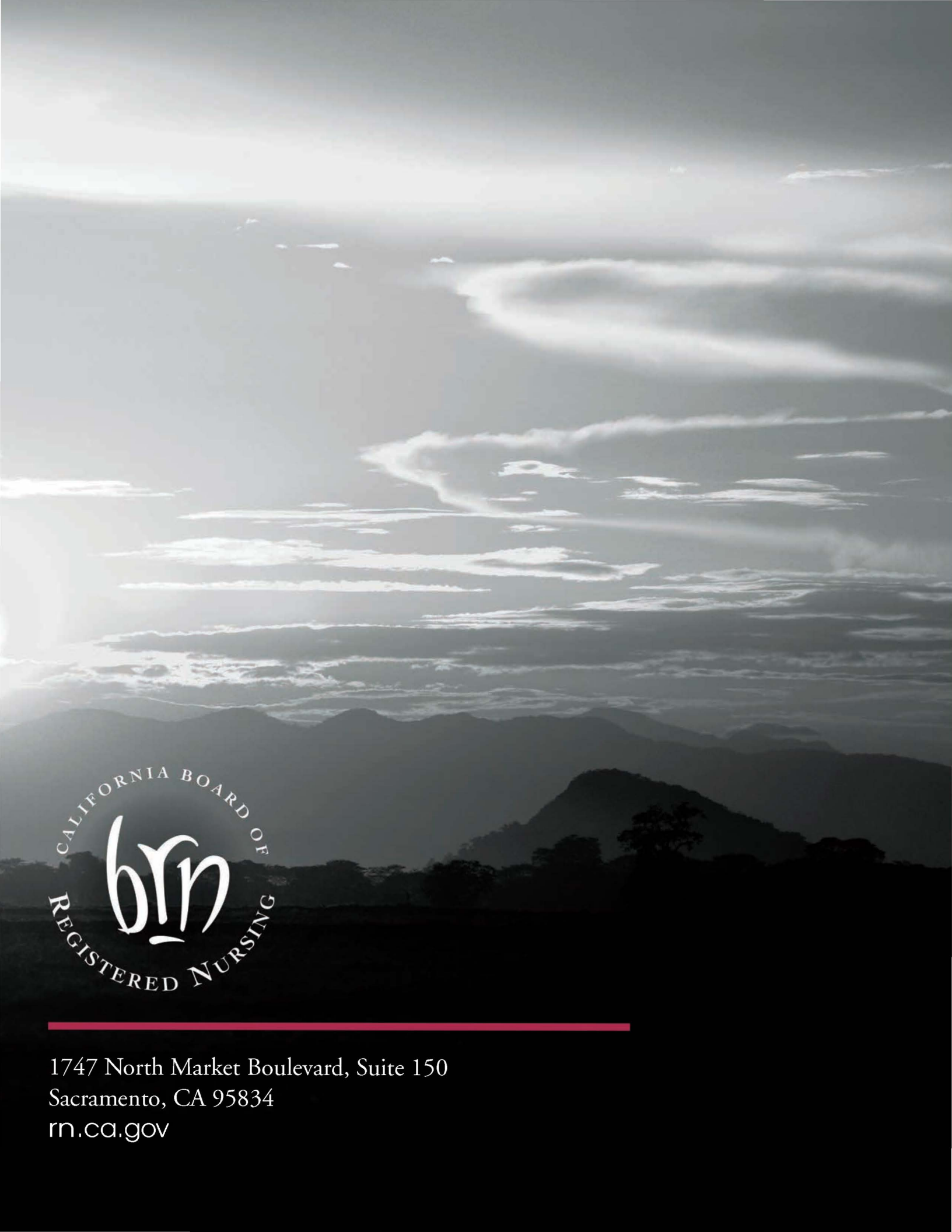
***Role of the DEC***

The DEC sees Diversion Program participants which includes RNs who may be impaired due to substance use disorder or mental illness and whose disorder has not risen to the threshold of actual harm to the public. Participants join the Diversion Program by either self- or BRN referral. The DEC will determine if the RNs participation in the program is within the BRN Diversion Program regulations and guidelines. Once suitability for participation is determined, a treatment plan contract is developed and reviewed in detail with the RN by the DEC. A case consultant is selected from the DEC membership, and together with MAXIMUS and BRN program staff, provides supervision and support for the RN throughout the course of the Diversion Program participation.

The role of the DEC is to evaluate the progress of the RN and to make decisions regarding their program requirements on behalf of the BRN. The DEC interviews the participant and reviews their compliance with the recovery terms, their activities in the recovery process, and considers any requests for changes the RN may present. When the time comes, the DEC will evaluate the RN's progress and determine safety to return to nursing practice. The contract with the RN will specify the type of nursing practice which is acceptable and any restrictions to be placed on their practice. An RN, who is the immediate supervisor of the participant, will be identified as a work site monitor. The work site monitor must be aware of the Diversion Program contract and provide regular assessment of the participant's work performance to the DEC. As the participant demonstrates continued recovery, the DEC will systematically remove restrictions by revising the contract. An RN who meets all the criteria set by the DEC for completion and has demonstrated that she or he is a safe, recovering nurse will be successfully released and considered completed by the Diversion Program.

***DEC Recommendations Rejected by the Board***

No DEC recommendations have been rejected by the Board. A BRN staff person attends each DEC meeting to assure policies and procedures are being followed. The staff is aware of the discussion and may provide input into decisions that are rendered. The DEC meetings are subject to and follow the Bagley-Keene Open Meetings Act.



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1747 North Market Boulevard, Suite 150  
Sacramento, CA 95834  
[rn.ca.gov](http://rn.ca.gov)